

Division of Family and Children
Services

Child Welfare Services

2025-02-14

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Child Welfare Policy Manual

Policy

The child welfare policies of the Department of Human Services, Division of Family and Children Services (DFCS), are intended to:

1. Promote and protect the welfare of children by:
 - a. Supporting child abuse prevention programs;
 - b. Receiving and investigating reports of suspected child abuse;
 - c. Providing protection to children who are victims of abuse; and
 - d. Providing services to families to increase caregiver protective capacity.
2. Provide for the temporary care of children whose families cannot ensure their safety and/or meet their basic care needs.
 - a. Foster care services focus on strengthening and rebuilding families to facilitate the child's safe and timely reunification with their family.
 - b. When reunification is not possible within a reasonable period of time, foster care promotes the permanency of children by arranging for placement in another safe, stable, nurturing home.
 - c. While in care, the comprehensive needs of children are assessed, and services arranged and/or provided to promote their well-being.
3. Provide adoptive homes for children who are in the permanent legal custody of DFCS through the termination of parental rights or a voluntary surrender.
 - a. Documentation of the child's needs, child specific recruitment, and matching services are provided in an effort to identify an adoptive home that can meet the child's needs.
 - b. After adoption placement and finalization, adoption services focus on the provision of services to support and strengthen the new family.
4. Provide extended foster care (EFC) for young adults who meet the eligibility criteria and sign a voluntary agreement, to assist them in transitioning to successful adulthood.
 - a. EFC is a voluntary continuation of foster care case management services available to eligible young adults who do not achieve legal permanency in foster care by age 18. EFC provides the opportunity for the young adults to maintain a safety net while they practice their independent living skills.
 - b. EFC aims to maximize young adults' ability to support themselves, have adequate community support, and learn the necessary life skills.
 - c. The juvenile court has oversight of a young adult's participation in EFC.

Authority

Social Security Act of 1935, Titles VI, IV-B, IV-E, and XX, as amended
45 Code of Federal Regulations (C.F.R.) Parts 1340, 1355, 1356, and 1357

References

Child Abuse Prevention and Treatment Act (P.L. 93-247), as amended
Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272)
Adoption and Safe Families Act of 1997 (P.L. 105-89)
Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351)
Preventing Sex Trafficking and Strengthening Families Act Public Law (P.L. 113-183)
Family First Prevention Services Act (P.L. 115-123)
Title VI of the Civil Rights Act of 1964
Americans with Disabilities Act (P.L. 101-338), as amended, 42 U.S.C. §12101seq.
The Indian Child Welfare Act of 1978 (P.L. 95-608), 25 U.S.C. § 1901 et seq.
The Multiethnic Placement Act of 1994 (P.L. 103-382), as amended by the Interethnic Placement Act of 1996 (P.L. 104-188)
Servicemembers Civil Relief Act, 50 U.S.C. App. § 501 et seq.
O.C.G.A. Title 15, Chapter 11 (Juvenile Code of Georgia)
O.C.G.A. § 19-7-5 (Reporting Child Abuse)
O.C.G.A. Title 19, Chapter 15 (Child Abuse Protocol and Child Abuse Fatality Committees)
O.C.G.A. Title 19, Chapter 8 (Adoptions)
O.C.G.A. Title 30, Chapter 4, § 30-4-5 Prohibition on discrimination against legally blind in matters of child custody, guardianship, foster care, visitation, placement, and adoption
O.C.G.A. Title 39, Chapter 4 (Interstate Compact for the Placement of Children)
O.C.G.A. Title 49, Chapter 5, Article 1 (Children and Youth Services), §§ 49-5-1 - 49-5-24
O.C.G.A. Title 49, Chapter 5, Article 2 (Child Abuse Records), §§ 49-5-40 - 49-5-49
O.C.G.A. Title 49, Chapter 5, Article 14 (Foster Parents Bill of Rights) §§ 49-5-280 – 49-5-281

Applicability

All local county and state level Divisions of Family and Children Services (DFCS) shall fulfill the requirements of the aforementioned DHS/DFCS policy.

Definitions

Adoption

The social and legal process designed to establish a new legal family giving children the same rights and benefits of those who are born into a family.

Child

Any person under 18 years of age and is not an emancipated minor. Between 18 and 21 years of age and receiving extended foster care.

Child Abuse

1. Physical injury or death inflicted upon a child by a parent, guardian, legal custodian, or other person responsible for the care of such child by other than accidental means; provided, however, that physical forms of discipline may be used as long as there is no physical injury to the child;

2. Neglect of a child by a parent, guardian, legal custodian, or other person responsible for the care of such child;
3. Emotional abuse of a child;
4. Sexual abuse or sexual exploitation of a child;
5. Prenatal abuse of a child by a parent;
6. An act or failure to act that presents an imminent risk of serious harm to the child's physical, mental, or emotional health; or
7. Trafficking a child for labor servitude.

Foster Care

The Foster Care Program provides temporary out-of-home care for children who cannot remain safely in their home. The Extended Foster Care program provide services for eligible foster care youth 18-21 via a voluntary placement agreement.

Permanency

In order to grow up to be healthy, self-sufficient adults, children need to experience stability and continuity in a lifetime relationship with a parent and if this is not possible, with a parent substitute. Parent substitute options may include adoption, guardianship, or placement in another planned, permanent setting.

Prevention

Any activity, either offered directly by DFCS or by community resources that strengthens a family's ability to provide a safe and protective environment for children.

Protection

The necessary actions taken, including court intervention, to provide for a child's safety.

Report

Any information received by DFCS, alleging known or suspected instances of child abuse of a child under circumstances that indicate that the child's health or welfare is threatened.

Special Needs Determination

A child identified as a child with special needs must meet specific Federal and State factors or conditions. To be eligible for Title IV-E adoption assistance, the child must qualify as a child with special needs as defined by state statute and Title IV-E eligibility criteria. Special needs determinations are made by the DFCS Social Services Administration Unit (SSAU).

Responsibilities

The Director of the Division of Family and Children Services is responsible for overseeing the development, issuance and updating the requirements and procedures of the Child Welfare Policy Manual.

History

N/A


Evaluation

The outcomes of this directive are evaluated by:

1. Supervisors of County Divisions of Family and Children Services responsible for reviewing case records each month for compliance with policy and procedures. Additional case record reviews are conducted by program administrators, program directors, county directors and regional staff.
2. The Quality Assurance Unit responsible for evaluating services and policy compliance in each of the 159 county departments.
3. State Office Program Sections responsible for overseeing positive safety, permanency and well-being outcomes for children receiving child welfare services.
4. State auditors responsible for determining compliance with applicable state and federal regulations governing child welfare.
5. The Health and Human Services, Administration for Children and Families, to determine state compliance with federal regulations.

Chapter 1 Administration

1.0 Administration of Child Welfare Services

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(1) Administration		
	Policy Title:	Administration of Child Welfare Services		
	Policy Number:	1.0	Previous Policy Number(s):	2101.1
	Effective Date:	July 2020	Manual Transmittal:	2020-05

Codes/References

O.C.G.A. § 49-2-6 Duties and Powers of Department

O.C.G.A. § 49-2-18 Director of Division of Family and Children Services

O.C.G.A. § 49-5-8 Powers and Duties of Department

Title IV-E of the Social Security Act §§ 471(a)(2), 471(a)(3), 471(a)(4), and 471(a)(32)

45 CFR 1355.30

Requirements

The Georgia Division of Family and Children Services (DFCS) will:

1. As authorized by state law, provide child welfare services to children and families through its child welfare programs to prevent and respond to child abuse, and ensure child safety, permanency and well-being. The child welfare programs are:
 - a. Prevention Services
 - b. Child Protective Services (Intake, Investigation, Family Support Services, Family Preservation Services)
 - c. Permanency Services (Foster Care and Adoption)
2. Adhere to the [Vision, Mission, and Guiding Principles](#) of DFCS in the provision of child welfare services.
3. *Administer or supervise the administration of the programs under the Title IV-E plan and the Child and Family Services Plan under subpart 1 of title IV-B of the Social Security Act.*
4. *Assure that the title IV-E plan for foster care and adoption assistance is in effect statewide, in all political subdivisions and tribal service areas. (Georgia DFCS has opted out of the Title IV-E guardianship assistance program).*
5. *Coordinate the title IV-E program at the local level with the programs at the state or local level assisted under titles IV-A, IV-B and XX of the Social Security Act under all appropriate provisions of federal law (see Practice Guidance: [Description of Programs](#)).*
 - a. DFCS administers Child Welfare and Office of Family Independence (OFI) services centrally under the direction of the Division Director. Services are provided locally in county offices

with oversight from the regional, district and state office.

- b. DFCS coordinates its programs with other Divisions within the Department of Human Services (DHS) including but not limited to the Division of Child Support Services and Residential Child Care Licensing.
 - c. Services are provided through contracts, referrals, and Memoranda of Understanding with various community-based organizations and public agencies, including but not limited to:
 - i. Department of Behavioral Health and Developmental Disabilities (DBHDD)
 - ii. Department of Community Health (DCH)
 - iii. Department of Community Supervision (DCS)
 - iv. Department of Juvenile Justice (DJJ)
 - v. Department of Public Health (DPH)
6. *Negotiate in good faith with any Indian Tribe, tribal organization or tribal consortium in Georgia that requests to develop an agreement with DFCS to administer all or part of the program on behalf of Indian children who are under the authority of the Tribe, organization, or consortium. This includes:*
- a. *Foster care maintenance payments on behalf of children who are placed in a DFCS, private provider approved by DFCS or tribally licensed foster family homes, and adoption assistance payments. (Georgia DFCS has opted out of the Title IV-E kinship guardianship assistance program).*
 - b. *Tribal access to resources for administration, training, and data collection as defined under Title IV-E.*
7. *Comply with all of the requirements of applicable federal and state regulations.*

Procedures

N/A

Practice Guidance

The Georgia Division of Family and Children Services is committed, through its child welfare programs, to ensuring the safety, permanency and well-being of Georgia's most vulnerable citizens. DFCS has adopted a three-pillar approach to achieve the goals set forth in the strategic plan and to realize its vision and mission. This serves as a framework for the organization's overall approach to child welfare services.

1. The first pillar includes the establishment and adoption of a research-based practice model that will serve as the foundation to keep kids safe and strengthen families.
2. The second pillar focuses on developing a robust workforce with expertise and training.
3. The third pillar addresses constituent engagement to build consensus and collaboration among partners, staff, and stakeholders.

Description of Programs

1. **Title IV-A:** Federal funds to states for **Temporary Assistance for Needy Families** (TANF). The TANF program is designed to help needy families achieve self-sufficiency. States receive block grants to design and operate programs that provide assistance to needy families so that children can be cared for in their own homes, and to reduce the dependency of needy parents by promoting job preparation, work and marriage. TANF services are provided through the DFCS' Office of Family Independence.
2. **Title IV-B:** Title IV-B of the Social Security Act includes two components, referred to as subparts 1 and 2.
 - a. Subpart 1 is a discretionary grant program composed primarily of the Stephanie Tubbs Jones Child Welfare Services (CWS) program. CWS funds can be used for a broad variety of child welfare services including, but not limited to, the prevention of maltreatment, family preservation, family reunification, services for foster and adopted children, and training for child welfare professionals. Examples of services or activities that may be supported include investigations of child abuse or neglect, homemaker services, respite care, family or individual counseling, caseworker visits to children whether in their own homes or in foster care, case planning and case review services for children in foster care, pre/post-adoption support services, and emergency assistance.
 - b. Subpart 2, the **Promoting Safe and Stable Families** (PSSF) program, has both capped entitlement and discretionary funding components. This program primarily funds family support, family preservation, time-limited reunification, and adoption-promotion and support activities (see policy [18.2 Support Services to Preserve or Reunify Families: Promoting Safe and Stable Families \(PSSF\)](#)).
3. **Title IV-D:** Title IV-D of the Social Security Act authorizes federal assistance for state-run **child support** enforcement programs. These funds help cover the operational costs involved in child support enforcement, which help parents establish paternity, initiate new child support orders, and collect unpaid child support, among other services. Child Support Services are provided through the Department Human Services, Division of Child Support Services.
4. **Title IV-E:** Title IV-E of the Social Security Act addresses major components of child welfare. Its focus is on providing safe and stable out-of-home care for children who are in out-of-home care due to child maltreatment or other circumstances until they are able to achieve permanency in their placement by being safely returned home, placed permanently with adoptive families, or placed in other planned arrangements. Title IV-E funds are available for monthly maintenance payments for the daily care and supervision of eligible children, administrative costs to manage the program, training of staff and foster care providers, recruitment of foster and adoptive parents, adoption assistance, and implementation and operation of a Comprehensive Child Welfare Information System (CCWIS).
5. **Title XVI:** Title XVI benefits, also known as **Supplemental Security Income** (SSI), are needs-based disability benefits that are administered by the Social Security Administration. Applicants do not need to have any work credits in order to qualify for Title XVI benefits. SSI is designed to help aged, blind, and disabled people (including children under age 18), who have little or no income, and it provides cash to meet basic needs for food, clothing, and shelter (see policy [12.4 Adoption Assistance: Supplemental Security Income \(SSI\) and Adoption Assistance Benefits](#)).
6. **Title XIX:** Title XIX of the Social Security Act authorized the **Medicaid** program. Medicaid is a

joint state-federal program. Its purpose is to provide health care to individuals who have low incomes, including persons who are blind or disabled. States, territories, and the District of Columbia must meet certain requirements to receive matching funds from the federal government to participate. The match rate is based on the poverty level within the state.


7. **Title XX:** Title XX of the Social Security Act, also referred to as the **Social Services Block Grant** (SSBG), is a capped entitlement program. Thus, States are entitled to their share, according to a formula, of a nationwide funding ceiling or "cap," which is specified in statute. Block grant funds are given to States to help them achieve a wide range of social policy goals, which include preventing child abuse, increasing the availability of childcare, and providing community-based care for the elderly and disabled.
8. **CAPTA:** The Child Abuse Prevention and Treatment Act (CAPTA) provides Federal funding to States in support of child abuse and neglect prevention, assessment, investigation, prosecution, and treatment activities and also provides grants to public agencies and nonprofit organizations, including Indian Tribes and Tribal organizations, for demonstration programs and projects.

Forms and Tools

[DFCS Regional Map](#)

[Vision, Mission, and Guiding Principles](#)

1.1 Access, Distribution and Review of Child Welfare Policies

	Georgia Division of Family and Children Services		
	Child Welfare Policy Manual		
	Chapter:	(1) Administration	
	Policy Title:	Access, Distribution and Review of Child Welfare Policies	
	Policy Number:	1.1	Previous Policy Number(s):
Effective Date:	June 2023	Manual Transmittal:	2023-04

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:




1. Maintain a Child Welfare Policy Manual (CWPM) that:
 - a. Defines and affirms child welfare program requirements, procedures and practices in accordance with applicable federal and state laws, and best practice;
 - b. Guides child welfare staff in the provision of effective child welfare services.
2. Utilize the CWPM to promote staff proficiency in obtaining current and accurate information on

the agency's child welfare policies essential to the successful operation of the child welfare programs.

3. Provide notification of new and updated policies electronically via Child Welfare Services Manual Transmittal (CWSMT), Child Welfare Services County Letter (CWSCL) or Child Welfare Services Memorandum.
4. Ensure that child welfare policies are formally reviewed within 30 calendar days of the release date to promote consistency in knowledge and application.
5. Ensure a record of the policy review is maintained for each policy release.
6. Seek policy clarification, consultation, and support as needed to ensure staff proficiency.
7. Monitor the implementation of child welfare policies to ensure integration into practice.

Procedures

Child Welfare Manager / Administrator / Supervisor

1. Ensure staff have access to electronic releases of child welfare policies.
 -  Regional and County managers should ensure that all staff under their direct supervision are included in the DFCS-All email listing so they receive such communication directly.
2. Ensure staff are knowledgeable on how to access child welfare policies and how to seek clarification when needed.
3. Review each CWSMT, CWSCL, or Child Welfare Services Memorandum with each employee within their oversight within 30 calendar days of issuance (see Practice Guidance: Types of Policy Correspondence).
 -  Policy review may occur during individual supervision, during monthly unit or other team meetings.
4. Maintain a record of policy review for each child welfare policy release.
5. Coordinate with the Lead Field Program Specialist (FPS) or designee to:
 - a. Conduct policy trainings and case reviews;
 - b. Disseminate and discuss policy updates in meetings (e.g. regional and county supervisory team meetings, summits, county staff meetings or meetings of multiple social services units) as long as:
 - i. The meeting takes place no later than 30 calendar days from the date the policy correspondence was issued;
 - ii. The meeting agenda includes the name or number of the correspondence;
 - iii. A list of attendees is maintained by the meeting facilitator; and
 - iv. Information in items i-iii is distributed to the County Director/Designee responsible for such record maintenance.
 - c. Seek policy clarification, consultation, and support from the FPS.
 -  The FPS may seek clarification from the Policy and Regulations Unit, as needed.

Office of Provider Management

1. The Office of Provider Management will:
2. Provide notification of new and revised policies to Child Placing Agencies (CPAs) and Child Car-ing Institutions (CCIs).
3. Ensure CPA and CCIs know how to access to the CWPM to review policies.
4. Maintain a record of all policy correspondence to providers to include the date received and the date(s) provided to ensure implementation.

County Director / Designee / State Level Director

1. Encourage supervisory/management staff to review child welfare policies with their staff.
2. Provide opportunities for staff to read and discuss application of policies within 30 calendar days of release.
3. Engage local partners and stakeholders to share applicable policy changes.
4. Maintain a record of reviews for each policy release.

Practice Guidance

Accessing the Child Welfare Policy Manual

DFCS child welfare policies are housed in the DFCS Child Welfare Policy Manual (CWPM) which is managed at the DHS Online Directives Information Systems (ODIS). To access the CWPM:

1. Go to the ODIS homepage at: <https://odis.dhs.ga.gov/General>
2. Select “Division of Family and Children Services”
3. Select “MAN3000 - Child Welfare” to download the “Table of Contents”
4. Select the specific policy from the “Table of Contents”, which includes hyperlinks for:
 - a. All child welfare policies by Chapter and Section
 - b. An Appendix Section that has:
 - i. Child Welfare Services Manual Transmittals
 - ii. Child Welfare Services County Letters
 - iii. Forms and Tools

Searching the Child Welfare Policy Manual

The Child Welfare Policy Manual allows a user to search the manual using a key word or phrase.

1. From the ODIS homepage, click on the Search tab;
2. Enter a key word or phrase in the Search bar;
3. Select the “Division of Family and Children Services” from the drop-down menu, and click “Go”;
4. A list of documents will be provided that match the key word or phrase.

Child Welfare Policy Format

The child welfare policies format is as follows:

1. **Codes/References:** Applicable federal and state laws.
2. **Requirements:** Policy statements/actions/directives based on the federal/state law or practice. Federally mandated requirements from title IV-E of the Social Security Act are *italicized*. Requirements set forth by federal law included in this section are stated exactly or as close as possible to the language in the law.
3. **Procedures:** A series of steps to accomplish the requirements.
4. **Practice Guidance:** Thoughtful and practical guidance on how to effectively integrate best practice into child welfare service provision to achieve positive family and child outcomes. This section also provides definitions and clarification of complex matters.
5. **Forms and Tools:** Applicable tools, forms and resources to support child welfare practice. These are also published in [Appendix C](#) of the CWPM.

Types of Policy Correspondence

1. Child Welfare Services Manual Transmittal: Provides the purpose and a brief overview of new or revised child welfare policies that are published on ODIS. CWSMTs are disseminated electronically to all DFCS staff and is accessible in [Appendix A](#) of the CWPM.
2. Child Welfare Services County Letter: Provides new or revised child welfare policy in advance of a CWSMT when there is a need to communicate more immediate policy changes to staff. CWSCLs are published in [Appendix B](#) of the CWPM.
3. Child Welfare Services Memorandum: Provides clarification or reinforces policy and/or practice.

Policy Dissemination

Uniform dissemination of policy is critical for consistency and integration of policy into practice. The three primary reasons for dissemination are:

1. Awareness: staff are aware of any changes to the work, as well as required activities and outcomes.
2. Understanding: staff fully understand the scope of the policy and are equipped with the skills and knowledge to carry out their responsibilities.
3. Action: staff take necessary actions to implement the change in practice resulting from new or revised policy.

Each manager/supervisor should ensure that policy dissemination efforts are providing information not only for awareness, but for understanding and action. The most successful dissemination strategies actively engage staff and deliver what they need in a clear and concise manner. The strategies should vary to suit different learning styles. Therefore, trainings, case reviews and summits can be developed differently and delivered in various formats to adjust to the policies being disseminated, and to achieve the biggest impact.

Policy Guidance and Consultation

All staff are responsible for reviewing policies to gain an understanding of the provisions and seek clarification when needed. Staff should seek policy guidance and clarification through their regular supervisory channels, and then through the Regional FPS who have policy expertise. The Regional FPS provides policy guidance within each program area, advise how policies impact the work, and support integrating new policy into practice. To obtain further policy clarification or support, the Regional FPS should contact the Policy and Regulations Unit at PPPDUnit@dhs.ga.gov.

Policy and Regulations Unit (PRU)

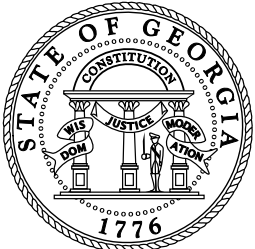
The PRU is responsible maintaining and disseminating child welfare policies. This includes but is not limited to:

1. Publishing and maintaining the CWPM on ODIS.
2. Researching, analyzing and interpreting relevant state and federal laws, regulations and guidance for applicability to child welfare policy and practice.
3. Developing and updating child welfare policies to align with state and federal laws as well as best practices.
4. Maintaining a transparent, collaborative and consensus-based policy development process through the engagement of subject matter experts, internal and external stakeholders, focus groups, workgroups, the Policy Advisory Committee (PAC), and policy surveys.
5. Disseminating policies statewide via the CWSMT or CWSCL.
6. Partnering with the Regional FPS to disseminate newly released policies via their regional dissemination procedures.
7. Partnering with Training and Professional Development to support updates to the training curriculum or other training materials/tools.
8. Partnering with Georgia SHINES to support system enhancements.
9. Providing targeted policy training and ongoing policy consultation and support for all levels of staff.

Forms and Tools

[Online Directives Information Systems \(ODIS\)](#)

1.4 Non-Discriminatory Child Welfare Practices

Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(1) Administration	
	Policy Title:	Non-Discriminatory Child Welfare Practices	
	Policy Number:	1.4	Previous Policy Number(s): N/A
	Effective Date:	June 2023	Manual Transmittal: 2023-04

Codes/References

O.C.G.A. § 30-4-5 (2019) Prohibition on discrimination against legally blind in matters of child custody, guardianship, foster care, visitation, placement, and adoption
Age Discrimination Act of 1975
Amended Food Stamp Act of 1977
Section 504 of the Rehabilitation Act of 1973
Title II of the Americans with Disabilities Act of 1990, as amended (ADA)
Title VI of the Civil Rights Act of 1964
Title IV-E of the Social Security Act Section 471(a)(18)(A)(B); CFR 1355.38(a)
Title IX of the Education Amendments of 1972
U.S. Department of Justice regulations (28 CFR Part 35)
U.S. Department of Health and Human Services' regulations (45 CFR Parts 80, 84, and 91)
U.S. Department of Health and Human Services, Office for Civil Rights and the Georgia Department of Human Services' Settlement Agreement, OCR Transaction Number: 09-102792
Public Law 103-382 Multiethnic Placement Act of 1994 as amended by the Interethnic Adoption Provisions of 1996 (MEPA-IEAP)

Requirements

The Division of Family and Children Services (DFCS) will:

1. Ensure that no individual is excluded from participation in, denied the benefits of, or otherwise subjected to discrimination under programs, services and activities for which DFCS has responsibility on the grounds of race, color, national origin, sex, age, religion, or disability.
2. In accordance with the requirements of Section 504 of the Rehabilitation Act of 1973 (“Section 504”) and Title II of the Americans with Disabilities Act of 1990 (“ADA”):
 - a. Is prohibited from discriminating against qualified individuals with disabilities on the basis of disability in its services, programs, or activities;
 - b. Assure that no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of its services, programs, or activities, or be subjected to discrimination by any such entity;
 - c. Make reasonable modifications in policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless DFCS can demonstrate that making the modifications would result in a fundamental alteration in the nature of a service, program, or activity or undue financial and administrative burdens. The determination of whether a modification is reasonable depends on the specific facts of each case and is not based on generalizations and stereotypes.



The term “reasonable modifications” is sometimes referred to as “reasonable accommodations.” (Refer to policy [1.5 Administration: Americans with Disabilities Act \(ADA\)/Section 504 and Reasonable Modifications](#) for requirements and procedures for ADA and Section 504).

3. Prohibit any form of retaliation, intimidation, threats, coercion, or discrimination against any individual for the purpose of interfering with any right or privilege secured by Title VI, Section 504 or the Age Discrimination Act of 1975, or because the individual has made a complaint, tes-

tified, assisted, or participated in any manner in an investigation, proceeding, or hearing;

4. Ensure that all service recipients or potential service recipients who choose to file a complaint alleging discrimination are not denied their right to file a complaint (see policy [1.16 Administration: Civil Rights Complaint Process](#));
5. *As a recipient of federal funds used for adoption and foster care placements, ensure that its policies, practices and procedures adhere to the prohibition against discrimination as described in the Multiethnic Placement Act of 1994 as amended by the Interethnic Adoption Provisions of 1996 (MEPA-IEAP) and Section 471(1)(18) of Title IV-E of the Social Security Act, specifically Section 471(a)(18)(A)(B) which **prohibits**:*
 - a. *The denial of any individual the opportunity to become a foster or adoptive parent on the basis of race, color or national origin of the parent or the child.*
 - b. *The delay or denial of a 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 caregiver or child involved.*
 - c. *The maintaining of any statutes, regulations, policies, procedures or practices that, on its face, are a violation of this requirement.*



Compliance with the Indian Child Welfare Act of 1978 does not constitute a violation of the aforementioned requirements from Section 471(a)(18).

6. Ensure that all state, regional and county staff participate in required Civil Rights, ADA, and MEPA-IEAP training on an annual basis to ensure that they understand the laws, regulations, procedures, and directives related to non-discriminatory practices;
 - a. For information about Civil Rights training, county staff shall contact the County Director.
 - b. The State DFCS Civil Rights, ADA/Section 504 Coordinator may be contacted as a secondary measure at 1-877-423-4746.



Please also refer to the DFCS policies [MAN3700: Civil Rights](#) and [MAN3600: Americans with Disabilities Act and Section 504](#).

This policy of non-discrimination is equally applicable to all DFCS staff, volunteers, interns, contractors, grantees, agents and providers of services.

Procedures

DFCS staff, volunteers, interns, contractors, grantees, agents and providers of services shall ensure that all service recipients or potential recipients of services are:

1. Treated fairly in the application and provision of child welfare services which include child protection and permanency;
2. Provided with appropriate services based on the individual's preferred language, for customers identified as limited English proficient ("LEP") (see [MAN 2001 Access Plan for Constituents with Limited English Proficiency \(LEP\) and Sensory Impairments \(SI\)](#)).
 - a. For language assistance (interpretation services) for the LEP and auxiliary aids for the sensory impaired, county staff should utilize one of the approved vendors based on the type of assistance needed. For a list of approved LEP/SI vendors, contact the LEP/SI program at

lepsi@dhs.ga.gov.

- b. Requests for document translation should be e-mailed to Translation.DFCS@dhs.ga.gov.
- 3. Adhere to procedures as outlined in policy [1.5 Administration: Americans with Disabilities Act \(ADA\)/Section 504 and Reasonable Modifications](#).

Practice Guidance


Legal authority assuring equitable participation in federally funded programs is provided in part from Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, U.S. Department of Justice regulations (28 C.F.R. Part 35), U.S. Department of Health and Human Services’ regulations (45 C.F.R. Parts 80, 84, and 91). However, the Division is conscious of a moral obligation to deliver all services, whether federally financed or not, in a non-discriminatory manner.

The DFCS Division Director assumes overall responsibility for Civil Rights assurance policy. Individual employees are hereby directed to perform their duties in accordance with the Division’s requirement. If additional information is needed regarding DFCS’ civil rights compliance, contact the DFCS State Civil Rights, ADA/Section 504 Coordinator at 1-877-423-4746.

Forms and Tools

N/A

1.5 Americans with Disabilities Act (ADA)/Section 504 and Reasonable Modifications

 Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(1) Administration		
Policy Title:	Americans with Disabilities Act (ADA)/Section 504 and Reasonable Modifications		
Policy Number:	1.5	Previous Policy Number(s):	N/A
Effective Date:	June 2023	Manual Transmittal:	2023-04

Codes/References

O.C.G.A. § 30-4-5 (2019) Prohibition on discrimination against legally blind in matters of child custody, guardianship, foster care, visitation, placement, and adoption

Title II of the Americans with Disabilities Act of 1990, as amended (ADA) Section 504 of the Rehabilitation Act of 1973

U.S. Department of Justice regulations (28 CFR Part 35)


U.S. Department of Health and Human Services’ regulations (45 CFR Part 84)

U.S. Department of Health and Human Services, Office for Civil Rights and the Georgia Department of Human Services’ Settlement Agreement, OCR Transaction Number: 09- 102792

Requirements

In accordance with the requirements of Section 504 of the Rehabilitation Act of 1973 (“Section 504”) and Title II of the Americans with Disabilities Act of 1990 (“ADA”), the Division of Family and Children Services (DFCS) will:

1. Be prohibited from discriminating against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.
2. Assure that no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of its services, programs, or activities, or be subjected to discrimination by any such entity.
3. Not exclude any individual with a disability from the full and equal enjoyment of its services, programs, or activities, unless the individual poses a direct threat to the health or safety of themselves or others, that cannot be mitigated by reasonable modifications of policies, practices or procedures, or by the provision of auxiliary aids or services. When “direct threat” is the justification for the screening out of individuals with disabilities, the decision must be based on individualized assessments that rely on the following:
 - a. Current medical evidence or the best available objective evidence in determining:
 - i. The nature, duration, and severity of the risks;
 - ii. Probability that potential injury will occur; and
 - iii. Whether reasonable modification in policies, practices, or procedures will mitigate the risk.
 - b. The actual abilities and inabilities of the prospective adoptive or foster caregiver.
 - c. Decisions must never be made based on speculation, stereotypes, generalizations, or unfounded fears about individuals with disabilities.

 A “direct threat” to the health or safety of others are factors that can be applied to justify the use of disability-related screening criteria for prospective adoptive and foster caregivers. Direct threat is defined as a significant risk of harm to the health or safety of others that cannot be eliminated by modifications in policy, practice, or procedures or by the provision of auxiliary aids or services. An agency is not required to permit an individual to participate in or benefit from a service when “that individual poses a direct threat to the health or safety of others.”

4. Make reasonable modifications in policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless DFCS can demonstrate that making the modifications would result in a fundamental alteration in the nature of a service, program, or activity or would result in undue financial and administrative burdens. The determination of whether a modification is reasonable depends on the specific facts of each case and is not based on generalizations and stereotypes.

 The term “reasonable modifications” is sometimes referred to as “reasonable accommodations.”

5. Conduct individualized assessments of qualified individuals with disabilities before making foster care and adoption program application and retention decisions, using the individualized

assessment tool and consider, on a case-by-case basis, requests for reasonable modifications (see policy [14.11 Resource Development: Individualized Assessments](#); and the “Individualized Assessment Tool” for Prospective & Existing Foster Caregivers).

6. Eliminate any eligibility criteria for participation that screens out or tends to screen out a person with a disability, or any class of individuals with disabilities from full and equal enjoyment in such participation, unless it can be established that such requirement is necessary for the provision of a service, facility, privilege, advantage, or accommodation.
7. Not place a surcharge on a particular qualified individual with a disability or any group of qualified individuals with disabilities to cover the cost of measures, such as the provision of auxiliary aids or program accessibility, that are required to provide nondiscriminatory treatment required by Title II of the ADA and Section 504.
8. Not retaliate against, intimidate, threaten, coerce, or discriminate against any individual for the purpose of interfering with any right or privilege secured by Title II of the ADA, or because the individual has made a complaint, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing.
9. Ensure that no party, as defined by O.C.G.A. § 15-11-2(52) (e.g., the state, a child, parent, guardian, legal custodian) is denied child placement, child custody, visitation, guardianship, foster care, or adoption solely because the party has a disability (including a party who is Legally Blind) as prohibited by the ADA/Section 504 and O.C.G.A. § 30-4-5.
10. Ensure that no prospective or existing foster/adoptive caregiver is discriminated against or denied the opportunity to participate in the foster care or adoption programs, solely because of such individual’s disability (including individuals who are Legally Blind) as prohibited by the ADA/Section 504 and O.C.G.A. § 30-4-5.
11. Ensure that communications with applicants, participants, members of the public and companions with disabilities are as effective as communications with others.



Please also refer to the DFCS MAN3600: [Section 3601 Americans with Disabilities Act/Section 504](#). Refer to policy [19.26 Case Management: Case Management Involving Substance Abuse or Use](#) for specific guidance pertaining to ADA and individuals with a history of substance use disorders, current substance use disorders and those participating in medication assisted treatment.

This policy of non-discrimination is equally applicable to all DFCS staff, volunteers, interns, contractors, grantees, agents and providers of services.

Procedures

Upon request by or on behalf of qualified individuals with disabilities, DFCS staff, volunteers, interns, contractors, grantees, agents and providers of services will:

1. Make reasonable modifications in policies, practices, or procedures on a case-by-case basis as provided by federal law, unless DFCS can demonstrate that making the modifications would result in a fundamental alteration in the nature of a service, program, or activity or in undue financial and administrative burdens. The determination of whether a modification is reasonable depends on the specific facts of each case and is not based on generalizations and stereotypes.

- a. Social Services Case Managers (SSCM) have the responsibility and authority to offer, grant, and implement necessary reasonable modifications to customers with disabilities, if such modifications can be readily provided.
- b. While SSCMs are authorized to grant customer requests for reasonable modification, they do not have the authority to deny, in whole or in part, such requests or to otherwise refuse requests for reasonable modifications. If SSCMs are unsure about whether a reasonable modification can or should be provided, they shall be required to consult with a Social Services Supervisor (SSS) at the time the request for reasonable modification is received or as soon as reasonably possible thereafter (be sure to adhere to DFCS' reasonable modification request processing timeframes, if/when applicable).
- c. If a supervisor agrees that a reasonable modification can and should be provided, the SSCM will be required to provide the requested modification to the customer. However, if the SSS recommends that the request for reasonable modification be denied, the SSS shall be required to submit that recommendation for review and written decision by the appropriate Regional ADA/Section 504 Coordinator.
- d. Direct all written requests for reasonable modifications, made by or on behalf of applicants and participants with disabilities in the foster care and adoption programs, to the Regional ADA/Section 504 Coordinator, if assistance is needed.



Contact the County DFCS Office or the DFCS State Civil Rights, ADA/Section 504 Coordinator to obtain information about the Regional ADA/Section 504 Coordinator.

2. Regarding a housing situation ONLY, ask for information, if necessary, to determine whether an applicant or participant who has requested a reasonable modification has a disability-related need for the modification, when the individual's disability and need for the modification are not readily apparent or known.
3. Keep the medical records and other health information of applicants and participants in the foster care and adoption program confidential.
4. Ensure meaningful and equal access to services for the sensory impaired, including by all entities contracting with the Department for the provision of services.
 - a. The ADA/Section 504 protect individuals who are sensory impaired ("SI"). SI individuals either have no ability or a limited ability to see and/or hear. Sensory impairments are considered physical impairments under the ADA.
 - b. The DFCS Civil Rights and ADA/Section 504 Coordinator provides technical guidance and assistance to DFCS offices and programs in securing interpreter services for the sensory impaired and auxiliary aids. To contact the DFCS Civil Rights and ADA/Section 504 Coordinator, please refer to the list of DFCS ADA/Section 504 District and Regional Coordinators found on the DFCS Nondiscrimination and Disability webpage: dfcs.georgia.gov/adasection-504-and-civil-rights.



For language access (i.e., translation, interpretation) refer to policy [1.4 Administration: Non-Discriminatory Child Welfare Practices](#) and Office of General Counsel [MAN 2001 Access Plan for Constituents with Limited English Proficiency \(LEP\) and Sensory Impairments \(SI\)](#).

5. Assess requests for reasonable modifications on a case-by-case basis.
 - a. Seek approval from the County Director of the local DFCS Office before taking action which might adversely affect the ability of applicants and participants with disabilities to participate in the foster care and adoption program;
 - b. The Regional ADA/Section 504 Coordinator will serve as the second level reviewer/approver in cases where the prospective or current foster caregiver has a known disability;
 - c. The Regional ADA/Section 504 Coordinators may contact DFCS' ADA/Section 504 Coordinator at the State Office if technical assistance is needed.
6. Consider whether a parent or prospective parent is having difficulty with program requirements due to the disability of the child. For instance, if regular visitation is required but the child cannot meet with the parent due to medical care the child is receiving, then the program requirements will likely need to be modified.
7. Adhere to the key provision of the ADA which prohibits imposing or applying eligibility criteria that screen out or tend to screen out individuals with disabilities, unless the criteria can be shown to be necessary for the provision of the services. Applicants with disabilities must be assessed on an individualized basis and determinations regarding their parental capacity must be based on objective facts and not on stereotypes or generalizations about individuals with disabilities. Additionally, such determinations must consider the individual's existing supports, as well as any disability-related reasonable modifications or services the DFCS could provide to ensure the individual can fully and equally participate in DFCS' foster care program.

Although the ADA contains no specific definition of reasonable modification and no specific limits are established for what is reasonable, examples are provided. Providing a reasonable modification may take many forms including, but not limited to:

1. Policy, practice, or procedural modifications;
2. Deferral from certain activities;
3. Extensions of deadlines;
4. Granting of waivers;
5. Making existing facilities readily accessible to and usable by an individual with a disability;
6. Alteration of existing facilities;
7. Acquisition or construction of additional facilities;
8. Relocation of a service or program to an accessible facility;
9. Provision of services at accessible alternate sites;
10. Acquiring or modifying equipment;
11. Providing services for the sensory impaired, such as qualified readers, taped text audio recordings, and Brailled materials.

Practice Guidance

Title II of the ADA prohibits discrimination against a qualified individual with a disability in programs, activities, and services of public entities. It applies to all state and local governments, their

departments, and agencies, and to any entities with which a government agency contracts for services. DFCS must ensure that its service providers agree to comply with the provisions of the ADA when providing services to DFCS and its clients. DFCS is prohibited from making decisions based on unfounded stereotypes, such as application and retention decisions in the foster care and adoption program, about what individuals with disabilities can do, or how much assistance they may require.

Qualified Individual with a Disability

Title II of the ADA defines a “qualified individual with a disability” as “an individual with a disability who, with or without reasonable modifications to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by a public entity.” Title II protects “qualified individuals with disabilities” and non-disabled individuals (and entities) that have an association or relationship with someone who is known to be disabled (e.g., the parent of a child with a disability).

Disability Defined under the ADA

Disability is defined as a physical or mental impairment that substantially limits one or more of the “major life activities” of such individual, a record of such an impairment, or being regarded as having such an impairment. The phrase “major life activities” includes, but is not limited to: caring for one’s self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, writing, communicating, interacting with others, and working. It also includes the operation of a major bodily function, including but not limited to: functions of the immune system, special sense organs and skin, normal cell growth, and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive systems. The operation of a major bodily function includes the operation of an individual organ within a body system.

The ADA provides examples of various “impairments” that constitute protected disabilities. Protected physical or mental impairments include, but are not limited to, such contagious and noncontagious diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, specific learning disabilities, HIV disease (whether symptomatic or non-symptomatic), tuberculosis, drug addiction, alcoholism (but not current illegal drug use). Protected mental and psychological disorders include, but are not limited to, mental retardation, emotional or mental illness, organic brain syndrome, and specific learning disabilities.

The ADA excludes homosexuality, bisexuality, transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments, or other sexual behavior disorders, compulsive gambling, kleptomania, pyromania, current illegal drug use and psychoactive substance use disorders resulting from current illegal use of drugs.

Legally Blind as Defined by O.C.G.A. § 30-4-5 (2019)

As referenced in this policy, the phrase “Legally Blind” means:

1. Having vision that is 20/200 or less in the best corrected eye; or
2. Having vision that subtends an angle of not greater than 20 degrees in the best corrected eye.

Supportive Parenting Services as Defined by O.C.G.A. § 30-4-5 (2019)

Supportive parenting services are services that may assist a Legally Blind parent or prospective Legally Blind parent in the effective use of nonvisual techniques and other alternative methods to enable such parent or prospective parent to successfully discharge parental responsibilities.

Foster and Adoptive Caregiver Applicants and Participants with Disabilities

The purpose of the DFCS foster care and adoption program is to promote the safety and well-being of children in DFCS' care. As defined by the Administration for Children and Families, foster care means 24-hour substitute care for children placed away from their parents or guardians and for whom the title IV-E agency has placement and care responsibility (45 C.F.R. Section 1355.20). The recipient of the services of the DFCS foster care program is the child in foster care. DFCS seeks to identify qualified individuals to partner with it in caring for, supervising, protecting and promoting the welfare of children in foster care because of abuse or neglect, twenty-four hours a day and seven days a week.

DFCS is prohibited from establishing policies and practices that categorically limit or exclude qualified individuals with disabilities from participating in the DFCS foster care and adoption program. Individuals with disabilities must be treated on a case-by-case basis consistent with facts and objective evidence. Upon request from qualified foster care and adoption program applicants with disabilities, DFCS will make reasonable modifications and provide auxiliary aids which would not fundamentally alter the nature of the service, program, or activity, or result in undue financial and/or administrative burdens. The determination of whether DFCS is required to provide a prospective or current foster caregiver an auxiliary aid or modify its policy, practice, or procedures is a fact-specific, case-by-case inquiry that depends on DFCS individually assessing the disabled prospective or current foster caregiver.

For instance, DFCS may modify its training courses to extend the frequency and/or duration of the courses to accommodate a prospective or current foster caregiver whose disability is connected to the modification request. DFCS may also provide a qualified interpreter for a training course and translate applications/course materials to provide a meaningful opportunity for the prospective or current foster caregiver to participate.

DFCS is not required to permit an individual to participate in or benefit from the services, programs, or activities when that individual poses a direct threat to the health or safety of a child(ren) in DFCS care. In determining whether an individual poses a direct threat to the health or safety of others, DFCS must make an individualized assessment, based on reasonable judgment that relies on current medical knowledge or on the best available objective evidence, to ascertain: the nature, duration, and severity of the risk; the probability that the potential injury will actually occur; and whether reasonable modifications of policies, practices, or procedures or the provision of auxiliary aids or services will mitigate the risk (see policy [14.11 Resource Development: Individualized Assessments](#)).

DFCS shall make reasonable modifications in policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless DFCS determines that

the modification would fundamentally alter the nature of the foster care and adoption program or would result in undue financial and administrative burdens. Considerations for requests for reasonable modifications, such as those concerning respite care, are to be evaluated on a case-by-case basis and processed in accordance with policy [1.4 Administration: Non-Discriminatory Child Welfare Practices \(Procedures section\)](#). Denials of requests for reasonable modification are to be made by the State DFCS Civil Rights, ADA/Section 504 Coordinator (or by the DFCS Division Director or his/her designee). Questions should be directed to the appropriate Regional ADA/Section 504 Coordinator and the State DFCS Civil Rights, ADA/Section 504 Coordinator.

How should applicants and participants in the foster care and adoption programs make requests for reasonable modifications?

Requests for reasonable modifications made by or on behalf of applicants and participants with disabilities in the foster care and adoption programs shall be handled as described in this policy and MAN3600: [ROOT:ada-section-504.pdf](#). Refer to the Forms and Tools section below for a link to the directory of the Regional ADA/504 Coordinator. The directory includes the State and Regional ADA/504 Coordinators and provides a list of counties in each region. The local County Department may also be contacted for information on how to reach the Regional ADA/Section 504 Coordinators.

ADA Application to DFCS Service Providers

DFCS collaborates with many service providers in an effort to provide an array of services to meet the needs of the children and families served. The ADA requirements also apply to agencies and private entities that have entered into contracts or agreements with DFCS. DFCS must ensure that its service providers agree to comply with the provisions of the ADA when providing services for DFCS.

Complaints

Complaints alleging disability discrimination are to be filed within 180 days of the date of alleged discrimination. For more information about filing a complaint, refer to policy [1.4 Administration: Non-Discriminatory Child Welfare Practices](#) and policy [1.16 Administration: Civil Rights Complaint Process](#).

If additional information is needed regarding DFCS' civil rights/disability compliance, refer to [dfcs.georgia.gov/adasection-504-and-civil-rights](#). The DFCS Civil Rights, ADA/Section 504 Coordinator may also be contacted at 1-877-423-4746.

Forms and Tools

[DFCS ADA/Section 504 District and Regional Coordinators](#)

[Civil Rights Protections for Individuals with a Disability: The Basics \(Part 1\) \(Webinar- 24 minutes\)](#)

[Civil Rights Protections for Individuals with an Opioid Use Disorder \(Part 2\) \(Webinar- 19 minutes\)](#)


[Drug Addiction and Federal Disability Rights Laws \(Fact Sheet\)](#)

[Information and Technical Assistance on the American with Disabilities Act - United States Department of Justice Civil Rights Division](#)

[National Council on Disability. Rocking the Cradle: Ensuring the Rights of Parents with Disabilities and Their Children](#)

[Nondiscrimination and Opioid Use Disorder \(Fact Sheet\)](#)

1.6 Indian Child Welfare Act (ICWA) and Transfer of Responsibility for Placement and Care to a Tribal Agency

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(1) Administration		
	Policy Title:	Indian Child Welfare Act (ICWA) and Transfer of Responsibility for Placement and Care to a Tribal Agency		
	Policy Number:	1.6	Previous Policy Number(s):	N/A
	Effective Date:	December 2021	Manual Transmittal:	2020-05

Codes/References

O.C.G.A. §15-11-100.1

O.C.G.A. §15-11-260.1

O.C.G.A. §19-9-43 Proceeding Pertaining to Indian Child Exempted from Article

O.C.G.A. §44-12-300 Tribes, Bands, Groups, or Communities Recognized by State as Legitimate American Indian Tribes

O.C.G.A. §49-5-41 Persons and Agencies Permitted Access to Records

Indian Child Welfare Act of 1978 Final Rule (25 CFR Part 23)

Title IV-E of the Social Security Act (Section 45 CFR 1356.67)

Requirements

Indian Child Welfare Act

The Division of Family and Children Services (DFCS) will:

1. Comply with all rules, regulations and provisions of the Indian Child Welfare Act (ICWA).



ICWA applies to children residing in Georgia who are members or eligible for membership and has a biological parent who is an enrolled member in a federally recognized Indian tribe.

2. Ensure that any child who is a member of a federally recognized Indian Tribe, or eligible for membership and has a biological parent who is an enrolled member, and is subject to removal, placement and/or any other legal action involving DFCS, is afforded all rights under the ICWA to promote the stability and security of Indian Tribes and their families.
3. Prevent the unnecessary and arbitrary removal of Indian children from their families and

Tribes, placing an Indian child who must be removed in an available and safe foster and adoptive home that reflects the unique values of American Indian culture, and adhering to the placement requirements of ICWA.

4. Make every effort to determine if a child is a member or eligible for membership in an Indian Tribe, beginning at intake and continuing throughout DFCS' involvement with the child and family.



DFCS must comply with ICWA from the earliest stages of a child welfare case.

5. Provide notification by registered or certified mail, return receipt requested, whenever there is a pending involuntary proceeding about placement or termination of parental rights involving a child who is or is believed to be a member or eligible for membership in an Indian Tribe, to:
 - a. The Indian child's parents, Indian custodian, and the Indian child's Tribe.
 - b. The United States Secretary of Interior, Bureau of Indian Affairs if the identity or location of the parent, Indian custodian, and the Tribe cannot be determined.
6. Adhere to the ICWA guidelines for placement of an Indian child:
 - a. Ensure that active efforts are made prior to removing the Indian child from his or her parents or Indian custodian, ordering an involuntary foster care placement, termination of parental rights, and during an out-of-home placement, to promote reunification.
 - b. Make a foster care placement only if there is a determination, supported by clear and convincing evidence that the continued custody of the child by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child.
 - c. Place the child in the following placement preference order for a foster care placement:
 - i. A member of the child's extended family;
 - ii. Another member of his or her Tribe or another Indian family, if a suitable extended family member is not available;
 - iii. A foster home licensed, approved, or specified by the Indian child's Tribe;
 - iv. An Indian foster home licensed and/or approved by an authorized non-Indian licensing authority; or
 - v. An institution for children approved by an Indian Tribe or operated by an Indian organization which has a program suitable to meet the Indian child's needs.
 - d. Place the child in the following placement preference order for an adoptive placement:
 - i. A member of the child's extended family;
 - ii. Other members of the Indian child's Tribe;
 - iii. Other Indian families.



Refer to policy [10.1 Foster Care: Placement of a Child](#) for additional guidance.

7. Adhere to pre-trial requirements:
 - a. Inform the courts in an emergency, voluntary, or involuntary child custody proceeding whether DFCS knows or has reason to know that the child is an Indian child.

- b. Treat the child as an Indian child, unless and until it is determined on the record that the child does not meet the definition of an “Indian child”, if there is reason to know, but DFCS does not have sufficient evidence to determine that the child is or is not an “Indian child”.
 - c. Confirm that DFCS exercised due diligence to identify and work with all Tribes of which there is reason to know the child may be a member or eligible for membership, and to verify whether the child is in fact a member or is eligible for membership.
8. Transfer jurisdiction of any state court proceeding to the Tribe when the proceeding involves the removal or termination of parental rights of an Indian child not residing within a reservation.



An Indian Tribe has exclusive jurisdiction over any custody proceeding involving an Indian child who resides within the reservation of such Tribe. Although the tribal court may decline jurisdiction, they are still entitled to participate.

9. Obtain voluntary consents for foster care (voluntary placement agreement) or relinquishments (voluntary surrender) in writing.



A consent given prior to, or within 10 days after, the birth of an Indian child is not valid.

- a. Consent must be brought to a court of competent jurisdiction and certified by the judge or the court. Prior to accepting the consent, the court must explain to the parent or Indian custodian:
 - i. The terms and consequences of the consent in detail; and
 - ii. The limitations on withdrawal of consent.
- b. The court must certify that the terms and consequences of the consent were explained on the record in detail in English (or the language of the parent or Indian custodian if English is not the primary language) and were fully understood by the parent or Indian custodian.



The consent is not valid until it is recorded before the court and certified by the judge or the court.

- c. The voluntary consent for foster care placement may be withdrawn by the child’s parents’ or Indian custodian for any reason at any time and have the child returned;
 - d. The consent for termination of parental rights may be withdrawn at any time and for any reason prior to the entry of the final decree of termination and have the child returned;
 - e. The consent for an adoptive placement by the parent or Indian custodian may be withdrawn at any time for any reason prior to the entry of the final decree of adoption, and have the child returned;
 - f. Return the child as soon as is practicable, upon the child’s parents’ or Indian custodian’s written request to terminate the VPA or voluntary surrender.
10. Allow all who are party to an emergency, foster care, or termination of parental rights proceeding, time to examine all reports and other documents filed with the court.
11. Document in detail all findings and outcomes of a case involving an Indian child to ensure that the ICWA standards are being met.
12. Maintain a record of every voluntary or involuntary placement of an Indian child and make the

record available within fourteen (14) days of a request by an Indian child's Tribe or the Secretary of the Interior.

13. Engage non-federally recognized Georgia Tribes with the consent of the tribal families whenever DFCS becomes involved with a child who is a member of a Georgia Tribe:
 - a. Inform the courts during each proceeding whether DFCS knows or has reason to know that the child is a member of a Georgia Tribe.
 - b. Partner with the family to involve the Georgia Tribe as a formal or informal support for participation in case planning and decision-making.
 - c. Prioritize out-of-home placements within the tribal community.

Transfer of Responsibility for Placement and Care to a Tribal Agency

DFCS shall establish and maintain procedures for the transfer of responsibility for the placement and care of a child under a State title IV-E plan to a Tribal title IV-E agency or an Indian Tribe with a title IV-E agreement. At a minimum, DFCS' transfer procedures:

1. *Are established and maintained in consultation with Indian Tribes;*
2. *Do not affect a child's eligibility, receipt of services, or payment under title IV-E or the medical assistance program operated under title XIX;*
3. *Establish eligibility for title IV-E at the time of transfer, if an eligibility determination is not already completed; and*
4. *Provide for essential documents and information necessary to continue a child's eligibility under title IV-E and Medicaid programs under title XIX to the Tribal title IV-E agency or an Indian Tribe with a title IV-E agreement, including but not limited to the following:*
 - a. *All judicial determinations to the effect that continuation in the home from which the child was removed would be contrary to the welfare of the child and that reasonable efforts described in section 471(a)(15) of the Act have been made;*
 - b. *Other documentation the State agency has that relates to the child's title IV-E eligibility under sections 472 and 473 of the Act;*
 - c. *Information and documentation available to the agency regarding the child's eligibility or potential eligibility for other Federal benefits;*
 - d. *The case plan developed pursuant to section 475(1) of the Act, including health and education records of the child pursuant to section 475(1)(C) of the Act; and*
 - e. *Information and documentation of the child's placement settings, including a copy of the most recent provider's license or approval.*

Procedures

Indian Child Welfare Act

The Social Services Case Manager (SSCM) will:

1. Engage the child (if age appropriate) and family:
 - a. During the initial contact to determine if the child and/or family are of Indian heritage or if

the child may be eligible for membership in a federally recognized Indian Tribe.

- b. Each time the case is transferred from one worker or program to another, the receiving SSCM must confirm that verification of Indian heritage and tribal membership has previously been completed.
2. Identify and obtain contact information for the Tribe, if the parent or child states that they are of Indian heritage, or if it is determined that the parent, guardian, or Indian custodian is a member of an Indian Tribe, or if the child may be eligible for tribal membership. Refer to www.bia.gov or tribalinformationexchange.org for assistance in locating Tribe information.
3. Document Indian heritage and tribal membership on the Person Detail in Georgia SHINES.
4. Immediately notify the Indian Tribe by email and/or telephone when there is a pending proceeding in Georgia involving the placement of an Indian child. Notify them that the Indian child is being or has been removed.
5. Complete the applicable ICWA Notification (see [Forms and Tools](#)) and send it registered or certified mail with return receipt requested to the following:
 - a. The child's parents, guardian (or Indian custodian), and the Tribe with copies of the petition.
 - b. The United States Secretary of Interior, Bureau of Indian Affairs if the identity or location of the parent or Indian custodian and the Tribe cannot be determined. The Secretary has 15 days after receipt of the notification to provide the requisite notice to the parent or Indian custodian and the Tribe.

United States Department of Interior
Bureau of Indian Affairs (BIA), Eastern Regional Office
545 Marriott Drive, Suite 700
Nashville, TN 37214



Notice may be sent via personal service or electronically, but such alternative methods do not replace the requirement for notice to be sent by registered or certified mail, return receipt requested.

6. Inform the courts during each proceeding whether DFCS knows or has reason to know that the child is an Indian child.
7. Treat the child as an Indian child if there is reason to know that the child is an Indian child, unless and until it is determined on the record that the child does not meet the ICWA definition of an "Indian child".
8. Make "active efforts" prior to removing the Indian child from his or her parents or Indian custodian (see Practice Guidance for examples of [active efforts](#)).
 - a. When seeking foster care placement or termination of parental rights, the court must be satisfied that active efforts have been made to prevent the breakup of the Indian family, and that these efforts have been unsuccessful.
 - b. Active efforts must also be made during an out-of-home placement to promote reunification.
 - c. Active efforts must be documented in detail in the case record.



Active efforts are also applicable to VPAs and voluntary surrenders.

9. Make a foster care placement only if there is a determination supported by clear and convincing evidence that the continued custody of the child by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child.
 - a. A foster care placement proceeding cannot be held until at least ten days after receipt of notice by the parent (or Indian custodian) and the Tribe (or the U.S. Secretary of Interior).
 - b. The parent, Indian custodian, the Tribe and the Secretary can, upon request, be granted up to 20 additional days to prepare for the proceeding.
 - c. Testimony of one or more qualified expert witnesses must be included in the proceeding.

10. Place the Indian child in the following placement preference order:

- a. A member of the child's extended family;
- b. Another member of his or her Tribe or another Indian family if a suitable extended family member is not available;
- c. A foster home licensed, approved, or specified by the Indian child's Tribe;
- d. An Indian foster home licensed and/or approved by an authorized non-Indian licensing authority; or
- e. An institution for children approved by an Indian Tribe or operated by an Indian organization which has a program suitable to meet the Indian child's needs.



Preference options must be strictly followed. Placement of an Indian child into a non-Indian home is the last option or alternative after all other options have been exhausted.

11. In any adoptive placement, give preference in the following order:

- a. A member of the child's extended family
- b. Other members of the Indian child's Tribe
- c. Other Indian families



Preference options must be strictly followed. Placement of an Indian child into a non-Indian home is the last option or alternative after all other options have been exhausted.

12. Terminate any emergency removal or placement of an Indian child immediately when the removal or placement is no longer necessary to prevent imminent physical damage or harm to the child.

13. In a termination of parental rights (TPR) proceeding, evidence beyond a reasonable doubt must be presented, including testimony of qualified expert witnesses that the continued custody of the child by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child.



A TPR proceeding cannot be held until at least ten days after receipt of notice by the parent (or Indian custodian) and the Tribe (or the U.S. Secretary of Interior).

14. Obtain voluntary consents for foster care (VPA) or relinquishments (voluntary surrender) in writing and have them recorded before a court of competent jurisdiction and certified by the judge or the court.

- a. Request the Special Assistant Attorney General (SAAG) petition the court to record the consent before the court and obtain the judge/court certification.
- b. Provide a copy of the completed Voluntary Placement Agreement to Place a Child in Foster Care (Authorization) form to the SAAG for submission to the court with the petition.
- c. Participate in the proceeding to certify the consent.
- d. Obtain a copy of the judge/court certification and upload to Georgia SHINES External Documentation:
 - i. The completion and signature of the judge or court official on the VPA form; or
 - ii. Other documentation of the certification provided by the court signed by the judge or other designated court official.
- e. Upon written request from the parent or Indian custodian to terminate the VPA or voluntary surrender return the child as soon as is practicable.
- f. Provide a copy of the signed termination request to the court via the SAAG.

(For more detailed information on VPA and voluntary surrender refer to policies [20.6 Special Circumstances: Voluntary Placement Agreement](#); [10.2 Foster Care: Placement of a Child via a Voluntary Placement Agreement \(VPA\)](#); and [20.7 Special Circumstances: Voluntary Surrender](#); [17.12 Legal: Voluntary Surrender of Parental Rights](#)).

15. Allow each party to an emergency, foster care, or termination of parental rights proceeding, to timely examine all reports and other documents filed with the court.
16. Maintain a record of every placement of an Indian child and make the record available within 14 days of a request by an Indian child's Tribe or the Secretary.
17. Document all activities, findings, and outcomes in Georgia SHINES within 72 hours of occurrence to ensure that the ICWA standards are being met. The following are required to be documented in the case record:
 - a. Whether the court found that continued custody of the Indian child by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child;
 - b. Whether the evidence presented for foster care placement or TPR included the testimony of one or more qualified expert witnesses (QEW);
 - c. All of the active efforts that were made to prevent removal prior to the child entering out-of-home care, as well as active efforts made to promote reunification throughout the child's stay in out-of-home care;
 - d. Whether prior to foster care placement or TPR, the court concluded that active efforts were made to prevent the breakup of the Indian family and that those efforts were unsuccessful;
 - e. Whether the court determined, on the record or in writing, a good cause to depart from ICWA placement preferences; and
 - f. Whether the foster parent(s) is a member of an Indian Tribe, and the name of the Tribe.

Georgia Tribes

The SSCM shall:

1. Engage the child (if age appropriate) and family, during the initial contact, to determine if the child and/or family are members (or eligible for membership) of a Georgia Tribe.
 - a. Identify the Tribe and obtain the contact information for the Tribe.
 - b. Document Indian heritage and tribal membership in Georgia SHINES on the Person Detail page.
2. Inform the courts during each proceeding whether DFCS knows or has reason to know that the child is a member of a Georgia Tribe. The court may allow the child's Tribe to participate in the child custody proceeding upon request of the Tribe.
3. Work with the family to involve the Tribe as a formal or informal support for participation in case planning and decision-making.
4. Consider the child's family and community connections to the Tribe when selecting a placement resource or provision of services. Refer to policy [10.4 Foster Care: Selecting a Placement Resource](#) for additional guidance.

Transfer of Responsibility for Placement and Care to a Tribal Agency

When transferring responsibility for the placement and care of a child under a state title IV-E plan to a tribal title IV-E agency or an Indian Tribe with a title IV-E agreement, the SSCM will:

1. Complete the referral to Rev Max to determine child funding eligibility (see policy [9.3 Eligibility: Applying for Initial Funding](#)).



An eligibility determination must be made prior to transfer.

2. Contact the tribal agency within seven business days of determining the child is a member of the Tribe to discuss possible transfer of responsibility of placement of the child.
3. Establish the date and time of physical transfer of the child upon determination by the Division and tribal agency of the Tribe's ability to assume responsibility for placement of the child.
4. Provide the tribal agency with the documents and information necessary to continue a child's eligibility under title IV-E and Medicaid within ten business days of initial contact:
 - a. Judicial determinations to the effect that continuation in the home from which the child was removed would be contrary to the welfare of the child and that reasonable efforts have been made;
 - b. Other documentation the state agency has that relates to the child's title IV-E eligibility;
 - c. Information and documentation available to the agency regarding the child's eligibility or potential eligibility for other federal benefits;
 - d. The case plan, including health and education records of the child; and
 - e. Information and documentation of the child's placement settings, including a copy of the foster home or group home's license or approval.

The Social Service Supervisor (SSS) will:

1. Ensure the SSCM has determined if the child is of Indian heritage, or if the child is a member or eligible for membership in a federally recognized Indian Tribe.

2. Ensure the SSCM provides appropriate and timely notifications to the child’s parents, guardian (or Indian custodian), and the Tribe, or to the BIA, if the Tribe cannot be located.
3. Be accessible to the SSCM to provide guidance and consultation regarding:
 - a. Active efforts;
 - b. Placement preferences;
 - c. Informing the court if DFCS has a reason to know the child is an Indian child;
 - d. Documentation of ICWA-related activities;
 - e. Engaging families of Georgia Tribes; and
 - f. Transferring responsibility for the placement and care of a child to a tribal title IV-E agency or an Indian Tribe with a title IV-E agreement.

Practice Guidance

Indian Child Welfare Act (ICWA)

The Indian Child Welfare Act of 1978 was enacted by Congress to address the alarming rate of removals of American Indian children from their homes for foster care and adoptive placements. ICWA established standards, as well as a protocol, for providing child welfare services to assure that agencies meet the cultural needs of Indian children requiring out-of-home placement and to protect the continued existence and integrity of Indian Tribes. ICWA seeks to protect the rights of the Indian child as an Indian and the rights of the Indian community and Tribe in retaining its children in its society. It gives the Indian child’s parents or Indian custodian and their Tribe the right to intervene or request transfer to their tribal court of any proceedings involving out-of-home placement or termination of parental rights of an Indian child.

If the child is a member of, or eligible for membership in, a federally recognized Indian Tribe, the family, the Indian custodian, and the Tribe have rights under ICWA. These rights apply to any child protection case, adoption, guardianship, termination of parental rights action, runaway, or truancy matter involving the placement of an Indian child (including foster care placements, termination of parental rights, pre-adoptive placements, adoptive placements, both voluntary and involuntary placements, transfers of placement and placements due to failed adoptions.)

1. “Foster care placement” means any action removing an Indian child from the parent or Indian custodian for temporary placement in a foster home or institution or in the home of a guardian or conservator where the parent or Indian custodian cannot have the child returned upon demand, but where parental rights have not been terminated;
2. “Termination of parental rights” means any action that may result in the termination of the parent-child relationship;
3. “Pre-adoptive placement” means the temporary placement of an Indian child in a foster home or institution after the termination of parental rights, but prior to or in lieu of an adoptive placement; and
4. “Adoptive placement” means the permanent placement of an Indian child for adoption, including any action resulting in a final decree of adoption.

Locating Information on Federally Recognized Tribes

As of February 2020, there are 574 federally recognized Indian Tribes. No federally recognized Tribes are located in Georgia. Tribes are continually applying for federal recognition, so the number of approved tribes may increase over time. It is important for staff to exercise due diligence in researching tribes, as their recognition status may have changed. The federal Bureau of Indian Affairs (www.bia.gov) provides information on federally recognized tribes and their contact information. Visit the BIA website and search the Quick Links for resources related to the ICWA, and the Complete List of Federally Recognized Tribes.

Children Belonging to a Federally Recognized Tribe

If a child residing in Georgia belongs to one of the federally recognized Tribes, it is important to comply with ICWA from the earliest stages of a child welfare proceeding. The SSCM must address the following requirements in ICWA:

1. Notification to child's parents, guardian (or Indian custodian), and the Tribe regarding State proceedings involving the child and their right to intervene;
2. Notification to the Court that the child may belong to a federally recognized Tribe;
3. Special placement preferences for Indian children;
4. Active efforts to prevent the breakup of the Indian family; and
5. Use of tribal courts in child welfare matters (the Tribe has a right to intervene in State proceedings or transfer the proceeding to the jurisdiction of the Tribe).

Emergency Removal of a Child

Nothing in the ICWA shall be construed to prevent the emergency removal of an Indian child to prevent imminent physical damage or harm to the child. The emergency removal or placement shall terminate immediately when it is no longer necessary to prevent imminent physical damage or harm to the child and cannot last more than 30 days unless the court makes certain determinations. The SSCM must proceed expeditiously with child custody proceedings, transfer the child to the jurisdiction of the appropriate Indian Tribe, or return the child to the parent(s) or Indian custodian, as appropriate.

Indian

"Indian" is a term used in United States federal language, including the Indian Child Welfare Act, to refer to any person who is a member of a federally recognized American Indian Tribe or Alaska Native Village, or who is an Alaska Native and a member of a Regional Corporation.

Indian Child

Any unmarried person who is under age 18 and is determined by the Tribe, Bureau of Indian Affairs, or Department of the Interior, to be:

1. A member or eligible for membership of an Indian Tribe as determined by the Tribe and/or Nation, the Bureau of Indian Affairs (BIA), or the Department of the Interior; or
2. Eligible for membership in an Indian Tribe as determined by the Tribe and the biological child

of a member of an Indian Tribe.

Indian Custodian

Any Indian who has legal custody of an Indian child under applicable Tribal law or custom or under applicable State law, or to whom temporary physical care, custody, and control has been transferred by the parent of such child. An Indian may demonstrate that he or she is an Indian custodian by looking to Tribal law, Tribal custom or State law.

Tribal Membership

What constitutes membership in a Tribe varies from Tribe to Tribe, and final determination of membership lies solely with the Tribe. Tribal membership is not an arbitrary label assigned at the discretion of the parent. If an Indian child who is a member or eligible for membership in more than one Tribe, the Indian Tribe with which the Indian child has the more significant contacts and connection shall be the child's Tribe.

Evidentiary Standards

Clear and convincing evidence: To prove a foster care placement is necessary for an Indian child, the SSCM must show enough convincing evidence that the judge believes it to be true.

Beyond a reasonable doubt: To prove a termination of parental rights is necessary for an Indian child, the SSCM must show enough evidence that leaves the judge with no reasonable doubt of the damage to the child. This is the highest level of proof required under the law.

ICWA Protection for Parents and Indian Custodians

ICWA also provides several protections for parents or Indian custodians of an Indian child. These protections include the right to revoke voluntary consents to placements and to adoptions at any time prior to a decree of termination or adoption. Any consent given prior to, or within ten days after the birth of the Indian child shall not be valid. If consent is withdrawn, the Indian child shall be immediately returned to the parent or Indian custodian. After a Decree of Adoption is entered based on a voluntary consent, the parent may petition the court to vacate the adoption decree based on fraud or duress. Upon a finding that consent was obtained through fraud or duress, the court shall vacate the adoption decree and return the child to the parent. However, no adoption decree in effect for at least two years may be challenged on this basis.

If an adoption decree is ever vacated or set aside, or the adoptive parents voluntarily consent to termination of their parental rights, the Indian child shall be returned to the biological parent or prior Indian custodian absent a showing that return is not in the best interests of the child.

Active Efforts

ICWA requires that states provide active efforts to:

1. Provide remedial and rehabilitative services after an investigation and before a decision is made to place the child out of the home, and
2. Provide reunification services after the child has been removed in order to prevent the breakup of the family.

Active efforts are more intensive than reasonable efforts. For example, reasonable efforts might be only a referral for services, but active efforts would be to arrange for the best-fitting services and help families engage in those services. ICWA's active efforts standard requires caseworkers to walk the parent or Indian custodian through each step of the case plan, and to assist them in accessing the services and meeting the obligations under the plan. These efforts may include, but should not be limited to: assisting the parent or Indian custodian in their efforts to access food, medical treatment, safe housing, parenting classes, emergency phone service, substance abuse treatment, transportation to/from services, day care, or whatever other services will assist the parent in retaining custody of the child. There must be a reasonable connection between the service offered and the issue that caused the child's removal in the first place. In other words, the active efforts must be clearly designed to facilitate reunification of the child and the family.

Placement of Indian Children

The Interstate Compact on the Placement of Children (ICPC) applies to interstate placements under ICWA when the intent is to have the receiving state supervise the placement. However, Tribes are not part of the ICPC and thus if a child is to be placed into tribal custody, the ICPC would not come into play. If an Indian child is transferred to a tribal jurisdiction in another state, the ICPC may apply. The ICPC is not required for a child to be transferred across state lines into tribal jurisdiction. However, if the Tribe would like the sending state (Georgia) to continue making payments to the foster family located within tribal jurisdiction, the Tribe may contact the state within which it is located and request them to utilize the ICPC for the transfer. DFCS would then work with the state of the receiving Tribe to continue making payments.

Qualified Expert Witness

Under ICWA, a "qualified expert witness" is someone who can provide the court with knowledge of the social and cultural standards of the Indian child's Tribe to diminish the risk of any cultural bias. The testimony of a qualified expert witness is required in order to make a foster care placement or termination of parental rights for an Indian child. A qualified expert witness can be identified with help from the child's Tribe, the BIA, or Indian organizations, and is meant to be a person with more knowledge than the average social worker or anthropologist. The social worker assigned to the Indian child may not serve as a qualified expert witness in child custody proceedings concerning the child.

Georgia Tribes

Pursuant to O.C.G.A. §44-12-300, the State of Georgia officially recognizes as legitimate American Indian Tribes of Georgia the following tribes, bands, groups, or communities:

Georgia Tribe of Eastern Cherokee
P.O. Box 1993
Dahlonega, Georgia 30533

Lower Muscogee Creek Tribe
106 Tall Pine Drive
Whigham GA 39897

Cherokee of Georgia Tribal Council

If a child is a member of a Georgia Tribe, he or she must have the opportunity to maintain connections with their Indian heritage as well. The SSCM can conduct placements consistent with ICWA placement preferences even though not technically required. Tribal members would likely meet requirements as nonrelated extended family members because tribal communities tend to be related or close-knit communities. Consider the child’s tribal members as viable options for holiday visits, tutors, mentors, Court Appointed Special Advocates, etc.

If the child’s Tribe is seeking federal recognition and is granted such recognition, formal ICWA case services, such as active efforts to prevent the breakup of the Indian family and placement preferences, will then be required. If ICWA active efforts are attempted before the federal recognition, it is less disruptive for the child than having to change services and placement to make them in accordance with ICWA.

Pursuant to O.C.G.A. §19-9-43, the court may allow the child’s Tribe to participate in the child custody proceeding upon request of the Tribe. If the court permits the Tribe to participate in the child custody proceeding, the Tribe may do the following with the permission of the court: be present at the hearing; address the court; request and receive notice of hearings; request to examine court documents relating to the proceeding; present information to the court that is relevant to the proceeding; submit written reports and recommendations to the court; and perform other duties as requested or approved by the court.

Forms and Tools

[Bureau of Indian Affairs](#)


[Capacity Building Center for Tribes](#)

[Georgia Council on American Indian Concerns](#)

[Indian Child Welfare Act Notification to Secretary of the Interior](#)

[Indian Child Welfare Act Notification to Tribe Leader](#)

1.7 Monitoring, Reviews, Reporting, and Independent Audits

 Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(1) Administration		
Policy Title:	Monitoring, Reviews, Reporting, and Independent Audits		
Policy Number:	1.7	Previous Policy Number(s):	N/A
Effective Date:	July 2020	Manual Transmittal:	2020-05

Codes/References

Title IV-E of the Social Security Act, Sections 471(a)(6), 471(a)(7) & 471(a)(13)


Requirements

The Division of Family and Children Services (DFCS) will:

1. *As the title IV-E state agency, submit reports on the appropriate form containing information on its title IV-E program as are required by the Secretary of the Department of Health and Human Services (HHS); and comply with such provisions as the Secretary may from time to time find necessary to assure the correctness and verification of such reports.*
2. *Monitor and conduct evaluations of all activities carried out in the Title IV-E program to determine program effectiveness, improve outcomes for children and families, and ensure continuous quality improvement.*
3. *Arrange for periodic and independent audits of its Title IV-E and IV-B programs at a minimum of once every three years.*

Procedures

The designated DFCS staff will (see Practice Guidance: Monitoring/Review Processes):

1. Report information on the title IV-E program by:
 - a. Submitting reports on the appropriate form as required by the Secretary of the Department of Health and Human Services (HHS). This includes the title IV-E State Plan with amended provisions as necessary;
 DFCS understands that if and when title IV-E is amended or regulations are revised, a new or amended plan for title IV-E that conforms to the revisions will be submitted.
 - b. Providing information necessary as requested by HHS to assure correctness and verify such reports; and
 - c. Making information on its title IV-E program publicly available (see policy [1.9 Administration: Public Inspection of CFSR Material and Availability of Plans](#))
2. Monitor and conduct evaluations by:
 - a. Using Georgia SHINES tools/reports to ensure compliance with case planning and review, permanency planning, title IV-E eligibility and requirements, and requirements for the Child Abuse Prevention and Treatment Act (CAPTA).
 - b. Statewide quality assurance reviews:
 - i. Quality Case Reviews (See Practice Guidance: Quality Case Reviews)
 - ii. Continuous Quality Improvement (See Practice Guidance: Continuous Quality Improvement)
 - c. Reviewing a random sample of all Revenue Maximization title IV-E cases in Georgia SHINES for case record documentation and data system processing for compliance with federal and state laws, regulations, directives, official issuances and departmental policies on a bi-annual basis;
 - d. Conducting Quality Assurance Regional Reviews to identify staff errors, deficiencies for system processing, record documentation, Aid to Families with Dependent Children (AFDC) Relatedness and court order compliance;

- i. All identified incorrect or deficient cases will be corrected and documented at discovery;
 - ii. Prior to a federal title IV-E eligibility on-site review, all statewide title IV-E cases will be reviewed for potential errors and corrective actions will be taken prior to the receipt of the federal IV-E review audit sample.
3. Arrange for periodic and independent audits with the DFCS Office of Fiscal Services by:
 - a. Collaborating with the Office of the Inspector General (OIG) to conduct fiscal audits within selected DFCS regions annually;
 - b. Arranging for audit services to be provided to other DFCS units as needed or desired; and
 - c. Conducting special audits and reviews using the OIG Internal Audit Unit on various aspects of DFCS activities and responsibilities, as requested by departmental management.

Practice Guidance

Title IV-E State Plan

Under section 471(a) of the Social Security Act, as a condition of receiving title IV-E funding, states, territories, and tribes must have a title IV-E plan that is approved by the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF). The title IV-E plan is a single document that applies to all three title IV-E program components (foster care, adoption, and kinship guardianship).

The title IV-E plan ensures direct financial assistance is made available to eligible children under the title IV-E program. Further, it ensures that the state will adhere to federal plan requirements primarily intended to ensure children's safety, permanence, and well-being, and shall be in effect and mandatory in all political subdivisions of the State. A title IV-E plan must be submitted to ACF using a "pre-print". The "pre-print" is a form that lists title IV-E provisions and provides a space for the title IV-E agency to fill in the relevant law, regulation, or policy indicating compliance with the given provision. Once the state plan has been submitted to HHS and approved, it remains in effect until amendments are required. An amendment is required if there is any significant and relevant change in the information or assurances in the plan, or the organization, policies or operations described in the plan (see policy [1.9 Administration: Public Inspection of CFSR Material and Availability of Plans](#)).

Monitoring/Review Processes

1. The monitoring process includes components of Georgia's Comprehensive Child Welfare Information System (CCWIS), also known as Georgia SHINES, statewide quality assurance review process, Title IV-E review process, and internal audits. Georgia SHINES has reporting tools available for child welfare staff to monitor compliance, which are Georgia SHINES and LENSES reports. Additionally, there are interfaces between Georgia SHINES and other state systems; some interfaces support a business process (e.g. Medicaid application) and some provide access to client information – either to access data or retrieve and store in Georgia SHINES.
2. **Quality Case Reviews (QCR):** The Quality Assurance (QA)/Child and Family Services Review (CFSR) Unit conducts the Quality Case Reviews (QCR) to evaluate the quality of services provided to children and families. QCR also improve overall safety, permanency, and well-being outcomes for children and families by improving the quality of case work provided by county and


regional staff.

3. **Continuous Quality Improvement (CQI):** The CQI process uses performance consulting as a method to build consistent practice models for all levels of field staff in Child Welfare. Trends that are identified in CQI reviews and reports are used by local agency leaders and stakeholders to improve child welfare, leading to better outcomes for children and families.
4. The **Revenue Maximization Quality Assurance Unit** reviews cases for documentation and data system processing. These reviews check for compliance with Federal and State laws, regulations, directives, official issuances and departmental policies on a bi-annual basis. The Unit also conducts the Quality Assurance Regional Review to address gaps in knowledge through ongoing staff training.
5. **Independent Audits:** Periodic and independent audits provide the DFCS leadership team with information to promote improvements in accountability and stewardship within DHS. The Internal Audit Unit often works in tandem with the Investigative Services Unit.

Forms and Tools

N/A

1.8 Volunteer Services

Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	Administration	
	Policy Title:	Volunteer Services	
	Policy Number:	1.8	Previous Policy Number(s): N/A
	Effective Date:	July 2020	Manual Transmittal: 2020-05

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Engage interested individuals, groups and organizations to participate in volunteer services program activities for the benefit of the children and families served.
2. Ensure the strategic recruitment, selection, orientation, assignment, and supervision of volunteers.



Volunteers may be recruited for a specific identified need or a general interest that can be later matched to a specific function or need.

3. Have prospective volunteers complete the application process.
4. Conduct background checks and criminal records checks (CRC) on prospective volunteers prior

to selection.

5. Provide agency volunteers with training and supervision to perform their functions or assigned tasks.
6. Provide volunteers with information on:
 - a. Safeguarding confidential and protected health information (see policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#)); and
 - b. Non-discriminatory child welfare practices (see policy [1.4 Administration: Non-Discriminatory Child Welfare Practices](#)).
7. Provide formal and informal recognition of volunteers' contribution to the agency (see Practice Guidance: [Volunteer Services Recruitment and Retention](#)).
8. Maintain in secure storage volunteer applications, including background checks, CRC, training activities, and performance evaluations.
9. Provide monthly reports on the Volunteer Services Program, including volunteer recruitment efforts and service activities to the County Director/designee.

Procedures

The Volunteer Services Coordinator (VSC) will:

1. In conjunction with program staff, develop job descriptions of the duties, knowledge and skills required for each volunteer activity.
2. Identify potential volunteers through various means of recruitment including but not limited to the following:
 - a. Local advertisement, media/social media coverage (see policy [2.7 Information Management: Contact with Media, Legislators, County Officials](#));
 - b. Brochures, mailings, email;
 - c. Presentations to local civic, religious organizations, and groups.
3. Review the completed application package with a prospective volunteer including the:
 - a. Individual Volunteer Application
 - b. Board of Pardons and Parole
 - c. Criminal Record Check (see Office of Inspector General policy [1750 - Criminal Background Investigations Procedures on Applicants Considered for Employment](#)):
 - i. GCIC: for volunteers who will not have contact with children or families; and
 - ii. NCIC: for volunteers who will have contact with children or families.



If criminal history is present, carefully assess the suitability of the prospective volunteer based on history and type of volunteer activity. If unable to make a clear determination, seek guidance and an approval decision from the County Director/designee.

- d. Georgia SHINES

- e. Internal Data System (IDS) Online Master Index
- f. IDS Placement Central (for persons born before June 2008)
- g. Protective Services Data System (PSDS)
- h. Sexual Offender Registry
- i. Driving History Report (Motor Vehicle Record), **only** required for volunteers expected to provide transportation services.
 - i. A copy of the prospective volunteer's valid driver's license and automobile insurance card.
 - ii. Refer to the Department of Human Services (DHS) Office of Facilities and Support Services (OFSS) Coordinated Transportation System [Transportation Manual](#), for specific driving record requirements for volunteers to be utilized as transporters.
- j. TB (Tuberculosis) test results, **only** required when the position requires ongoing, direct contact with children and families.
- k. Two written references, at minimum.




See Practice Guidance: [Room, Board, Watchful Oversight Providers](#) for additional requirements related to Room, Board, Watchful Oversight (RBWO) Providers provider program volunteers.

- 4. Conduct an in-person, face to face interview with the prospective volunteer to discuss their interests, whether they can meet the specific agency needs, and the guidelines and goals of the volunteer services program.
- 5. Make an approval determination of a prospective volunteer based on the assessment of the personal interview and Individual Volunteer Application, background screening and CRC, references and other information received.
- 6. Upon selection of a volunteer:
 - a. Discuss with him/her:
 - i. HIPAA privacy laws and Confidentiality (see policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and policy [2.6 Information Management: Confidentiality/Safeguarding Information](#));
 - ii. Americans with Disabilities Act (ADA) (see policy [1.5 Administration: Americans with Disabilities Act \(ADA\)/Section 504 and Reasonable Modifications](#)); and
 - iii. Non-Discrimination in child welfare services (see policy [1.4 Administration: Non-Discriminatory Child Welfare Practices](#)).
 - b. Have him/her sign the Statement of Confidentiality
 - i. File the Statement of Confidentiality and the in the volunteers personnel file.
 - c. Have him/her complete any additional volunteer enrollment or agreement required per county/regional protocols.
 - d. Properly match the volunteer with an identified agency need.
 - e. Provide orientation/training to prepare the volunteer for their assignment and to familiarize him/her with the agency. Training topics shall include, but is not limited to:

- i. [DFCS Mission, Vision, and Guiding Principles](#)
- ii. DFCS programs and services
- iii. Policies and procedures of the county/regional office
- iv. Confidentiality and HIPAA
- v. Mandated Reporting (see policy [3.24 Intake: Mandated Reporters](#))
- vi. Expectations and responsibilities
- vii. Training for assigned tasks

 Training expectations will vary with volunteer assignment.

- f. Assign the volunteer to a supervisor. Arrange a meeting with the volunteer and supervisor to discuss volunteer activities, hours, requirements, etc.
7. Provide support to the supervisor regarding their responsibilities related to the oversight of the volunteer, which may include, but is not limited to:
- a. On-the-job training;
 - b. Orientation to unit policies and procedures;
 - c. Volunteer compliance with confidentiality and HIPAA privacy laws;
 - d. Periodic evaluation of the volunteer’s work performance:
 - i. Identify the volunteer’s strengths and weaknesses.
 - ii. Refer to volunteer job descriptions when conducting periodic performance evaluations.
 - iii. Develop a plan for retention or dismissal of a volunteer.
8. Maintain secure storage of volunteer documents:
- a. Prospective and selected volunteer application documents, including CRC information (see policy [19.8 Case Management: Criminal Records Check](#) for storage requirements of CRC).
 - b. A record of volunteer’s completed training, performance evaluations and any signed agreements, in a volunteer’s personnel file.
 - c. Volunteer activity records.

 Record maintenance is important to support the submission of the monthly volunteer reports, review trends, assess needs and resources, etc.

9. Submit monthly reports to the County Director/designee of volunteer recruitment efforts and volunteer service activities.

The VSC Supervisor or County Director/designee will:

- 1. Support the VSC in coordination of the Volunteer Services Program.
- 2. Ensure the VSC obtains the complete application packet, document background screenings and CRC of all prospective volunteers prior to selection, where appropriate. Collaborate with the VSC to make a determination when the prospective volunteer has criminal history. If a determination cannot be made, seek guidance from the County Director/designee (if not supervised by the

County Director).

3. Review monthly reports of volunteer recruitment and activities to determine if targeted goals are being met, additional resource or service needs, etc.

Practice Guidance

Volunteer Services Program

The quality of the Volunteer Services Program depends, in part, upon the degree of administrative investment made by the agency in the planning, direction and support of the program. When recruiting and selecting a volunteer, give attention to the skills, abilities, and interests of the volunteer and how these fit the specific needs of the position. During the application process, ask prospective volunteers to provide information regarding their background, skills and abilities as well as their specific interests. Selection of the volunteer should be based on their area of interest as well as the specific need of the agency and the ability of the volunteer to meet them.

Cooperation and communication are critical components of an effective Volunteer Services Program. Good communication between all parties ensures that the appropriate services are provided and that the volunteer is being appropriately utilized. This cooperative effort will impact positively on the volunteers, agency, children and families served and the community.

Volunteers

Volunteers are persons who contribute services or resources to the agency without financial compensation. DFCS encourages the appropriate involvement of volunteers in providing direct and/or indirect services to children and families. Volunteerism can be mutually rewarding to the volunteer and the agency as it fulfills a desire of individuals/groups to share their interests, abilities and resources for the benefit of the community, while providing useful services for the agency. As such, volunteers should be assigned meaningful tasks/activities that are beneficial to the agency as well as the volunteer. Volunteers should also be provided with the appropriate access to material, equipment and information necessary to complete the performance of assigned tasks.

There are two types of volunteer services:

1. **Direct volunteer services:** These are services provided directly to children and families under the supervision of agency staff. These services may include, but are not limited to, transporting clients, coordinating/conducting workshops, providing recreation, mentoring, and telephone outreach.
2. **Indirect volunteer services:** These are services that support children and families served by DFCS. Indirect volunteer services may also include serving at DFCS-sponsored community events (I.e. clothing drive, food pantry, holiday toy collection, prom events, and in-kind services). Volunteers providing indirect services do not have direct contact with children and families.

Volunteer Services Recruitment and Retention

The Volunteer Services Coordinator (VSC) plays a critical role in the strategic recruitment of volunteers. All volunteer opportunities should be advertised within DFCS as well as in the community to

obtain a larger pool of potential recruits. The VCS should purposefully engage staff about their needs to conduct and target recruitment efforts on staff needs. As DFCS values input from a wide variety of external stakeholders from all cultural and socioeconomic segments of the community, VSC's are encouraged to attend Community Advisory Boards and other community gatherings to promote a presence of DFCS in the community. The visibility of the VSC in the community connects community resources to DFCS and raises awareness about the mission and values.

To support recruitment and retention of volunteers, the VSC should:

1. Provide clear information on the volunteer role and performance expectations.
2. Provide diverse opportunities for volunteers to enhance their skills and volunteer experience.
3. Value the volunteer's time by ensuring they are assigned tasks that are productive and worthwhile.
4. Provide training opportunities for volunteers;
5. Ensure supervision is provided to the volunteer;
6. Provide constructive feedback to the volunteer;
7. Ensure volunteers have regular opportunities to provide feedback on their responsibilities and experiences;
8. Provide ongoing formal or informal recognition of and/or reward the volunteer's contribution, including but not limited to:
 - a. Appreciation luncheon/dinner
 - b. Presentation of certificates or plaques
 - c. Letters of appreciation
 - d. Recognition party

Room, Board, Watchful Oversight Providers

[RBWO Minimum Standards](#) includes standards for volunteers in sections 1.1, 6.27, 13.27, 13.32, 31.1 and 31.4. Sub-contractor roles are addressed in sections 9.1 & 13.42. The RBWO Minimum Standard 13.27 requires that providers who utilize volunteers must have a policy that governs their activities. Volunteers used to meet any RBWO staffing requirements must follow all requirements outlined for regular staff. Volunteer policy must include the following:

1. A completed application for volunteering;
2. A Fitness Determination Letter from DHS Office of Inspector General;
3. A documented assessment of the volunteer which includes a face-to-face interview;
4. A driving record check on any volunteer expected to transport children;
5. Review of at least two references (if the volunteer has previous child-caring experience or fostering/adopting experience, agency/employer references must be obtained);
6. Orientation and training of the volunteer (including Mandated Reporter training);
7. Signing of a confidentiality agreement; and
8. Maintenance of a file on the volunteer to include all related volunteer documents, hours

worked, and duties performed.

Confidentiality

Volunteers are responsible for maintaining the confidentiality of client information and are guided by all confidentiality and HIPAA privacy laws (see policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#)). Volunteers may only have access to the minimum amount of information needed to carry out their job responsibilities. Volunteers must not be included in staff discussions that include confidential client information, or have access to confidential information on staff computers, if that information is not necessary for their role.

Forms and Tools


[Individual Volunteer Application](#)

[Notice of Privacy Practices](#)

[Notice of Privacy Practices \(Spanish\)](#)

[Statement of Confidentiality](#)

1.9 Public Review and Inspection of Child and Family Services Review Materials and Federal Plans

 Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(1) Administration		
Policy Title:	Public Review and Inspection of Child and Family Services Review Materials and Federal Plans		
Policy Number:	1.9	Previous Policy Number(s):	N/A
Effective Date:	July 2020	Manual Transmittal:	2020-05

Codes/References

Titles IV-E and IV-B of the Social Security Act

45 CFR Parts 1355.21(c), 1355.33(b), 1355.33(e), and 1355.35(a)

Child Abuse Prevention and Treatment Act (CAPTA)

Requirements

The Division of Family and Children Services (DFCS) will:

1. Promote accountability and transparency in all services delivered and programs administered.
2. *Make available for public review and inspection all statewide assessments, reports of findings, and program improvement plans developed as a result of a full or partial child and family services review.*
3. *Ensure that Plans and amendments for titles IV-E and IV-B are made available for public review*

and inspection.

4. Maintain statewide plans and amendments at dfcs.georgia.gov/federal-reviews-and-plans including:
 - a. The Child and Family Services Plan
 - b. The Annual Progress and Services Reports
 - c. The title IV-E State Plan
 - d. Child and Family Services Review
 - e. The Child Abuse Prevention and Treatment Act Plan
 - f. Program Improvement Plans

Procedures

The designated DFCS staff will:

1. Maintain a publicly accessible website for:
 - a. Title IV-E and IV-B plans and amendments;
 - b. Statewide assessments; and
 - c. Program improvement plans developed as a result of a full or partial child and family services review;
2. Ensure plans are updated as required; and
3. Inform stakeholders of the accessibility of the documents.

Practice Guidance

Child and Family Services Plan (CFSP)

The CFSP is a five-year strategic plan that sets forth the vision and the goals to be accomplished to strengthen the states' overall child welfare system.

Annual Progress and Services Reports (APSR)

The APSR provides annual updates on the progress made toward accomplishing the goals and objectives in the CFSP. Completion of the APSR satisfies the federal regulations by providing updates on a state's annual progress for the previous fiscal year and planned activities for the upcoming fiscal year.

Title IV-E State Plan

Under section 471(a) of the Social Security Act, as a condition of receiving title IV-E funding, states, territories, and tribes must have a title IV-E plan that is approved by the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF). The title IV-E plan is a single document that applies to all three title IV-E program components (foster care, adoption, and kinship guardianship).

The title IV-E plan ensures direct financial assistance is made available to eligible children under

the title IV-E program. Further, it ensures that the state will adhere to federal plan requirements primarily intended to ensure children's safety, permanence, and well-being, and shall be in effect and mandatory in all political subdivisions of the State. A title IV-E plan must be submitted to ACF using a "pre-print". The "pre-print" is a form that lists title IV-E provisions and provides a space for the title IV-E agency to fill in the relevant law, regulation, or policy indicating compliance with the given provision. Once the state plan has been submitted to HHS and approved, it remains in effect until amendments are required. An amendment is required if there is any significant and relevant change in the information or assurances in the plan, or the organization, policies or operations described in the plan (see policy [1.7 Administration: Monitoring, Reviews, Reporting and Independent Audits](#)).

Child and Family Services Review (CFSR)

The CFSR is a federal-state collaborative effort designed to help ensure that quality services are provided to children and families through state child welfare systems. They are reviews of state child welfare programs and practice that identify strengths and challenges in state programs and systems, focusing on outcomes for children and families in the areas of safety, permanency, and well-being. The process addresses each systemic factor under review including the statewide/Tribal information system; case review system; quality assurance system; staff training; service array; agency responsiveness to the community; and foster and adoptive parent licensing, recruitment and retention. Reviews also address the outcome areas of safety, permanence, and well-being of children and families served by DFCS using data from AFCARS and NCANDS. State/Tribal agencies found not to be operating in substantial conformity shall develop a program improvement plan.

Child Abuse Prevention and Treatment Act (CAPTA) Plan

CAPTA provides funds for states to improve their child protective systems. To be eligible to receive these funds, a state must submit a plan including certain assurances related to how it will operate its CPS system; establish and support citizen review panels; and, to the "maximum extent practicable," annually supply to certain child abuse and neglect data to the Department of Health and Human Services (HHS). States must also perform a range of prevention activities, including addressing the needs of infants born with prenatal drug exposure, referring children not at risk of imminent harm to community services, implementing criminal record checks for prospective foster and adoptive parents and other adults in their homes, training child protective service workers, protecting the legal rights of families and alleged perpetrators, and supporting citizen review panels. Once approved by the Children's Bureau, a state's CAPTA Plan remains in effect for the duration of the state's participation in the CAPTA Development and Operation grant program, but must be periodically reviewed and revised as necessary by the state to reflect changes in the state's strategies and programs.


Program Improvement Plans (PIP)

States prepare a Program Improvement Plan to develop or enhance policies, training, and practice identified as needing improvement to increase positive outcomes for children and families. The plan must address any outcome domains or systemic factors that are not in substantial conformity and their associated items.

Forms and Tools

Georgia Child Welfare Federal Reviews and Plans

1.10 Child Fatality Review

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(1) Administration		
	Policy Title:	Child Fatality Review		
	Policy Number:	1.10	Previous Policy Number(s):	N/A
	Effective Date:	July 2020	Manual Transmittal:	2020-05

Codes/References

O.C.G.A. § 19-15-3 County Multiagency Child Fatality Review Committee

O.C.G.A. § 19-15-4 Georgia Child Fatality Review Panel

Child Abuse Prevention and Treatment Act (CAPTA)

Requirements




The Division of Family and Children Services (DFCS) will:

1. Partner with the local Child Fatality Review Committees (CFRC), and the State Child Fatality Review Panel to work collaboratively and share data to identify all Georgia children who suffered a death due to child maltreatment.
2. Designate a representative from each county DFCS office to serve on the local CFRC.
3. Participate in the CFRC by:
 - a. Attending CFRC meetings
 - b. Sharing requested data, including:
 - i. Any DFCS involvement prior to the death, including the beginning and ending dates of service(s) and the kinds of services delivered, the reasons for initial DFCS involvement, and the reasons for any termination of DFCS involvement.
 - ii. Whether there have been any acts or reports of violence between past or present spouses, persons who are parents of the same child, parents and children, stepparents and stepchildren, foster parents and foster children, or other persons living or formerly living in the same household.
 - iii. Any information leading up to the child's death and cause of death.
 - c. Concluding whether services or agency activities delivered prior to the death were appropriate and whether the child's death could have been prevented.
 - d. Making recommendations for prevention of future deaths from similar incidents.
4. Make an immediate report to the CPS Intake Communication Center (CICC) for each instance

where the committee concludes that the death was due to maltreatment, but the case had not been previously reported to DFCS.

Procedures

County Director/Designee

1. Appoint a representative to serve on the local CFRC.
 -  A CFRC representing a judicial circuit with more than one county will have more than one DFCS representative serving on the committee.
2. Ensure that the DFCS representative attends each of the CFRC meetings.
 -  The CFRC meetings will occur within 30 days from the initial notification of the death to the CFRC.
3. Ensure that the DFCS representative provides as much information as possible to the committee related to the circumstances surrounding the child's death.
 -  Disclosure of protected health information to the CFRC related to child maltreatment is permitted under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.

CFRC DFCS Representative

1. Attend each of the scheduled CFRC meetings.
2. Actively participate in the CFRC.
3. Share known information with the CFRC related to the circumstances surrounding a child's death.
4. Make an immediate report to the CPS Intake Communication Center (CICC) as outlined in policy [3.24 Intake: Mandated Reporters](#) for each instance where the CFRC concludes that the child death was due to maltreatment, and the case had not been previously reported to DFCS. Provide as much information as possible to CICC related to the circumstances surrounding the death indicating maltreatment, including but not limited to:
 - a. Autopsy reports (preliminary or final)
 - b. Medical records
 - c. Police reports
 - d. Emergency Medical Services (EMS) reports
 - e. Any other relevant information related to the areas of family functioning as outlined in policy [3.1 Intake: Receiving Intake Reports](#) and [3.13 Intake: Intakes Involving Child Death, Near Fatality, or Serious Injury \(CD/NF/SI\)](#).
5. Share any new information or reports obtained on an active case with the assigned Social Services Case Manager and Social Services Supervisor.

Practice Guidance

The purpose of the CFRC is to review the causes and circumstances of a child's death and make recommendations for prevention. The CFRC must consider the history of the child and the child's family when making its determination. Each agency representative will contribute information on the known history of the child and the child's family to support the committee's determination as to the manner and cause of death, and if the death was preventable. Other agencies represented on the committee are:

1. Local law enforcement
2. The sheriff's department or county police chief
3. The district attorney for the circuit
4. Juvenile court
5. The county mental health organization
6. The county public health department
7. The county coroner or medical examiner

DFCS' role on the CFRC is to inform the committee of any pertinent information known to DFCS regarding the child, the child's family, and the circumstances of death. When a death is reviewed that was not previously known to DFCS, it is incumbent upon the DFCS representative make a report to CICC to ensure that no maltreatment-related fatalities go unreported.

Disclosure of protected health information related to child maltreatment is permitted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule, because the CFRC is authorized to receive such reports. The CFRC shall be considered to be a law enforcement official within the meaning of the rules and regulations adopted under HIPAA.

Child Fatality Review Committees

In accordance with O.C.G.A. § 19-15-3, the CFRC shall:


1. Review all deaths of children ages birth through 17 years related to:
 - a. Sudden Infant Death Syndrome
 - b. Any unexpected or unexplained conditions
 - c. Unintentional injuries
 - d. Intentional injuries
 - e. Sudden death when the child is in apparent good health
 - f. Any manner that is suspicious or unusual
 - g. Medical conditions when unattended by a physician
 - h. Serving as an inmate of a state hospital or state, county or city penal institution or
 - i. Child abuse
2. Submit a copy of the CFR report within 15 days after it is completed to the district attorney of the county or circuit.

3. Prepare an annual report which specifies:
 - a. The number of child death notifications received from the county medical examiner or coroner during the prior year; and
 - b. The number of CFR reports prepared by the committee during the prior year.
4. Submit the annual report to the Georgia Child Fatality Review Panel and to the legal publication of the county.

Forms and Tools

[The National Center for Fatality Review and Prevention](#)

1.11 Specific Goals in State Law for Children in Foster Care Over 24 Months

	Georgia Division of Family and Children Services		
	Child Welfare Policy Manual		
	Chapter:	(1) Administration	
	Policy Title:	Specific Goals in State Law for Children in Foster Care Over 24 Months	
	Policy Number:	1.11	Previous Policy Number(s):
Effective Date:	July 2020	Manual Transmittal:	2020-05

Codes/References

O.C.G.A. § 49-5-19 Annual Report on Children and Youth Services
 Title IV-E of the Social Security Act § 471(a)(14)
 2 USC § 671
 Public Law 96-272 Adoption Assistance and Child Welfare Act of 1980

Requirements

The Division of Family and Children Services (DFCS) will:

1. *Formulate for each fiscal year, a specific goal as to the maximum number of children (in absolute numbers or as a percentage of all children in foster care receiving assistance under a title IV-E program) who at any given time during the fiscal year will have been in foster care for over 24 months.*
2. Submit the Annual Report on Children and Youth to the Governor that includes an analysis of goals to ensure that no more than 25 percent of children remain in the foster care system under title IV-E of the Social Security Act for a period of 24 months or longer.
3. *Take the following steps to achieve the specific goal established:*
 - a. Review data indicators on a quarterly basis;
 - b. Conduct targeted Quality Case Reviews (QCR);

- c. Include policies on permanency planning in the Child Welfare Policy Manual;
 - d. Implement targeted solutions to resolve concerns and ensure permanency efforts are meeting the needs of the children.
4. Report progress on goal achievement in the Child and Family Services Plan (CFSP) and Annual Progress and Services Report (APSR).

Procedures

The designated DFCS staff will (see Practice Guidance: Roles and Responsibilities):

1. On a quarterly basis:
 - a. Identify the number of children, under the age of 18 in foster care for a period of 24 months or longer and compare that data with the previous year's/quarter's data;
 - b. Review and analyze data and trends to ensure targeted goals are being met; and
 - c. Conduct targeted QCR.
2. Take the following steps if the data indicate that more than 25 percent of children will remain in the foster care for a period of 24 months or longer:
 - a. Identify barriers for not meeting the specific goal.
 - b. Discuss data indicators with agency leadership.
 - c. Implement agency-wide or targeted solutions, such as:
 - i. Use of the permanency timeline to track ongoing case progress;
 - ii. Routine case consultations, including a 12-month consultation that has a participant at a higher level than Supervisor to address barriers to permanency;
 - iii. Permanency Roundtables for cases where the child has no identified permanent resource; and
 - iv. Partner with the Office of General Counsel and the Court Improvement Project where legal delays to permanency exist.
 - d. Review and update permanency planning policies as needed.
3. Include the specific steps to achieve the goals established in the Annual Report on Children and Youth to the Governor and the APSR.

Practice Guidance

Roles and Responsibilities

The Data Unit provides relevant staff with monthly data on children in care approaching or over 24 months. The Unit also provides trend information by conducting data quality case reviews that provide feedback to county and regional staff to ensure consistent data reporting and messaging.


The Quality Assurance (QA)/Child and Family Services Review (CFSR) Unit conducts targeted QCR to evaluate the quality of services provided to children and families and barriers to permanency. QCR also improve overall safety, permanency, and well-being outcomes for children and families by improving the quality of case work provided by county and regional staff.

The DFCS Placement and Permanency Section reviews data and information on a regular basis regarding children remaining in care for 24 months or longer. When trends are identified that would adversely affect the permanency goal, specific strategies are implemented to resolve those concerns and ensure Georgia’s permanency efforts are meeting the needs of the children. The Placement and Permanency Section also presents a summary analysis and updated information on those strategies at statewide leadership meetings.

Forms and Tools

N/A

1.12 Review of Payments and Approval Standards

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(1) Administration		
	Policy Title:	Review of Payments and Approval Standards		
	Policy Number:	1.12	Previous Policy Number(s):	N/A
	Effective Date:	February 2024	Manual Transmittal:	2024-01

Codes/References

Title IV-E of the Social Security Act § 471(a) (11)
 45 CFR Part 1356.21(m)(1) & (2)

Requirements

The Division of Family and Children Services (DFCS) will:

1. *Review at reasonable, specific, time-limited periods established by the State:*
 - a. *The amount of the payments made for foster care maintenance to assure their continued appropriateness, and that the amount made to a licensed or approved kinship (relative or fictive kin) foster family home is the same as the amount that would have been made if the child was placed in a licensed or approved non-relative foster family home;*
 - b. *The amount of the payment made for adoption assistance to assure their continued appropriateness; and*
 - c. *The licensing or approval standards for childcare institutions (CCI) and foster family homes.*

Procedures

Review of Payments

The DFCS Budget and Finance Section in conjunction with the Caregiver and Well-being Coordination Section will:

1. Conduct periodic reviews of the existing foster care maintenance and adoption assistance payment amounts. The review will:
 - a. Occur every two years in even numbered years;
 - b. Assess the continued appropriateness of the payment amounts;
 - c. Confirm that the amount of payment made to an approved kinship foster family home is the same as the amount that would have been made if the child was placed in an approved non-relative foster family home; and
 - d. Include a recommendation if any changes should be made.
2. Submit the recommendation from the review to the Deputy Commissioner of Child Welfare and Division Director by June 30th for consideration.

The Division Director will:

1. Review any recommendation for change(s) and decide whether to accept the recommendation.
2. Decide if the recommended change(s) will be included in the DFCS budget request submitted to the Governor for the subsequent State Fiscal Year.



Any changes to the foster care maintenance and adoption assistance payment amounts require the approval of the Governor and the State Legislature.

Review of Approval Standards

The Caregiver and Well-being Coordination Section will:

1. Conduct periodic reviews of the existing approval standards for CCIs and foster family homes (including kinship foster family homes) to assess their continued appropriateness. The review will:
 - a. Occur at minimum every two years in even numbered years;
 - b. Follow processes established by:
 - i. The Office of Provider Management for CCIs and child placing agencies (CPAs). The review includes consultation with key stakeholders (e.g., Office of the Child Advocate, Residential Childcare Licensing, Department of Juvenile Justice).
 - ii. The Caregiver Recruitment and Retention Unit (CRRU) for DFCS foster family homes. The review includes Resource Development staff and other key stakeholders.
 - c. Include a recommendation of any changes to be made to the approval standards.
2. Submit any proposed changes to the approval standards to the Deputy Commissioner of Child Welfare and Division Director for approval.
3. Coordinate with the Policy and Regulations Unit to incorporate the approved change(s) into the Child Welfare Policy Manual (CWPM).

The Division Director will:

1. Review any recommendation for change(s) to the approval standards and decide whether to accept the recommendation.

2. Approve any resulting changes to the CWPM.

Practice Guidance

Safety and Quality Standards

Any changes to approval standards must adhere to title IV-E of the Social Security Act provisions for safety and quality standards (see policies [14.1 Resource Development: Safety and Quality Standards](#) and [16.8 Room Board Watchful Oversight: Minimum Standards](#)). The purpose of safety and quality standards is to ensure caregivers have the capacity to care for a child in foster care, and to ensure the physical home of the caregivers is appropriate and safe for the child.

Office of Provider Management (OPM)

OPM contracts with private agency placement providers and monitors the provisions of Room, Board, Watchful Oversight (RBWO) services. OPM employs various mechanisms to monitor providers' adherence to RBWO Minimum Standards and contractual obligations (e.g., data, on-site and records reviews, and collateral reports) which direct performance expectations regarding the safety, permanency, and well-being of children. The foundational objective of OPM is to ensure that children placed in RBWO care are safe from abuse and neglect. OPM also provides training and technical assistance to providers to support their ability to meet quality of care and performance expectations. OPM partners with stakeholders in the review of the RBWO Minimum Standards to ensure they continue to meet safety and quality standards as outlined in policy [14.1 Resource Development: Safety and Quality Standards](#).


Caregiver Recruitment and Retention Unit (CRRU)

The CRRU is responsible for the recruitment, development, supervision, support, and retention of temporary caregivers and adoptive parents for children in foster care and young adults in extended foster care. CRRU partners with CPA's, CCI's, and other interested community stakeholders to expand its number of available placement resources. The recruitment of foster and adoptive parents is a collaborative public, private, and community-based effort aimed at maximizing the number and type of placement resources available to children and youth in need. CRRU periodically reviews foster family homes approval standards to ensure their continued appropriateness and compliance with state and federal law and best practice.

Forms and Tools

N/A

1.13 Sex Trafficking Overview

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(1) Administration		
	Policy Title:	Sex Trafficking Overview		
	Policy Number:	1.13	Previous Policy Number(s):	N/A
	Effective Date:	July 2019	Manual Transmittal:	2019-08

Codes/References

O.C.G.A. § 15-11-130.1

O.C.G.A. § 16-5-46 Trafficking of Persons for Labor or Sexual Servitude

Title IV-E of the Social Security Act §§ 471(a)(9)(C), 471(a)(34)(A), and 475(9)

Public Law 113-183 Preventing Sex Trafficking and Strengthening Families Act of 2014

Requirements

The Division of Family and Children Services (DFCS) will:

1. Ensure that child and youth victims and those at risk receive the appropriate care, treatment, and services needed to heal and recover from sex trafficking/sexual servitude.
2. Refer any child suspected of being a victim of sexual exploitation or trafficking to an available victim assistance organization, as certified by the Criminal Justice Coordinating Council, which provides comprehensive trauma-informed services designed to alleviate the adverse effects of trafficking victimization and to aid in the child's healing, including, but not limited to, assistance with case management, placement, access to educational and legal services, and mental health services.
3. Be authorized to provide emergency care and supervision to any child without seeking a court order for a period not to exceed seven days when the child is a victim of trafficking for labor or sexual servitude (see policy [20.9 Special Circumstances: Short Term Emergency Care \(Human Trafficking\)](#)).
4. *Develop, in consultation with State and local law enforcement, juvenile justice systems, health care providers, education agencies, and organizations with experience in dealing with at-risk children and youth, policies and procedures (including relevant training for caseworkers) for identifying, documenting in agency records, and determining appropriate services for:*
 - a. *Any child or youth over whom DFCS has responsibility for placement, care, or supervision and who the agency has reasonable cause to believe is, or is at risk of being, a sex trafficking victim (including children for whom an agency has an open case file but who have not been removed from the home, children who have run away from foster care and who have not attained 18 years of age or such older age as the State has elected under section 475(8) of the Act, and youth who are not in foster care but are receiving services under section 477 of the Act); and*
 - b. *Youth formerly in foster care who are participating in Extended Youth Support Services through the age of 21.*
5. *Report to law enforcement immediately, and in no case later than 24 hours after receiving information on children or youth who have been identified as being a victim of sex trafficking/sexual*

servitude.

For the Purposes of the Titles IV-B and Title IV-E of the Act, the term “sex trafficking victim” means a victim of:



1. *Sex trafficking, as defined in section 103(10) of the Trafficking Victims Protection Act of 2000 as the recruitment, harboring, transportation, provision, or obtaining, of a person for the purpose of a commercial sex act; or*
2. *A severe form of trafficking in persons described in Section 103(9)(A) of such Act in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age.*

Georgia law defines trafficking an individual for sexual servitude as a person commits the offense of trafficking an individual for sexual servitude when that person knowingly:



1. Subjects an individual to or maintains an individual in sexual servitude;
2. Recruits, entices, harbors, transports, provides, solicits, patronizes or obtains by any means an individual for the purpose of sexual servitude; or
3. Benefits financially or by receiving anything of value from the sexual servitude of another.

Sexual servitude means any sexually explicit conduct or performance involving sexually explicit conduct for which anything of value is directly or indirectly given, promised to, or received by any individual, which conduct is induced or obtained:

1. By coercion or deception;
2. From an individual who is under the age of 18 years;
3. From an individual whom the accused believes to be under the age of 18 years;
4. From an individual who has a developmental disability; or
5. From an individual whom the accused believes to have a developmental disability.



DFCS accepts reports involving children under the age of 18. Reports involving adults with developmental disability are referred to the Georgia Department of Aging, Adult Protective Services.

Procedures

DFCS will:

1. Work with community stakeholders through a multi-disciplinary approach to address and manage the multidisciplinary work with children and youth identified as victims of sex trafficking/sexual servitude or those identified as at risk of sex trafficking.
2. Investigate intake reports screened in involving known or suspected child or youth victims of sex trafficking/sexual servitude.
3. Assess a child who has been missing from care to determine their experiences, including screening the child to determine if the child is a possible victim of sex trafficking/sexual servi-

tude (see policy [19.22 Case Management: Missing Children](#)).

4. Report immediately (no later than 24 hours) to law enforcement any child or youth who the agency identifies as being a known or suspected victim of sex trafficking/sexual servitude (see policy [3.7 Intake: Intakes Involving Sex Trafficking/Sexual Servitude](#)).
5. Adhere to the Commercial Sexual Exploitation/Domestic Minor/Sex Trafficking Case Management Protocol.
6. Provide services to sex trafficking/sexual servitude victims that is trauma-focused, strength-based, culturally sensitive, gender and developmentally appropriate, and informed by comprehensive evaluation that includes physical and mental health assessments. Services may include:
 - a. Case Management
 - b. Permanency or temporary placements
 - c. Medical and mental health treatment
 - d. Reproductive and sexual health services
 - e. Substance abuse treatment
 - f. Access to educational and legal services
 - g. Referral to immigration services and assistance as appropriate
7. Empower child and youth victims of sex trafficking/sexual servitude by allowing their participation in decision-making.
8. Assist sex trafficking/sexual servitude victims in accessing medical and health assistance, public housing, and other federal and state assistance for which they are eligible as sex trafficking victims.
9. Support sex trafficking/sexual servitude victims to gain permanency through reunifying them with their families or other appropriate permanency options including fostering supportive connections.
10. Provide trainings regarding sex trafficking/sexual servitude for:
 - a. Child welfare professional
 - b. Foster parents
 - c. Room Board and Watchful Oversight providers
 - d. Child Placing Agencies

Practice Guidance

Sex trafficking is one form of human trafficking. Human trafficking is most commonly for the purpose of sex trafficking or sexual servitude, forced labor or for the extraction of organs or tissues, including surrogacy. It is a serious public health problem that negatively affects the well-being of individuals, families, and communities. Human trafficking occurs when a trafficker exploits an individual with force, fraud, or coercion to make them perform commercial sex or work. This type of violence exploits women, men, and children across the United States and around the world.

Perpetrators of human trafficking often target people who are poor, vulnerable, living in an unsafe situation, or searching for a better life. Many victims are women and girls, though men and boys

are also impacted. Victims can come from all backgrounds, races, ethnicities, sexual orientations, gender identities, citizens, non-citizens, and income levels. Victims can become trapped in different locations and situations, and do not have to be physically transported between locations to be victimized. Victims are often controlled through assault, threats, false promises, perceived sense of protection, isolation, shaming, and debt.


Youth who are victims of sex trafficking are often seduced, coerced or forced into trafficking. For example, youth with a history of abuse and neglect or who are homeless are more likely to be exploited. Traffickers will identify a youth’s vulnerabilities and prey upon their normal desires for love, attention, or material items, and the meeting of basic needs, such as shelter or food. Many victims of sex trafficking do not see themselves as victims and will make efforts to protect their abuser. Victims of sex trafficking may have suffered significant psychological, physical and sexual abuse and may exhibit anxiety, depression, and post-traumatic stress syndrome.

Consequences of sexual violence, including sex trafficking, can be immediate and long term, including physical and relationship problems, psychological concerns, and chronic health outcomes.

Forms and Tools

[Human Trafficking Case Management Statewide Protocol](#)

1.14 Emergency Operations Plans

	Georgia Division of Family and Children Services		
	Child Welfare Policy Manual		
	Chapter:	(1) Administration	
	Policy Title:	Emergency Operations Plans	
	Policy Number:	1.14	Previous Policy Number(s):
Effective Date:	July 2020	Manual Transmittal:	2020-05

Codes/References

Title IV-B of the Social Security Act § 422 (b)(16)
 Public Law 109-288 Child and Family Services Improvement Act of 2006

Requirements

The Division of Family and Children Services will:

1. Identify, locate and continue availability of services for children under the State’s care or supervision who are displaced or adversely affected by a disaster.
2. Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster and provide services in those cases.
3. Remain in communication with Social Services Case Managers (SSCMs) and other child welfare personnel who are displaced because of a disaster.


4. Preserve essential program records.
5. Coordinate services and share information with other states.
6. Develop a Continuity of Operations Plan (COOP) for each County DFCS office, update the COOP annually and submit the COOP to the Regional Emergency Management Coordinator.
7. Provide critical and/or emergency child welfare services during a disaster to include at a minimum:
 - a. Ensuring the safety and well-being needs of all children in foster care.
 - b. Providing emergency services to children and families with Family Preservation cases to ensure their safety and well-being;
 - c. Responding to reports of child abuse;
 - d. Responding to the needs of unaccompanied minors. Unaccompanied minors include children separated from caregivers and/or children whose caregiver(s) are incapacitated and unable to perform basic parental functions (i.e. feed, clothe, shelter and protect child(ren)).

 Routine services shall resume as soon as circumstances permit.

Procedures

The State DFCS office will:

1. Develop and update standards and/or training materials as needed, for new and existing child welfare staff, foster parents and contracted placement resource providers, regarding disaster planning and response to include:
 - a. A Desk Reference for state office staff that:
 - i. Defines various safety hazards;
 - ii. Recommends corresponding actions in the event of a specified threat;
 - iii. Details evacuation procedures; and
 - iv. Describes the roles and responsibilities of state personnel designated to aid in an emergency (i.e. Capitol Police Services, Fire Marshall and DFCS Emergency Floor Coordinators).


 The State Emergency Management Coordinator will maintain the Desk Reference.
 - b. Written Safety and Quality Standards (SQS) for DFCS Foster Parents to ensure the ongoing safety and wellbeing of children and to support preparedness in the event of a disaster (see policy [14.1 Resource Development: Safety and Quality Standards](#) for a full list of requirements). SQS for foster parents include:
 - i. Posting a written evacuation plan in a prominent place in the home (e.g., on a refrigerator or family bulletin board), and reviewing it with the children;
 - ii. Maintaining a comprehensive list of emergency telephone numbers, including poison control, and posting those numbers in a prominent place in the home;
 - iii. Obtaining certification in cardiopulmonary resuscitation (CPR) and first aid;

- iv. Maintaining a functional smoke alarm and carbon monoxide detector on each level of occupancy of the home and at least one near all sleeping areas, and a functional fire extinguisher;
- v. Following medication management protocol for children; and
- vi. Complying with requirements for the supervision of children of various ages and levels of need (see policy [14.8 Resource Development: Supervision of Children](#)).

 The Resource Development (RD) Team will monitor compliance with SQS.

c. Written standards for Child Caring Institutions (CCI) and Child Placing Agencies (CPA) contracted to provide Room Board and Watchful Oversight (RBWO) for foster children. RBWO Minimum Standards shall contain requirements to ensure private placement providers comply with SQS and have a written disaster plan to address emergency situations (See RBWO Standard 13.33). Planning consideration for emergency / disaster is to include such things as:

- i. Transportation;
- ii. Medication;
- iii. Record management;
- iv. Ongoing communication; and
- v. Location of the nearest shelter, hospital, police and fire station.

 The Office of Provider Management (OPM) will ensure plans are maintained annually as part of its ongoing compliance review.

- 2. Develop and maintain web-based access to the DFCS Emergency Operations Plan.
- 3. Issue notification of suspended and resumed placement of children through Interstate Compact on the Placement of Children (ICPC) in disaster affected areas.
- 4. Initiate memoranda of understanding (MOU) with vendors and partners with statewide service / resource capability.
- 5. Identify and maintain a State Emergency Management Coordinator (SEMC) whose responsibilities include but aren't limited to the following:
 - a. Develop the annual DFCS Emergency Operations Plan in coordination with state and community partners;
 - b. Provide written guidance to county and regional DFCS offices regarding the development of COOPs that meet state and federal preparedness standards;
 - c. Review all county COOPs to assure adherence to planning requirements;
 - d. Issue notifications of severe weather alerts and warnings that occur during regular business operating hours to REMC and Regional Directors;
 - e. Train Regional Emergency Management Coordinators (REMC) on related DFCS plan, policy and procedures;
 - f. Represent state level DFCS emergency resource coordination when requested by local jurisdictions;


- g. Oversee activation of state DFCS team(s) to support local emergency shelter operations.
- h. Maintain updated documents that facilitate communication and continuity of operations including:
 - i. County COOPs
 - ii. Internal agency directories that contain email addresses and telephone numbers of the State Office Leadership Team, Regional Directors, County Directors and REMC.
 - iii. External agency and partner contact information including American Red Cross (ARC), Salvation Army, Department of Public Health (DPH), DHS Division of Aging Services (DAS), Georgia Emergency Management Agency (GEMA) and Federal Emergency Management Agency (FEMA)
 - iv. Desk Reference for emergency operation management for state office staff

The County DFCS office will:

1. Collaborate with community partners (i.e. health care providers, law enforcement, fire personnel, mental health providers, local department of education, other community agencies, etc.) to develop a COOP that is specific to the county.
 - a. Outline the roles and responsibilities of the various agencies involved;
 - b. Determine the services each agency can provide to children and/or families affected by a disaster;
 - c. Establish phone trees, email notifications or other forms of notification to communicate with DFCS staff and community partners involved within a disaster-affected area.



RBWO Providers should follow their agency procedures as required by their contract and RBWO Minimum Standards.

2. Conduct drills:
 - a. Quarterly in areas most susceptible to severe Atlantic and Gulf Coast weather disturbances; and
 - b. Biannually in all other counties.
3. Notify Regional Director and REMC of dates and types of drills conducted;
 -  Notify the State Emergency Management Coordinator (SEMC) of drills upon request.
4. Outline the process to be used to identify, locate and provide services to the children in foster care. Consideration should be given to the following:
 - a. Utilizing non-affected county staff to assist;
 - b. Maintaining emergency contact information at all times for the placement resource;
 - c. Specialized needs of the children (i.e. medically fragile, behavioral/mental health issues, special dietary needs, medications, etc.);
 - d. Incorporating a process for providing notification to child's legal county/state and parents/guardians, when applicable, regarding the safety and well-being of the child;
 - e. ICPC placements;

- f. Updating placement information in Georgia SHINES as soon as possible but within the required 72 hours of occurrence;
 - g. Assuring child welfare staff has remote and secure access to Georgia SHINES via virtual private network (VPN) and portable (i.e. laptop or tablet) computer; and
 - h. Ensuring face-to-face contact with the displaced child and placement resource by a SSCM or Social Services Supervisor (SSS) within five (5) calendar days of a relocation notice.
5. Ensure staff discuss emergency preparedness and evacuation protocols with caregivers (see policy [14.1 Resource Development: Safety and Quality Standards](#));
 6. Identify how responses to reports of child abuse will be made and whether or not law enforcement or other emergency personnel can accompany DFCS on these responses; and
 7. Determine ways to secure any DFCS paper case records and ensure updated documentation is entered into Georgia SHINES.
 8. At initial approval and ongoing, discuss with individual foster parents and other placement providers their plans in the event of a disaster. In the event they have no plan in place, provide assistance in developing a plan.
 9. Complete and update annually the county COOP according to approved guidelines.
 10. Submit the completed/updated COOP to the Regional Emergency Management Coordinator by May 15th of each year.

The Regional Director shall:

1. Advise the Deputy Director of Child Welfare of the following information in the event of an emergency / disaster:
 - a. Initial assessment of emergency / disaster
 - b. Operational capability of agency facility
 - c. Availability of local staff to assist or need for assistance from region
 - d. Shelter openings and operations

The Regional Emergency Management Coordinator shall:

1. Review and maintain copies of County COOPs from within their region.
2. Submit the completed/updated COOP to the SEMC by June 1st of each year.
3. Document dates of drills conducted within the region and submit a quarterly report to the SEMC.
4. Assist in training of local staff and foster parents.
5. Disseminate notifications of severe weather alerts and warnings that occur during regular business operating hours to County Director and/or designee.

Practice Guidance

The Child and Family Services Improvement Act of 2006 requires all states to have a disaster plan in place to address how the state's child welfare agency will ensure a continuity of child welfare services in the wake of a disaster. This disaster plan should incorporate how services along the child


welfare continuum from intake through adoptions will be provided. The plan should include procedures for locating the children and families involved with the child welfare agency and ways to ensure their safety and well-being. Since all emergency response efforts begin and end at the local level, it is incumbent upon the state to support the development of county plans and to facilitate emergency response as needed.

Forms and Tools

[Continuity of Operations Plan \(COOP\) - Template](#)

[Continuity of Operations Plan \(COOP\) - Appendices Index](#)

1.15 Child Abuse Protocol

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	Administration		
	Policy Title:	Child Abuse Protocol		
	Policy Number:	1.15	Previous Policy Number(s):	N/A
	Effective Date:	March 2022	Manual Transmittal:	2022-02

Codes/References

O.C.G.A. § 19-15-2 Protocol Committee on Child Abuse
 Child Abuse Prevention and Treatment Act (CAPTA)

Requirements

The Division of Family and Children Services (DFCS) in accordance with state and federal law will:

1. Participate in the Child Abuse Protocol Committee (CAPC), work collaboratively with local agencies, and share data to evaluate the effectiveness of the child abuse protocol (CAP).
2. Ensure each county office designates a representative to serve on the local CAPC.
 - a. When the CAPC is established for the county, the county DFCS office shall be represented.
 - b. When the CAPC is established for the circuit, each county DFCS office within the circuit shall be represented.
3. Ensure County Directors/Designees actively engage committee members, participate in meetings of the local CAPC, and communicate:
 - a. Current DFCS policies and procedures to ensure that the adopted CAP shall not be inconsistent with the policies and procedures of DFCS.
 - b. Specific circumstances under which law enforcement officers shall and shall not be required to accompany DFCS staff when investigating reports of abuse.
 - c. Procedures used by DFCS to investigate cases of sexual abuse and exploitation, and to obtain sexual assault examinations.

- d. Data that evaluate the extent to which investigations of child abuse complied with the CAP.
 - e. Measures recommended to improve compliance.
 - f. Any measures that were taken within the county to prevent child abuse that has been successful.
4. Ensure each County submits to the State Office designee:
- a. A copy of their CAP by September 1st of each year.
 - b. A copy of their CAP Annual Report by July 1st of each year.

Procedures

County Director

1. Appoint a representative to serve on the CAPC.



A CAPC representing a judicial circuit with more than one county will have more than one DFCS representative serving on the committee.

2. Ensure that the county DFCS representative:

- a. Attends each of the CAPC meetings (which will occur at least semi-annually).
- b. Communicates the current DFCS policies and procedures to the committee.
- c. Communicates the specific circumstances under which law enforcement officers shall and shall not be required to accompany DFCS staff when investigating reports of abuse and consider the need to protect the alleged victim and the need to preserve the confidentiality of the report.
- d. Communicates the procedures used by DFCS to investigate cases of sexual abuse and exploitation, and to obtain sexual assault examination.
- e. Receives appropriate training within 12 months following their appointment to the committee.



The Office of the Child Advocate shall provide such training.

3. Review and retain a copy of the county (or judicial circuit) CAP within the county office.
4. Forward a copy of the CAP and the annual report to the Regional Director.
5. Ensure county staff review and comply with the protocol.
6. Ensure each County submits a copy of their CAP and CAP Annual Report to the State Office each year.

Regional Director or Designee

1. Review the county (or judicial circuit) CAP and CAP Annual Report from each County Director annually.
2. Ensure the CAP and CAP Annual Report are submitted to the State Office designee annually by the respective due dates.

Practice Guidance

The purpose of the child abuse protocol is to ensure coordination and cooperation between all agencies involved in a child abuse case to increase the efficiency of all agencies handling such cases, to minimize the stress created for the child by the legal and investigatory process, and to ensure that more effective treatment is provided for the perpetrator, the family and the child, including counseling.

The County Director/Designee will participate in meetings of the Child Abuse Protocol Committee. If the committee is established for the judicial circuit, each county within that circuit must provide a DFCS representative to participate. Other agencies that will have representation on the committee are the sheriff's office, district attorney for the circuit, juvenile court judge, chief magistrate, county board of education, county mental health organization, chief of police, county public health department, and county coroner or medical examiner. Each agency will share the current policies and procedures used to respond to cases of child abuse.

The contents of the child abuse protocol shall not be inconsistent with the policies and procedures of DFCS, and shall include:

1. Procedures to be used in investigating and prosecuting cases arising from alleged child abuse.
2. Methods used in coordinating treatment programs for the child, the family, and the perpetrator.
3. Procedures to be used when child abuse occurs in a household where there is family violence (e.g., between past or present spouses, persons who are parents of the same child, parents, and children, or other persons living or formerly living in the same household).
4. Circumstances under which law enforcement officers shall and shall not be required to accompany county DFCS investigators when investigating reports of abuse.



In making this determination, the committee shall consider the need to protect the alleged victim and to preserve the confidentiality of the report.

5. Procedures to be used in investigating and prosecuting cases arising from sexual abuse and exploitation.
6. Procedures to be followed concerning the obtainment and payment for sexual assault examinations.
7. Procedures to ensure that the protocols are followed by each agency in the county that handles child abuse cases.

Child Abuse Protocol Committees

In accordance with O.C.G.A. § 19-15-2, the Child Abuse Protocol Committee shall:


1. Adopt a written protocol which shall be provided to each agency in the county handling the cases of abused children.
2. Meet at least semi-annually to evaluate the effectiveness of the child abuse protocol and modify it if necessary.
3. Submit the updated protocol to DFCS and the Office of the Child Advocate (OCA), due September 1st of each year.

4. Prepare an annual report and submit it to OCA by July 1st of each year. The annual report shall:
 - a. Evaluate the extent to which investigations of child abuse during the previous 12 months have complied with the child abuse protocol.
 - b. Recommend measures to improve compliance.
 - c. Describe any actions taken within the county (or circuit) to prevent child abuse that were successful.

Forms and Tools

[Georgia's Statewide Model Child Abuse Protocol](#)

1.16 Civil Rights Complaint Process

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(1) Administration		
	Policy Title:	Civil Rights Complaint Process		
	Policy Number:	1.16	Previous Policy Number(s):	N/A
	Effective Date:	April 2024	Manual Transmittal:	2024-04

Codes/References

Section 504 of the Rehabilitation Act of 1973

Title II of the Americans with Disabilities Act of 1990, as amended (ADA)

U.S. Department of Justice regulations (28 CFR Part 35); 28 C.F.R. § 35.107

U.S. Department of Health and Human Services' regulations (45 CFR Parts 80, 84, and 91);

45 CFR § 84.7

42 USC § 18116 (Section 1557)

U.S. Department of Health and Human Services, Office for Civil Rights and the Georgia Department of Human Services' Settlement Agreement, OCR Transaction Number: 09-102792

Requirements

The Division of Family and Children Services (DFCS) will:

1. Ensure that no individual is excluded from participation, denied the benefits, or otherwise subjected to discrimination under programs, services and activities for which DFCS has responsibility on the grounds of race, color, national origin, sex, age, religion, or disability (see policies [1.4 Administration: Non-Discriminatory Child Welfare Practices](#) and [1.5 Administration: Americans with Disabilities Act \(ADA\)/Section 504 and Reasonable Modifications](#));
2. Adopt a complaint procedure to provide for the prompt and equitable resolution of complaints that allege civil rights violations;
3. Prohibit discouraging an individual from filing a Civil Rights complaint, and any form of retaliation against anyone who files a complaint or cooperates in the investigation of a complaint.

Procedures

All recipients of services, including prospective foster and adoptive caregivers, may file a civil rights complaint with DFCS or the Georgia Department of Human Services (DHS), as follows:

1. Complaints may be written or verbal. The DFCS Civil Rights Complaint Form (Form 724) is used to document complaints when initially filed. Complainants are not required to use Form 724 for written complaints.
2. Complaints filed with the County DFCS office must be forwarded to the State Office Civil Rights, ADA/Section 504 Coordinator within three business days of receipt.
3. Complaints must be filed within 180 days from the date of the act of discrimination.
4. All complaints based on national origin (e.g., limited English proficiency) must be forwarded to:

Georgia Department of Human Services
Office of General Counsel
Program Manager
Limited English Proficiency and Sensory Impaired Program
47 Trinity Ave. S.W.
Atlanta, Georgia 30334
1-(877) 423-4746*

5. Other discrimination complaints are to be forwarded to:

Division of Family and Children Services
DFCS Civil Rights, ADA/Section 504 Coordinator
47 Trinity Ave. S.W.
Atlanta, Georgia 30334
1-(877) 423-4746*

**Individuals who are deaf or hard of hearing may call 711 for an operator to connect with us.*

6. Complainants can also file complaints with the following federal agencies:

U.S. Department of Health and Human Services
HHS Director, Office for Civil Rights
200 Independence Avenue, S.W.
Room 515-F
Washington, D.C. 20201
(202) 619-0403 (voice)
(800) 537-7697 (TTY)

U.S. Department of Justice
Civil Rights Division
950 Pennsylvania Avenue, N.W.
Washington, D.C. 20530-0001
(888) 848-5306 - English and Spanish (Inglés y Español)
(202) 307-2222 (voice)
(202) 307-2678 (TDD)

Practice Guidance

Civil Rights Complaints

The State Civil Rights, ADA/Section 504 Coordinator will process all civil rights complaints in accordance with the DFCS Civil Rights Complaint Process, which can be accessed at dfcs.georgia.gov/document/document/3-3-22-civil-rights-complaint-process-english/download. After the conclusion of its investigation, the Civil Rights, ADA/Section 504 Coordinator will mail the Complainant a written decision letter. All complaints shall be processed and closed within 90 days of receipt of a written or verbal complaint.

Filing a civil rights complaint with DFCS does not preclude a complainant from filing a complaint of discrimination on the basis of disability with the U.S. Department of Health and Human Services, Office for Civil Rights. If assistance is needed in filing a civil rights complaint, the Civil Rights, ADA/Section 504 Coordinator can be contacted at 1-878-423-4746.

Foster and Adoptive Caregiver Support

Prospective or existing foster and adoptive caregivers who believe they have been subjected to discrimination (as prohibited by the Americans with Disabilities Act of 1990 (“ADA”) and Section 504 of the Rehabilitation Act of 1973) in the foster care and adoption programs may file a civil rights complaint with DFCS or the Georgia Department of Human Services (DHS). Complaints may be filed verbally or in writing. Individuals making the complaint do not have to use the Civil Rights Discrimination Complaint Form, but they do have to file their complaints within 180 days of the alleged act of discrimination. An individual should never be discouraged from filing a Civil Rights complaint.

In addition to partnering with DFCS and Foster Care Team members, there are two major organizations that provide support to foster and adoptive caregivers in Georgia: The Adoptive and Foster Parent Association of Georgia (AFPAG) and the Georgia Center for Resources and Support. They provide ongoing training and advocacy to foster and adoptive parents. Their websites provide contact information and a wealth of resources.

Forms and Tools


[Adoptive and Foster Parent Association of Georgia](#)

[DFCS Civil Rights Complaint Process](#)

[DFCS Civil Rights Discrimination Complaint Form \(Form 724\)](#)

Chapter 2 Information Management

2.0 Introduction to Information Management

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(2) Information Management		
	Policy Title:	Introduction to Information Management		
	Policy Number:	2.0	Previous Policy Number(s):	N/A
	Effective Date:	September 2020	Manual Transmittal:	2020-08

Codes/References

O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records

O.C.G.A. § 49-5-41 Persons and Agencies Permitted Access to Records

Title IV-E of the Social Security Act §§ 471(a)(8), 471(a)(9), 471(a)(9)(A), 471(a)(9)(C)(i)(I), 471(a)(20)(B)(iii), 471(a)(34)(A), 471(a)(35)(B), 471(c), 475(5)(D)

Public Law 93-247 Child Abuse Prevention and Treatment Act (CAPTA) of 1974

PL 104-191 Health Insurance Portability and Accountability Act (HIPAA) of 1996

Discussion

The Division of Family and Children Services (DFCS) is committed to achieving safety, permanency, well-being and self-sufficiency for children and families served. In serving Georgia’s most vulnerable residents, DFCS manages information that is highly confidential, sensitive, and privileged. Information management is not limited to the processes of gathering, inputting, and record-keeping of case information. It also includes proper storage, restriction of use and disclosure of information. DFCS has the responsibility to have safeguards in place to prevent the unauthorized disclosure of information.


DFCS serves as the gatekeeper of information and carefully considers any request for information. Requests may take the form of written requests from individuals served by the agency, legal subpoenas, Ledbetter requests, Open Records Request, or requests for public access to information on cases resulting in a child fatality or near fatality. When confidential information is determined to be releasable, DFCS makes limited, specific disclosures as indicated by law.

DFCS adheres to confidentiality standards not only to preserve the privacy of an individual; but also, to foster relationships of respect and trust between individuals and professionals who may provide necessary and needed assistance. The state of Georgia has entrusted DFCS with the responsibility of providing child welfare services to families in need. Families served by DFCS share personal information about themselves and expect that disclosures will not occur except under certain circumstances, including for the purpose of establishing necessary services. The child welfare agency relationship with families relies on the family’s confidence that what they reveal will not be shared with others.

DFCS has the responsibility to explain to families the agency’s privacy practices and any anticipated

reasons for disclosure of confidential and protected health information required or permitted by law. Families are advised when their express permission, otherwise known as consent, is necessary for release of their confidential information. Prior to obtaining consent, DFCS ensures that an individual is given the opportunity to make a voluntary and informed decision to consent to the disclosure of confidential information. Individuals are provided with accurate, adequate, and relevant information necessary for them to have a full understanding of the authorization they are considering. DFCS informs individuals what confidential and protected health information is subject to release and the intended purpose and recipients of the release of information prior to obtaining the individual’s written consent. Individuals should be given the opportunity to ask questions to clarify any confusion. Once the proper information is provided and the individual expresses an understanding then they are enabled to make a proper and knowledgeable decision regarding consent. DFCS is committed to ensuring that informed consents are ethically obtained and used for specific purposes permitted by law.

2.1 Case Record Maintenance

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(2) Information Management		
	Policy Title:	Case Record Maintenance		
	Policy Number:	2.1	Previous Policy Number(s):	N/A
	Effective Date:	March 2015	Manual Transmittal:	2015-03

Codes/References

N/A

Requirements

Georgia’s Statewide Automated Child Welfare Information System, also known as Georgia SHINES, is the official comprehensive case management and data collection system for the Georgia Division of Family and Children Services (DFCS). It serves as the legal case record of the State of Georgia’s involvement with families and serves a crucial role in informing decision making and supporting caseworkers’ interactions with children, youth and families. The data collected in Georgia SHINES is used to enhance program efficiency and improve outcomes for families served while also for federal and state reporting requirements. Additionally, Georgia SHINES facilitates information sharing with other agencies that serve families which enhances cross system collaboration and coordination of services.

DFCS staff will record all case activities and payments in Georgia SHINES, including but not limited to the following:

1. Child Protective Services (Intake, Investigations, Family Support Services, and Family Preservation Services)
2. Foster Care Services

3. Adoption and other Permanency Services
4. Resource Development
5. Fiscal Support Services

DFCS staff will document all activities (casework services) performed in support of the services provided to or on behalf of an individual or family unit in the appropriate case and stage, within a maximum of 72 hours of occurrence. It is best practice to document events on a case as soon as possible to ensure all available information on a child and family is readily available.



Intake reports must be documented immediately upon the receipt of the intake information.

DFCS will shall upload all information received from service providers, stakeholders and community partners, informal supports, etc. into the appropriate case stage in Georgia SHINES External Documentation within a maximum of 72 hours of receipt. Information includes but is not limited to the following:

1. Court orders
2. Medical and mental health reports
3. Educational reports
4. Photographs
5. Service provider reports

Procedures

N/A

Practice Guidance

The Georgia SHINES case management system documents progress toward outcome achievement and serves as the foundation of decisions regarding child safety, permanency and wellbeing. It is also a vital resource for the agency in providing continuity of services to children and families and as serves as a resource when court action is needed on a case.

Georgia SHINES also serves as an administrative tool used to provide information to state and county administrators. Some information retained in Georgia SHINES may also be seen by auditors, the legal community and, in some instances, the media. Therefore case records must contain factual information collected, assessed and accurately documented by DFCS staff. In addition, information must be entered in a timely manner in order to maintain the integrity of the information, and to ensure information is available to assist in decision making regarding a case.

Primary Client

The Georgia SHINES system will automatically populate the primary client for services, based on the client relationship selected.


1. For Child Protective Services (CPS) stages, the primary client will be the primary caretaker and the relationship displayed in the person tab will be Primary Caretaker (PK).

2. For the Foster Care Family (FCF) stage, the client relationship will be displayed as “self.”
3. For the Foster Care Child (FCC) stage, the primary client will be the child in care and the relationship reported in the person tab will be “self.”
4. For the Adoption (ADO) stage, the primary client will be the child free for adoption and the relationship reported in the person tab will be “self.”
5. For the Foster Adoption (FAD) stage, the primary client will be the foster/adoptive resource and the relationship reported in the home information tab will be the name of the foster/adoptive parents or the name of the Child Placing Agency (CPA) resource.

Forms and Tools

N/A

2.2 Adoption Case Records

 Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(2) Information Management		
Policy Title:	Adoption Case Records		
Policy Number:	2.2	Previous Policy Number(s):	113.1 - 113.4, 112.7, 112.11
Effective Date:	July 2018	Manual Transmittal:	2018-07

Codes/References

O.C.G.A. §19-8-23 Where Records of Adoption Kept; Examination by Parties and Attorneys; Use of Information by Agency and Department

Requirements

The Division of Family and Children Services (DFCS) will:

1. Prepare the Georgia SHINES adoption case record to be retained, sealed and locked within 30 days of the finalized adoption by:
 - a. Entering all outstanding case information into Georgia SHINES.
 - b. The Data Quality Unit (DQU) conducting a Georgia SHINES Data Review for Adoption and Foster Care Analysis and Reporting System (AFCARS) Compliance.
 - c. The Data Integrity Specialist (DIS) conducting a Finalized Adoption Case Review for Closure.
 - d. Rectifying errors identified during the Georgia SHINES Data Review for AFCARS Compliance and the Finalized Adoption Case Review for Closure.
2. Designate the Social Services Administration Unit (SSAU) as the agent responsible for retention of records pertaining to all adoptions filed in the state of Georgia.
3. Allow access to sealed adoption records:

- a. According to the provisions of the Adoption Reunion Registry (see policy [11.17 Adoption: Adoption Reunion Registry](#));
- b. In connection with subsequent adoption by the same adoptive parent(s); and
- c. For permanency purposes when a child re-enters foster care following a finalized adoption (see policy [11.16 Adoption: Child Re-Enters Foster Care Following Adoption](#));
- d. To the Office of the Child Advocate for the Protection of Children, only upon the approval of the DFCS Director, when an adopted child suffers a fatality, near fatality, or is an alleged victim of abuse or neglect, and/or
- e. As required by federal law or federal audit.



This includes circumstances where custody of a child was transferred from DFCS to the permanent custody of a relative or non-relative for the purpose of adoption and Independent adoptions where the court has appointed DFCS to verify the allegations in an adoption petition.

Procedures

Adopted Child's Case Record

The child's Social Services Case Manager (SSCM), within 20 days of the finalized adoption and prior to closing the FCC and ADO stage in Georgia SHINES, will:

1. Enter all outstanding case information into Georgia SHINES and/or upload to External Documentation.
2. Verify the following information is in Georgia SHINES and/or uploaded to External Documentation and associated with the appropriate person(s):
 - Child Life History Checklist
 - Birth Family Background Information for Child
 - Narrative History
 - Newborn Birth Records
 - Medicals Reports
 - Immunization Records
 - Dental Records
 - Psychological Evaluations and/or Developmental Assessments
 - Birth Certificate
 - Documentation required by the Indian Child Welfare Act
 - Termination of Parental Rights Orders
 - Voluntary Surrenders Documents
 - Reunion Registry Forms
 - Parental Death Certificate
 - Parental Divorce Decree

- Putative Father Registry Certificate
 - Sibling Placement Waiver
 - Child Life History Presentation Narrative
 - Adoption Staffing Narrative
 - Placement Agreement (Single) or Placement Agreement (Siblings)
 - Affidavit of Disclosure for Adoption
 - Placement Narrative
 - Supervision Reports
 - All Contact Documentation
 - Child Protective Services Documents
 - Case Plans, Citizen’s Panel and/or Judicial Reviews
 - Court Reports
 - All Complaints, Petitions, and Court Orders
 - Diligent Search Efforts
 - Comprehensive Child and Family Assessment and Corresponding Reports
 - Correspondence from/by Birth Parents
3. Complete all corrections requested by the DQU within 72 hours of the notification that errors have been identified and corrections are required (if applicable).



The DQU conducts reviews to evaluate the quality and integrity of AFCARS data. If errors are identified during the review, DQU will provide notification of the corrections required to resolve the errors and make the case AFCARS compliant. Identified errors are required to be rectified prior to closure or progression to the PAD stage.

4. Verify the case is AFCARS compliant based on receipt of the email notification from the DQU indicating the review process is complete and the case is AFCARS compliant.
5. Complete all corrections requested by the DIS within 72 hours of the notification indicating corrections are required (if applicable).



The DIS conducts a Finalized Adoption Case Review for Closure of all adoption case records prior to closing to ensure all the information and documents associated with the adoption is in Georgia SHINES. If corrections are identified during the review, the DIS will provide notification of the necessary corrections. All identified corrections will be resolved prior to case closure or progression to the PAD stage;

6. Verify the Eligibility Summary Page has been ended based on receipt of notification from the Revenue Maximization Unit (Rev Max) indicating the Eligibility Summary Page has been closed and the FCC and ADO stage can be closed or progressed to the PAD stage.
7. Submit the FCC stage closure to the Social Services Supervisor (SSS) for approval using the procedures outlined in Georgia SHINES Final Adoption Process Job Aide.
8. Following the SSS closure approval of the FCC stage in Georgia SHINES, submit the ADO stage

closure to the SSS for approval using the procedures outlined in Georgia SHINES Final Adoption Process Job Aide.

9. Following the SSS closure approval of both the ADO and FCC stages in Georgia SHINES, securely destroy all information in the county hard file.

The DQU's Data Assurance Specialist will:

1. Conduct a Georgia SHINES Data Review for AFCARS Compliance within seven business days of the adoptive placement being entered into Georgia SHINES or following the finalization of the adoption.
2. If AFCARS errors were revealed during the review, notify the SSCM, SSS, DIS and County Director of the errors and changes required to bring the case into compliance. All changes will be made within 72 hours of the notification.
3. Verify the changes have been made, the changes are accurate and all AFCARS errors have been resolved.
4. Notify the SSCM, SSS and DIS via email when the adoption case record is AFCARS compliant.

The Data Integrity Specialist (DIS) will:

1. Provide assistance to the SSCM/SSS with correcting errors identified from the Georgia SHINES Data Review for AFCARS Compliance (if applicable).
2. Within 24 hours of receipt of notification from the DQU that the adoption case record is AFCARS compliant or the SSCM/SSS that the adoption has been finalized, conduct the Finalized Adoption Case Review for Closure.
3. If errors were identified during the review, notify the SSCM and SSS of the necessary corrections and request the changes be made within 72 hours of the notification.
4. Verify the changes have been made and are accurate.
5. Notify Rev Max via email the Finalized Adoption Case Review for Closure has concluded.

The Rev Max Specialist will, within three business days of the email notification from the DIS of the completed Finalized Adoption Case Review for Closure:

1. Print the finalized adoption decree and Adoption Assistance Memorandum from Georgia SHINES External Documentation for review.
2. Verify all pending events in the FCC stage have been completed.
3. End date the FCC Eligibility Summary page using the date of the adoption finalization.
4. Notify SSCM and SSS the FCC Eligibility Summary page is end dated and the FCC and ADO stages can be closed or progressed to the PAD stage.
5. Document actions in Georgia SHINES Contacts and Summary.

The SSS will:

1. Verify all the above information is in Georgia SHINES and/or uploaded to External Documentation and associated with the appropriate person.
2. Verify corrections requested by the Data Quality Unit (DQU) are accurate and completed within

72 hours of the notification that errors have been identified and corrections are required (if applicable).

3. Verify the case is AFCARS compliant based on receipt of the email notification from the DQU indicating the review process is complete and the case is AFCARS compliant.
4. Verify corrections requested by the Data Integrity Specialist (DIS) are accurate and completed within 72 hours of the notification corrections are required (if applicable).
5. Review the FCC stage for closure approval.
6. Close the FCC stage in Georgia SHINES within five business days of receiving the stage for closure approval.
7. Review the ADO stage for closure approval.
8. Close the ADO stage in Georgia SHINES within five business days of receiving the stage for closure approval.

Practice Guidance

Adoption records will be retained, sealed and locked in Georgia SHINES; the previous process of retaining hard copies of adoption records is no longer applicable.

The Georgia SHINES case records on siblings not placed for adoption in the same home will be prepared separately per the procedures outlined in this section. Material that is pertinent to more than one sibling should be duplicated and included in each child's Georgia SHINES case record.


The Data Quality Unit conduct reviews to evaluate the quality and integrity of AFCARS data in cases in which the placement for a child in foster care has been changed to an adoptive placement in Georgia SHINES. The DQU utilizes a review instrument that incorporates the 37 AFCARS data elements and adoption quality standards into 14 questions. The review guide is divided into four sections - biological family demographics, legal, adoptive placement information and a section that focuses on person and case mergers due to duplicates within Georgia SHINES. AFCARS errors identified during the review are shared with the county department to be rectified. The Data Integrity Specialist (DIS) are available to assist the county departments with resolving AFCARS errors identified during the review. DQU's review may occur pre/post adoption finalization but shall occur prior to case closure or progression to the PAD stage in Georgia SHINES.

Following adoption finalization but prior to stage progression or closure the Data Integrity Specialist will complete a Georgia SHINES finalized adoption case review to verify the legal status is accurate and the information and documents associated with the adoption are uploaded to Georgia SHINES External Documentation to included but not limited to the Placement Agreement, Adoption Assistance Memorandum and final adoption decree.

Forms and Tools

N/A

2.3 Adoption Assistance Case Records

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(2) Information Management		
	Policy Title:	Adoption Assistance Case Records		
	Policy Number:	2.3	Previous Policy Number(s):	109.7, 109.26, 109.16
	Effective Date:	December 2016	Manual Transmittal:	2016-15

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Maintain a separate Georgia SHINES adoption assistance case for each child receiving adoption assistance;
2. Maintain adoption assistance case records in a secure environment;
3. Maintain the adoption assistance case records for five years following the last payment of adoption assistance benefits;
4. Include in each Georgia SHINES adoption assistance case record, content and documentation that supports the decision to approve, defer or deny adoption assistance payments aligned with federal and state policy; and
5. Gather information on each adoption assistance case to comply with internal and federal reporting requirements.

Procedures

Adoption Assistance Application - Case Content Requirements

The Social Services Case Manager (SSCM) or regional Post Adoption (PAD) Manager will maintain a Georgia SHINES adoption assistance application case for each child that includes the following:

1. Special needs determination:
 - a. The special needs determination completed by the SSAU; or
 - b. The previously used Special Needs Memorandum.
2. Specialized rate (if applicable):
 - a. Adoption assistance specialized rate request determination completed by the SSAU; or
 - b. The previously used Specialized Rate Memorandum.
3. Title IV-E or state-funded adoption funding type determination completed by the Revenue Maximization Unit (Rev Max):
 - a. Title IV-E eligibility in Georgia SHINES on the Adoption Assistance Funding Summary

screen; or

- b. Title IV-E eligibility documentation on other previously used DFCS form.



Rev Max will also maintain the documentation that supports the Title IV-E or Title state-funded determination.

4. Supplemental Security Income (SSI):

- a. Copy of the award letter;
- b. Proof of denial (if applied); or
- c. Some verification of eligibility.

5. A written adoption assistance narrative, which documents whether the child meets the special needs criteria requirements. See policy [12.1 Adoption Assistance: Eligibility - Adoption Assistance Payments, Medicaid & Non-Recurring](#) for a complete list of the special needs criteria requirements.

6. Supporting documentation used in determining the child met the special needs requirements. See policy [12.2 Adoption Assistance: Adoption Assistance Application](#) for a complete list of the supporting documents required for a special needs determination.

7. Documentation of the negotiation of the adoption assistance rate with the adoptive parent(s), including:

- a. The discussion of the child's needs;
- b. The family's resources to meet the needs; and
- c. The negotiated rate.



See policy [12.5 Adoption Assistance: Negotiating Adoption Assistance Agreement](#) for a complete list of requirements for negotiating the adoption assistance rate.

8. Documentation of any income available to the child such as Social Security Retirement, Survivors or Disability Insurance benefits (RSDI), inheritance, etc.

Post Approval Adoption Assistance - Case Content Requirements

The SSCM or regional Post Adoption (PAD) Manager will maintain a Georgia SHINES post approval adoption assistance case for each child that includes the following:

1. All documents listed in the above Adoption Assistance Application - Case Content Requirements section.
2. Fully executed adoption assistance agreement.
3. Adoption Assistance Memorandum:
 - a. Initiating benefits (see policy [12.7 Adoption Assistance: Initiating Adoption Assistance Benefits](#));
 - b. Requesting the name change of the adopted child and initiating adoption assistance Medicaid following adoption finalization (see policy [12.7 Adoption Assistance: Initiating Adoption Assistance Benefits](#));

- c. Requesting payment of non-recurring funds following adoption finalization (with invoices/bills) (see policy [12.7 Adoption Assistance: Initiating Adoption Assistance Benefits](#)); and
 - d. Indicating status changes regarding adoptive parent(s) moves, eligibility past age 18 and change in funding type to state-funded, renegotiated rate, termination of benefits, etc.
4. Documented proof of notification to Social Security Administration of approval of adoption assistance (if applicable).
 5. Verification of Receipt of Information Packet Regarding Post Adoption Services/Adoption Assistance Benefits signed by the pre-adoptive parent(s) (see policy [12.6 Adoption Assistance: Reviewing and Signing the Adoption Assistance Agreement](#)).
 6. Post adoption services:
 - a. Past request for special services such as respite, child care, funds for orthodontics, or medical treatment:
 - i. Approval; or
 - ii. Denial; and
 - iii. Signed Special Services Adoption Assistance Agreements.
 - b. Current requests for special services:
 - i. Supporting documentation; and
 - ii. Approval/denial.
 - c. Request for crisis intervention services:
 - i. Referral form; and
 - ii. Approval/denial.
 7. Annual Medicaid Redetermination Information Update form (see policy [12.12 Adoption Assistance: Adoption Assistance Medicaid](#)).
 8. Ongoing verification of eligibility for adoption assistance - quarterly verification of full-time attendance in high school or college/technical school for children over 18.
 9. Documentation that required information has been sent to SSAU, Rev Max, Regional Accounting, etc. through fax confirmations, e-mails, case notes, etc.
 10. Correspondence to the adoptive parent(s) concerning adoption assistance benefits.

Non-Recurring ONLY Application - Case Content Requirements

The SSCM will maintain a Georgia SHINES non-recurring only adoption assistance case for each child that includes the following:

1. Special needs determination:
 - a. The special needs determination completed by the SSAU; or
 - b. The previously utilized Special Needs Memorandum; and
 - c. A written adoption assistance narrative, which documents that the adoption meets the special needs criteria requirements.

2. Supporting documentation used in determining the child met the special needs requirements. See policy [12.2 Adoption Assistance: Adoption Assistance Application](#) for a complete list of the supporting documents required for a special needs determination.
3. Proof of child being legally free to be adopted for private/independent adoptions and international adoptions; a copy of the court order which terminates parental rights.
4. The Non-Recurring Only Adoption Assistance Agreement with all required signatures dated prior to the finalization of the adoption.
5. Adoption decree (court order).
6. Adoption Assistance Memorandum indicating (see policy [11.14 Adoption: Finalizing Adoption](#) and [12.13 Adoption Assistance: Status Changes](#)):
 - a. Date of finalization;
 - b. Amounts of non-recurring benefits to be paid after finalization; and if applicable
 - c. AFCARS section fully completed (if not completed in Georgia SHINES).
7. Copy of invoices/receipts for legal fees and/or expenditures reimbursed with the non-recurring funds.

Deferred Adoption Assistance - Case Content Requirements

The SSCM will maintain a Georgia SHINES deferred adoption assistance case for each child that includes the following

1. All documents listed in the above adoption assistance application/special needs request determination documentation section.
2. Fully executed adoption assistance agreement indicating the “deferral” of adoption assistance.
3. The Verification of Receipt of Information Packet Regarding Post Adoption Services/Adoption Assistance Benefits form signed by the pre-adoptive parent(s).
4. Any documentation of future requests for adoption assistance must also be included in the case record (see policy [12.8 Adoption Assistance: Subsequent Determinations - Deferred Adoption Assistance](#)).

Practice Guidance

The adoption assistance case is to be maintained by the county department following finalization of the adoption so information will be available for the ongoing management of adoption assistance benefits. Adoption assistance cases contain confidential information of a child whose adoption has been finalized and must be kept secure. The adoption assistance records will contain documentation of the Rev Max Title IV-E determination, but court orders and other information used by Rev Max to make their Title IV-E determination are not to be maintained in the adoption assistance records.

A child who has been approved for adoption assistance payments is automatically approved for non-recurring funds and the adoption Assistance Agreement serves as the agreement for all adoption assistance benefits. The adoption assistance case record documentation includes the necessary documentation for non-recurring adoption assistance.

Adoption (Private/Independent)

There are four types of independent adoptions.

1. Non-Relative (Third Party) - Adoption of a child usually arranged by an attorney, physician or other individual with the direct involvement of the biological parents; if the child or adoptive parents reside in another state, the provisions of the Interstate Compact on the Placement of Children must be followed.
2. Relative - Adoption of a child by a relative as defined as any relation by blood, marriage or adoption.
3. Step-Parent - Adoption of a child by the spouse of one of the birth/legal parents where the other birth/legal parent is deceased or his/her parental rights have been terminated either voluntarily or by court action.
4. Confirming Adoption (Domestication of Foreign Decree) - Adoption of a child who has already been adopted in a foreign country. The purpose being to secure a decree in the United States, which entitles the child to a Georgia birth certificate.

Adoption Assistance Agreement

This is a legal and binding agreement between the agency and the adoptive parent(s) regarding adoption assistance benefits. It establishes types, duration, amount(s) of benefits, and other agreed upon stipulations. A fully executed adoption assistance agreement refers to an adoption assistance agreement that was negotiated with the adoptive parent(s); reviewed and discussed with the adoptive parent(s); and all the required signatures and dates were obtained.

Petition to Terminate Parental Rights

A formal application filed in writing with the court that requests action and deliberation on terminating rights of a parent. The petition includes facts and grounds for the court to consider in a future hearing regarding termination of parental rights.

Supplemental Security Income (SSI)

Supplemental Security Income is a monthly benefit for persons who are disabled or who have functional limitations as determined by the Social Security Administration.

Termination of Parental Rights (TPR)

Termination of Parental Rights is the process for severing all legal rights between a child and his/her parent, except the right of the child to receive child support from his/her parent and inherit from and through his/her parent until a final order of adoption is entered. The child shall maintain the right to pursue any civil actions against his/her parent. The relationships between the child and his/her siblings and extended family remain intact until terminated by final order of adoption. Court orders terminating parental rights shall be without limit as to duration.

Voluntary Surrender of Parental Rights


This refers to when the legal parent(s) of a child relinquishes his/her rights and obligations to his/her child or children. A validated voluntary surrender of parental rights is where the 10-day

revocation period has expired.

Forms and Tools

N/A

2.5 Health Insurance Portability and Accountability Act (HIPAA)

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(2) Information Management		
	Policy Title:	Health Insurance Portability and Accountability Act (HIPAA)		
	Policy Number:	2.5	Previous Policy Number(s):	N/A
	Effective Date:	September 2020	Manual Transmittal:	2020-08

Codes/References

O.C.G.A. § 49-5-41(a) Persons and Agencies Permitted Access to Records

45 CFR Part 164, Subpart E (§164.500 – 164.534): Privacy of Identifiable Health Information

45 CFR Part 2, Subpart C (§2.31): Confidentiality of Alcohol and Drug Abuse Patient Records, Form of Written Consent

Public Law 104-191 Health Insurance Portability and Accountability Act (HIPAA) of 1996

J.J. v. Ledbetter Consent Decree

Requirements


The Division of Family and Children Services (DFCS) staff, volunteers, interns, contractors, agents, and providers of services will:

1. Comply with the Health Insurance Portability and Accountability Act (HIPAA) which establishes minimum federal standards for protecting the privacy, access, use and disclosure of Protected Health Information (PHI).
2. Ensure that PHI and Personally Identifiable Information (PII) is not unlawfully disclosed.
3. Not disclose PHI to any person, agency or contractor without first obtaining informed consent via a valid Authorization for the Release of Information (ROI) from the owner of the PHI that has been notarized or signed in the presence of a DFCS staff that either knows or has identified the individual releasing the PHI (see policy [2.6 Information Management: Confidentiality/Safeguarding Information](#) for the components of a valid ROI).



To disclose substance use disorder patient information, a valid ROI may identify either an organization/entity or a specific individual within an organization/entity to whom the information is being released (see Practice Guidance: [Substance Use Disorder Treatment Records](#)).

4. Allow disclosure of PHI, when appropriate, without prior written consent to:
 - a. A business associate acting on behalf of DFCS if:
 - i. There is a properly executed business associate agreement (BAA) in place;
 - ii. The BAA between DFCS and the business associate contains assurances that the released PHI and any PHI created as a result of the contract will remain confidential; and
 - iii. The PHI will only be used for the intended purpose for which DFCS has contracted.
 - b. A medical provider for treatment, payment or health care operations.

 DFCS may disclose PHI when services are being provided to the individual and his/her child(ren) **and** the individual has legal custody of the child(ren). Examples include sharing PHI of the caregiver or children with treating physicians, hospitals or other treatment providers. However, if the caregiver does not have legal custody, look to confidentiality and “*J.J. v. Ledbetter*” for guidance on releasing PHI (see Practice Guidance: [Inapplicability of J.J. v. Ledbetter When Requesting One’s Own PHI](#)).
 - c. Public health providers.
 - d. Government agencies tasked with preventing or controlling disease, injury, or disability and meeting public health needs.
5. Allow disclosure of PHI, when appropriate, without prior written consent if requested in writing to:
 - a. Other child protective agencies, bound by similar confidentiality statutes, investigating child abuse and/or neglect
 - b. A court or grand jury subpoena. The local County Director must contact DFCS Office of General Counsel (OGC) to review the subpoena and provide guidance regarding the request
 - c. A District Attorney/Solicitor-General. The local County Director must contact the OGC to review and provide guidance regarding the request
 - d. Law enforcement. PHI may be disclosed to law enforcement only if law enforcement is investigating a report of known or suspected child abuse or neglect. PHI requested to assist law enforcement with investigating other crimes, including probation violations, shall not be released
 - e. The Governor, Lieutenant Governor, Attorney General or Speaker of the House. See O.C.G.A. § 49-5-41(a)(10) for procedure
 - f. The Office of the Child Advocate
 - g. Court Appointed Special Advocate (CASA), only upon presentation of a court order appointing that CASA as a Guardian Ad Litem for the child
 - h. A Child Advocacy Center operated for the purpose of investigating known or suspected child abuse and treatment
 - i. Citizen Review Panels
 - j. The Child Fatality Review Board
6. Disclose only the minimally necessary PHI needed to accomplish the intended purpose of the use, disclosure or request.

7. Promptly inform an individual suspected to be a victim of abuse, neglect, or domestic violence or their personal representative that their PHI has been or may be disclosed to a government authority including a social service or protective services agency, authorized by law to receive reports unless:
 - a. Informing the individual would place the individual at risk of serious harm; or
 - b. It is reasonably believed that the personal representative is responsible for the abuse, neglect, or other injury. (See Practice Guidance: [Personal Representative](#))
8. Document any disclosure of PHI disclosed without a valid ROI in the Georgia SHINES case record. Include the following components in the Contact Narrative:
 - a. The date of each disclosure;
 - b. The name and address, if known, of the person who received the PHI;
 - c. A brief description of the PHI disclosed;
 - d. A brief statement of the purpose of the disclosure that reasonably informs the individual of the basis for the disclosure or, in lieu of such a statement, a copy of the written request for disclosure.
9. Upon receipt of a request for an accounting of disclosures from the owner of the PHI (see Practice Guidance: [Right to Accounting of How and Why PHI was Disclosed](#)):
 - a. Notify the OGC immediately.
 - b. Respond no later than 60 days after the receipt of the request.
 - c. Provide the requested accounting of disclosures made up to six years prior to the date of the request.
 - d. If multiple disclosures are made during the accounting period, include the frequency, periodicity, or number of disclosures made during the accounting period and the date of the last disclosure.
 - e. Provide such accounting once in a 12-month period without charge. Subsequent requests for accounting in the 12-month period can assess a reasonable cost-based fee (i.e. supplies, labor, postage).
 - f. Document in Georgia SHINES the accounting that is provided to the individual including the individuals and department responsible for receiving and processing.
10. Provide copies or access to an individual to review his/her own PHI within the case record, within ten (10) business days of receipt of the request.



An individual's request to access their own PHI may be denied on the grounds that access may result in risk of harm to the individual or to another person. However, prior to any decision to deny access, the DHS Privacy Officer should be consulted to review the request and any related documentation at privacy@dhs.ga.gov.

11. Prevent the re-disclosure of PHI unless consistent with HIPAA.
12. Employ reasonable procedures to safeguard PHI from potential disclosure in any form including paper documents, verbal communications, emails, computer screens, cellular phones, fax machines, copy machines and printed documents.
13. Report any suspected or known unwarranted disclosure of PHI or other known breach of

HIPAA to the DHS Privacy Officer at privacy@dhs.ga.gov.

14. Keep a record of each breach in compliance with applicable regulations or requirements through the DHS Privacy Officer.

Procedures

DFCS will:

1. Upon initial contact with an individual served by DFCS, provide him/her with the Notice of Privacy Practices.
2. Implement reasonable procedures to safeguard PHI in any form (e.g. paper documents, verbal communications, emails, computer screens, cellular phones, fax machines, copy machines and printed documents).
3. Prior to disclosure of any PHI, including sharing information at family meetings, family team meetings, multidisciplinary team meetings or staffings, etc.:
 - a. Inform the individual that their PHI is protected by HIPAA, and if third parties will be present at the meeting, and disclosure of PHI is necessary for case management services, their prior written authorization is needed to disclose PHI during the meeting.
 - b. Obtain the individual's written consent via a valid ROI, to disclose the PHI to the specified parties for this specific meeting in accordance with policy [2.6 Information Management: Confidentiality/Safeguarding Information](#).

(See policy [19.3 Case Management: Solution-Focused Family Team Meetings](#) for additional information).



If the individual refuses to sign the ROI, DFCS staff shall not disclose the PHI unless the third party has been removed from the meeting or the third party/parties is included in one of the categories listed in the Requirements. In these cases, consent is not needed to release PHI.

4. Upon receipt of a request to review PHI:
 - a. Verify the identity of the requestor by viewing their state issued identification.
 - b. Verify the validity of the request.
 - i. The requestor must be asking for their PHI; or
 - ii. The requestor must be the parent/guardian or custodian of the child for whom information is being requested.



If the case record contains information that would be detrimental to the child, then the information shall not be released to the parent. For example, the child has disclosed to the doctor that the stepfather is inappropriately touching her, and she is afraid to tell her mother. It would be permissible NOT to release that information. In that situation, immediately contact the DFCS OGC.

- c. Respond to the request by providing reasonable access to the information or providing copies of the requested information, within 10 business days of receiving the request.



The county staff is solely responsible for ensuring that the request is met within the 10-day timeframe.

- d. Charge reasonable copying fees not to exceed \$0.25 per page.
5. Document the discussion regard HIPAA in of Georgia SHINES Contact Narrative and upload signed Notice of Privacy Practices and copies of any signed Authorization for Release of Information into External Documentation within 72 hours of receipt.

Practice Guidance

Protected Health Information

Individually identifiable health information held or transmitted by DFCS or a DFCS business associate, in any form or medium (electronic, paper or oral) which relates to the past, present, or future:

1. Physical or mental health condition of an individual;
2. The provision of health care to an individual; or
3. Payment for the provision of health care to an individual

PHI includes but is not limited to:

1. Drug screens
2. CCFA reports or documents
3. Parenting assessments
4. Psychological evaluations or counseling reports
5. Medication information
6. Portions of case plans which include medical or psychological information or health status information

Substance Use Disorder Treatment Records

In July 2020, the Substance Abuse and Mental Health Services Administration (SAMHSA) provided updated guidance on a substance use disorder (SUD) patient's ability to consent to the disclosure of their own information. SAMHSA acknowledged that prior regulations created barriers to SUD patients' ability to disclose their information and coordinate benefits, care, and other services. With a goal to empower SUD patients to consent to the release and use of their PHI however they choose, consistent with statutory and regulatory protections designed to ensure the integrity of the consent process, the regulations which required written consent to disclosures of SUD patient information to name the specific individual to whom disclosure could be made were made less restrictive. Beginning August 14, 2020, the regulations allow SUD patients to include the name of an organization/entity (i.e. the Social Security Administration) or an individual to whom disclosures can be made in a valid consent to release information. With this allowance, SAMHSA hopes to facilitate information exchange while balancing effective SUD care and legitimate privacy concerns for patients seeking SUD treatment.

Inapplicability of *J.J. v. Ledbetter* When Requesting One’s Own PHI

An individual is entitled to receive his/her own PHI. *J.J. v. Ledbetter* does not apply to the PHI of the parents, guardians or custodians and children in their custody (see policy [2.10 Information Management: *J.J. v. Ledbetter* Parent or Guardian Request for Information](#)). When the county receives a request from the parents, guardians or custodians for their own PHI or the PHI of children in their custody, the county is solely responsible for ensuring that the request is met within the 10 day time limit. Under HIPAA, it would be inappropriate to refer the individual to a third party to retrieve their drug screens, medical records or psychological records if the records are a part of DFCS’ record. If the requested information is not contained in the DFCS case record, DFCS is not obligated to assist individuals in obtaining the information. However, DFCS must provide a letter to the individual that DFCS “does not object” to the third party disclosing the individual’s own PHI to him/her.

Personal Representative

When an individual is suspected to be a victim of abuse, neglect, or domestic violence they, or their personal representative, should be informed that their PHI has been or may be disclosed to a government authority including a social service or protective services agency, authorized by law to receive reports, unless doing so would place the individual at risk of serious harm or it is reasonably believed that the personal representative is responsible for the abuse, neglect, or other injury. “Personal representatives,” as defined by HIPAA, are those persons who have authority, under applicable law, to make health care decisions for a patient.

Procedure for Unlawful Disclosure of PHI/Breach of HIPAA

DFCS has a duty to mitigate the impact of any incidents of unlawful disclosure of PHI. As soon as DFCS knows or is notified that an incident of unlawful disclosure may have occurred, the DFCS Office of General Counsel and DHS Privacy Officer should be notified immediately. The appropriate mitigation steps should be implemented at the direction of the Privacy Officer. Without delay, a Data Breach Security Incident Reporting Form must be filled out and submitted to the Privacy Officer at privacy@dhs.ga.gov.

Business Associate

A person or organization, other than a DFCS employee, that performs certain functions or activities on behalf of, or provides certain services to DFCS that involve the use or disclosure of PHI. Examples of business associates include, without limitation, contracted service providers, vendors, translation services (V.A.R.S.) and foster parents. Before PHI is disclosed to business associates, the business associate must have a business associate’s agreement with DHS/DFCS. The business associate agreement may be included in the contract between DFCS and that person or organization. PHI may be shared among business associates without further consent from the individual.

Common Identifiers

Demographic information connected to an individual’s PHI. Common identifiers include, but are not limited to, name, sex, address, date of birth and social security numbers. Common identifiers are protected by HIPAA only if used to identify PHI. Even if these identifiers are not used to identify PHI, confidentiality of this information must still be maintained under Georgia law.

Request to have PHI Corrected

If an individual believes their PHI record is inaccurate, they may request that the record be amended. DFCS must make reasonable efforts to comply if the PHI:

1. Was created by DFCS, and
2. Is part of the case record, and
3. Is available for inspection under the law, and
4. Is inaccurate or incomplete.

The local DFCS office must contact the DFCS OGC if a request is made to correct a DFCS created case record(s) with regard to PHI.

Right to Accounting of How and Why PHI was Disclosed

With the exception of disclosures made pursuant to a valid ROI, an individual may request an accounting (a list) of all disclosures of PHI made by DFCS or its business associates within the prior six years leading up to the date of the request. The local DFCS office must contact the DFCS Office of General Counsel (OGC) immediately upon receipt of any request.

Sanctions

The law imposes severe disciplinary measures upon DFCS and its employees, contractors or others who violate the privacy and security requirements of HIPAA. Disciplinary actions can take the form of retraining, written reprimands, terminations or dismissals. Significant civil monetary penalties may be assessed for DHS/DFCS.

Training and Compliance

All DFCS offices are required to have the poster version of the Notice of Privacy Practices exhibited in waiting areas and other appropriate public spaces. DFCS are required to complete mandatory new employee and annual HIPAA training to prevent the unlawful disclosure of PHI.

Forms and Tools

[Authorization for Release of Information](#)

[Authorization for Release of Information \(Spanish\)](#)

[Business Associate Agreement - Example](#)

[Data Breach Security Incident Reporting Form](#)

[Health Information Privacy – U.S Department of Health and Human Services](#)

[HIPAA Desk Reference](#)


[HIPAA Flowchart](#)

[Notice of Privacy Practices](#)

[Notice of Privacy Practices \(Spanish\)](#)

[POL 1660 Office of General Counsel: Data Breach Response Policy](#)

2.6 Confidentiality/Safeguarding Information

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(2) Information Management		
	Policy Title:	Confidentiality/Safeguarding Information		
	Policy Number:	2.6	Previous Policy Number(s):	N/A
	Effective Date:	May 2024	Manual Transmittal:	2024-05

Codes/References

O.C.G.A. § 19-7-5 Reporting of Child Abuse

O.C.G.A. § 19-15-1 Definitions

O.C.G.A. § 49-5-12 Licensing and Inspection of Child Welfare Agencies; Standards; Revocation or Refusal of License; Penalties; Violations

O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records

O.C.G.A. § 49-5-41 Persons and Agencies Permitted Access to Records

O.C.G.A. § 49-5-41.1 Inspection and Retention of Records of Juvenile Drug Use

O.C.G.A. § 49-5-44 Penalties for Unauthorized Access to Records; Use of Records in Public and Criminal Proceedings

O.C.G.A. § 49-5-281 Bill of Rights for Foster Parents

O.C.G.A. § 50-18-72 When Public Disclosure Not Required

Title IV-E of the Social Security Act §§ 471(a)(8), 471(a)(9), 471(a)(9)(A), 471(a)(9)(C)(i)(I), 471(a)(20)(B)(iii), 471(a)(34)(A), 471(a)(35)(B), 471(c), 475(5)(D)

Child Abuse Prevention and Treatment Act (CAPTA)

Public Law (PL) 104-191 Health Insurance Portability and Accountability Act (HIPAA) of 1996

PL 117-348 Trafficking Victims Prevention and Protection Reauthorization Act of 2022


J.J. v. Ledbetter Consent Decree


Requirements

The Division of Family and Children Services (DFCS) will:

1. Comply with all state and federal confidentiality laws. This includes staff, volunteers, interns, contractors, agents, and providers of services.
2. Maintain written procedures at each county office for the handling and storage of records to assure the privacy of information and the accessibility of case material for staff that need to know and use the information.
3. Consider the following, with any information request, inquiry, or potential disclosure to ensure that confidential information is not unlawfully disclosed:
 - a. Georgia laws pertaining to access to child abuse records
 - b. *J.J. v. Ledbetter* Consent Decree (see policy [2.10 Information Management: J.J. v. Ledbetter Parent or Guardian Request for Information](#))
 - c. Health Insurance Portability and Accountability Act (HIPAA) (see policy [2.5 Information](#))

[Management: Health Insurance Portability and Accountability Act \(HIPAA\)\).](#)


- d. Title IV-E of the Social Security Act
 - e. Child Abuse Prevention and Treatment Act (CAPTA)
4. Consult with the DHS Office of General Counsel (OGC) when clarification is needed regarding requests for disclosure of confidential information, including any redactions that need to be made prior to disclosure.
 5. Release only the information that is required by law, or necessary to arrange for services or to fulfill administrative requirements.
 6. Request the individual's informed consent via the Authorization for Release of Information (ROI) prior to disclosure, when disclosure of confidential information is not expressly permitted by law but is necessary for case management services. When a ROI is needed, it must include the following to be valid:
 - a. Name of each specific person, provider or agency to whom the information is being released;
 - b. The specific information to be released;
 - c. Name and dated signature of the individual or in the case of a minor their parent or legal guardian;
 - d. A statement that the consent can be withdrawn at any time; and
 - e. The length of time the consent is valid.
-  Individuals must never be asked to sign a blank ROI.
7. Upload each valid ROI to Georgia SHINES External Documentation within 72 hours of completion.
 8. *Ensure safeguards are in place for restricting use of or disclosure of information concerning individuals assisted under the title IV-E plan to purposes directly connected with:*
 - a. *The administration of the title IV-E plan or any of the plans or programs under Parts A, B or D of title IV or under titles I, V, X, XIV, XVI (as in effect in Puerto Rico, Guam and the Virgin Islands), XIX, or XX, or the Supplemental Security Income program under title XVI (see policy [1.0 Administration: Administration of Child Welfare Services](#)); and*
 - b. *Any investigation, prosecution or criminal or civil proceeding conducted in connection with the administration of any such plan or program; and*
 - c. *The administration of any other Federal or federally assisted program which provides assistance (in-cash or in-kind) or services directly to individuals on the basis of need; and*
 - d. *Any audit or similar activity conducted in connection with the administration of any such plan or program by any governmental agency authorized by law to conduct such audit or activity; and*
 - e. *The disclosure of information pursuant to 471(a)(9)(A) to appropriate authorities with respect to known or suspected child abuse or neglect (see policy [3.24 Intake: Mandated Reporters](#)).*
 9. *Ensure safeguards provided will prohibit disclosure to:*
 - a. *Any individuals or entities not included above; and*

- b. Any committee or legislative body (other than an agency referred to in section 471(a)(8)(D) of the Social Security Act with respect to an activity referred to in that section) of any information which identifies by name or address any applicant for or recipient of assistance under title IV-E of the Act.
10. Ensure safeguards are in place to prevent the unauthorized disclosure of information in any child abuse and neglect registry maintained by the State, and to prevent any such information obtained from a child abuse registry from being used for a purpose other than conducting background checks in foster and adoptive cases.
11. In the use of child welfare records in court proceedings, section 471(a)(8) of the Act shall not be construed to limit the flexibility of DFCS in determining policies relating to public access to court proceedings to determine child abuse and neglect or other court hearings held pursuant to title IV-B or title IV-E of the Act, except that such policies shall, at a minimum, ensure the safety and well-being of the child, parents and family (see policy [17.6 Legal: Public Access to Dependency Proceedings](#)).
12. Ensure the appropriate disclosure of information to:
- a. Authorities pursuant to 471(a)(34)(A) with respect to children or youth identified in 471(a)(9)(C)(i)(I) of the Act who have been identified as being a sex trafficking victim (see policy [1.13 Administration: Sex Trafficking Overview](#)).
 - b. Authorities pursuant to 471(a)(35)(B) with respect to children identified in 471(a)(9)(C)(i)(I) of the Act who are missing or abducted (see policy [19.22 Case Management: Missing Children](#)).
13. Ensure the child's health and education record is reviewed and updated, and a copy of the record is supplied to:
- a. The foster parent or foster care provider with whom the child is placed, at the time of each placement of the child in foster care (see policy [10.1 Foster Care: Placement of a Child](#) and [10.3 Foster Care: Changes in Placement](#)); and
 - b. The child if the child is leaving foster care by reason of having attained the age of majority under the State law and is supplied to the child at no cost (see policy [13.4 Independent Living Program: Transition From Foster Care](#)).
14. Not disclose DFCS records of child controlled substance or marijuana abuse. Such records are declared to be confidential, and access is prohibited except as provided in Code Sections 49-5-41.1.
-  Access to such records can only be authorized by order of the juvenile court.
15. Ensure records concerning child abuse or neglect which is received DFCS from the child abuse and neglect registry of any other state shall not be disclosed or used outside the department for any other purpose other than conducting background checks to be used in foster care and adoptive placements or in locating, recovering or providing services to a child/youth who is determined by the department to either be missing or the victim of sexual exploitation.
16. Provide reasonable access to child abuse records to the following persons or agencies in compliance with Georgia law:
- a. Any federal, state, or local governmental entity, tribal entity, or any agency of any such entity that has a need for information contained in such reports in order to carry out their legal responsibilities to protect children from abuse and neglect.



Military law enforcement and the applicable military installation's family advocacy program will be notified by securely encrypted email^[1] (see policy [3.25 Intake: Sharing Intake Reports with Law Enforcement, District Attorney or Military](#)) of any reports of suspected child abuse involving child/ren with parents or guardians on active duty in the armed forces of the United States, where there is reasonable cause to believe such report is true, as required by O.C.G.A. §19-7-5.

- b. Grand jury by subpoena.
- c. Prosecuting attorney in this state or any other state, or for the United States, who may seek access in connection with official duty.
- d. Mandated reporter (see policy [3.24 Intake: Mandated Reporters](#)):
 - i. Access will include only notification regarding the child for whom the report was made and only disclose whether the investigation is ongoing or complete; and
 - ii. If the investigation is complete and the request is made by the person making the report, access will only disclose whether child abuse was substantiated or unsubstantiated (see policy [5.4 Investigations: Notification of Child Protective Services \(CPS\) Investigation Outcome](#)).
 - iii. Disclosure will only occur if requested by the person making the report.
- e. A school counselor for the school a child was attending when a report of suspected child abuse was received from a school employee.
 - i. Within 24 hours of receiving such report, DFCS will acknowledge, in writing, the receipt of such report to the reporting individual
 - ii. DFCS will disclose:
 - 1. Whether the investigation of the reported abuse is ongoing or completed and, if completed,
 - 2. Whether the suspected child abuse was substantiated or unsubstantiated within five days of completing the investigation of the suspected child abuse. If the school does not have a counselor, the principal is provided the information (see policy [5.4 Investigations: Notification of Child Protective Services \(CPS\) Investigation Outcome](#)).
- f. Any adult requesting information regarding DFCS investigations, findings or information about a case of child abuse or neglect that results in a fatality or near fatality, unless such disclosure would jeopardize a criminal investigation or proceeding (see policy [2.11 Information Management: Public Access to Records in Child Fatality and Near Fatality Cases](#)); however, the following may be redacted from such records:
 - i. Any record of law enforcement or prosecution agencies and any part of DFCS' record that includes information provided by law enforcement or prosecution agencies in any pending investigation or prosecution of criminal activity contained within the child abuse, neglect, or dependency records;
 - ii. Medical and mental health records made confidential by other provisions of law;
 - iii. Privileged communications of an attorney;
 - iv. Identifying information of the person who reported suspected child abuse;
 - v. Information that may cause mental or physical harm to the sibling(s) or other child liv-

- ing in the household of the child being investigated;
- vi. Name of the child who is the subject of reported child abuse or neglect; and
 - vii. Name of any parent or other person legally responsible for the child, or any member of the household of the child who is the subject of reported child abuse or neglect, provided that such person is not under investigation for the reported child abuse or neglect.
- g. State Personnel Board, by administrative subpoena:
- i. Records may be released upon a finding by an administrative law judge that access to such records may be necessary for a determination of an issue involving DFCS personnel and that issue involves the conduct of such personnel in child related employment activities;
 - ii. Only those parts of the record relevant to the child related employment activities should be disclosed; and
 - iii. The name of any complainant or client will not be identified or entered into the record.
- h. Child advocacy center that has a need for information contained in such records in order to carry out its legal responsibilities to protect children from abuse or neglect.
- i. Police or any other law enforcement agency of this state or any other state.
 - j. Any medical examiner or coroner investigating a report of known or suspected child abuse.
- k. Any child fatality review committee or child abuse protocol committee created pursuant to Chapter 15 of Title 19 (see policy [1.10 Administration: Child Fatality Review](#) and [1.15 Administration: Child Abuse Protocol](#)).
- l. The Governor, the Attorney General, the Lieutenant Governor, or the Speaker of the House of Representatives following a written request to the DFCS Director. The request will specify the name of the child for whom such access is sought and describe the need to have access to the records in order to determine whether state laws are being complied with to protect children from abuse and neglect, and whether state laws need to be changed to enhance such protection.
-  The Office of General Counsel will respond to these requests.
- m. Individuals or entities engaged in legitimate research for educational, scientific, or public purposes:
- i. Inspection of DFCS records will be permitted by the county juvenile court after an application for inspection and a hearing on the issue;
 - ii. Names and addresses of individuals, other than officials, employees, or agents of agencies receiving or investigating a report of abuse or treating a child or family which is the subject of a report, will be deleted from any information released pursuant to O.C.G.A § 49-5-41(b)(1), unless the court determines that having the names and addresses open for review is essential to the research and the child, through his or her representative, gives permission to release the information; and
- n. A child who alleges that he or she was abused:
- i. The child will be permitted access to records concerning a report of child abuse allegedly committed against him or her when he or she reaches 18 years of age;

- ii. Prior to such child reaching 18 years of age, if the requestor is not the subject of such record, such records will be made available to such child's parent or legal guardian or a deceased child's duly appointed representative;
 - iii. The requestor or his or her attorney must submit a sworn affidavit to the applicable child advocacy center, DFCS, or other state or local agency that attests that such information is relevant to a pending or proposed civil action relating to damages sustained by such child; and
 - iv. Such record concerning a report of child abuse will still be subject to confidentiality pursuant to O.C.G.A § 50-18-72(a)(4) (see policy [2.9 Information Management: Open Records Act of Georgia](#)).
- o. A court may make such records available to a party seeking such records by subpoena that is filed at the same time with a motion seeking records and requesting an in-camera inspection of such records. When a court issues an order making the records available, the court will issue a protective order to ensure the confidentiality of such records as specified in 49-5-41(a)(11).



County staff should contact their Special Assistant Attorney General (SAAG) or the Office of General Counsel for guidance.

- p. Any child-caring agency, child-placing agency, or identified foster parent:
- i. Any child-caring agency, child-placing agency, or identified foster parent who is granted access to a child's record will be subject to the penalties imposed by O.C.G.A. §49-5-44 for unauthorized access to or use of such records;
 - ii. Respond to the request for access to a child's record within 14 days of receipt of such written request;
 - iii. Records will include non-identifying information from the CPS or placement record compiled by DFCS with respect to any child who has been placed in the care or custody of such agency or foster parent or for whom foster care is being sought;
 - iv. Records must exclude all documents obtained from outside sources which cannot be re-disclosed under state or federal law; and
 - v. Records provided will include reports of abuse of such child and the social history of the child and the child's family, the medical history of such child, including psychological or psychiatric evaluations, or educational records as allowed by state or federal law and any plan of care or placement plan developed by DFCS, provided that no identifying information is disclosed regarding such child.
- q. Notwithstanding the provisions of O.C.G.A § 49-5-41(d), a foster parent, as an agent of DFCS, will have access to a child's medical and educational records in the same manner and to the same extent as DFCS itself and to the fullest extent allowable by law to ensure the proper care and education of a child entrusted to the foster parent's care (see policy [10.11 Foster Care: Medical, Dental, and Developmental Needs](#) and [10.13 Foster Care: Educational Needs](#)).
17. Permit access to records concerning reports of child abuse when it is deemed appropriate by DFCS, and release information from such records to the persons or agencies below, in compliance with O.C.G.A. §49-5-41:
- a. Physician who has before him or her a child whom he or she reasonably suspects may be

abused


- b. Licensed child-placing agency, licensed child-caring institution of this state which is assisting DFCS by locating or providing foster or adoptive homes for children in the custody of the department, a licensed adoption agency of this or any other state which is placing a child for adoption, or an investigator appointed by a court of competent jurisdiction of this state to investigate a pending petition for adoption.
- c. Person legally authorized to place a child in protective custody when such person has before him or her a child, he or she reasonably suspects may be abused, and such person requires the information in the record or report in order to determine whether to place the child in protective custody.
- d. Agency or person having legal custody, responsibility, or authorization to care for, treat, or supervise the child who is the subject of a report or record.
- e. Agency, facility or person having responsibility or authorization to assist in making a judicial determination for the child, who is the subject of the report or record of abuse, including but not limited to members of officially recognized citizen review panels, court appointed guardians ad litem, certified court appointed special advocate (CASA) volunteers, and members of a child abuse protocol committee (see policy [17.10 Legal: Court Appointed Special Advocate \(CASA\) and Guardian Ad Litem \(GAL\)](#)).
- f. Legally mandated public child protective agency or law enforcement agency of another state bound by similar confidentiality provisions and requirements when, during, or following DFCS' investigation of a report of child abuse the alleged abuser has left this state.
- g. Child welfare agency or school where DFCS has investigated allegations of child abuse made against any employee of the agency or school and where any child remains at risk from exposure to that employee. Access to or release of this information must protect the identity of any person reporting the child abuse and any other person whose life or safety has been determined by DFCS likely to be endangered if the identity was not protected.
- h. Employee of a school or child welfare agency, against whom allegations of child abuse have been made, when DFCS has been unable to determine the extent of the employee's involvement in alleged child abuse against any child in the care of that school or agency. Upon receiving such request and signed release from the employee, DFCS may report its findings to the employer, except that such access or release will protect the identity of any person reporting the child abuse and any other person whose life or safety has been determined by DFCS or agency likely to be endangered if the identity were not so protected.
- i. Any person who has an ongoing relationship with the child named in the record or report of child abuse, any part of which is to be disclosed to such person, but only if that person is required to report suspected abuse of that child pursuant to O.C.G.A § 19-7-5(b) as that subsection existed on January 1, 1990.
- j. School principal or school guidance counselor, school social worker, or school psychologist who is certified under Chapter 2 of Title 20 and who is counseling a student as a part of their employment duties. Records will remain confidential, and information obtained from those records by the counseling person may not be disclosed to any unauthorized person, except that student, and such unauthorized disclosure will be punishable by a misdemeanor.
- k. School official of a school that a child, who is the subject of a report of suspected abuse, attends in which there is an ongoing investigation of reported abuse. Any ongoing investiga-

tion will include contact with the school to obtain any relevant information from school personnel regarding the report of suspected child abuse (see policy [19.16 Case Management: Collateral Contacts](#)).

- l. The Department of Early Care and Learning or the Department of Education.
- m. An individual who is leaving foster care, having attained the age of majority. Access will be limited to providing such individual with a free copy of his or her health and education records, including the most recent information available, and any other record(s) that may be required under Georgia law (see policy [13.4 Independent Living Program: Transition from Foster Care](#)).
- n. Local and state law enforcement agencies of this state, the Department of Community Supervision, probation officers, the Department of Corrections, and the Department of Juvenile Justice when such entities, officers, or departments are providing supervision or services to individuals and families who are also receiving DFCS services.

 Records may be provided electronically.

- o. The National Center for Missing and Exploited Children (NCMEC) in order to assist in the location and safe recovery of a child/youth who is missing or the victim of sexual exploitation. Disclosure will be limited to records that pertain to the child/youth's recovery (see policy [19.22 Case Management: Missing Children](#)).
- p. Prevent public disclosure of records concerning any foster parent or former foster parent. Records include home address, home telephone number, birthdate, social security number, insurance or medical information, mother's birth name, credit or debit card information, bank or utility account information, passwords, or other financial data other than compensation by a government agency.

 Redactions may be necessary before records are produced. Consult with the DHS OGC as needed.

Procedures

DFCS will:

1. Discuss and explain the following, upon initial contact with individuals served by DFCS:
 - a. Confidentiality and safeguarding of information, including HIPAA privacy laws (see policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#)).
 - b. Information that is not confidential, including persons or entities to which confidentiality laws are not applicable.
 - c. Document the discussion in the Narrative of the Contact Detail in Georgia SHINES within 72 hours of occurrence.
2. Obtain a valid ROI, prior to disclosure, when disclosure of confidential information is not expressly permitted by law but is necessary for case management services.
3. When conducting any family meeting (family team meeting (FTM), Transition Roundtable, informal family meetings) that includes other participants adhere to confidentiality provisions as outlined in policy [19.3 Case Management: Solution-Focused Family Team Meetings](#) to prevent

unauthorized disclosure.

4. Upon receipt of a request for records or inquiry or potential disclosure:
 - a. Determine whether records may be disclosed to the requestor by considering all applicable laws to ensure that confidential information is not unlawfully disclosed.
 - b. Consult with the DFCS OGC when clarification is needed for information requests.
 - c. Redact any identifying information and remove the name and location of the reporter or of others corroborating the report of child abuse.
 - d. Arrange for the review of the case record, if applicable:
 - i. Consider travel time in deciding where the record will be made available for review.
 - ii. Obtain written authorization from the County Director in the legal county if the record or copies of the record are to be reviewed at a location other than the legal or boarding county;
 - iii. Ensure a DFCS staff person is present when the record is reviewed to personally discuss DFCS policies and procedures and answer questions about the case record contents;
 - iv. Securely destroy the copy made of the record after it is reviewed.
 - e. If the record is to be mailed, send a copy of the releasable portions by certified mail to the nearest county DFCS office.
 - f. If the record is to be sent electronically, it must be shared using a secured method to protect privacy and assure confidentiality (i.e. DHS Encryption) (see Practice Guidance: [Releasing Information in a Manner that Preserves Confidentiality](#)).

Practice Guidance

Confidentiality

As a child welfare agency committed to maintaining confidentiality, DFCS ensures safeguards are in place to prevent the unauthorized disclosure of information. At the initiation of every case, DFCS staff explains to individuals being served the protections their information is provided and any anticipated disclosures that may be required by law. It is vital that DFCS adhere to confidentiality standards established by law as families place their confidence and trust in child welfare staff. Families deserve the respect and personal autonomy fostered by preserving confidence and personal privacy.

Tips for protecting confidential client information:

1. Only access the minimum amount of case information needed to carry out your job responsibilities.
2. When requesting services, staff will release only the information that is required by law or needed to arrange for services or to fulfill administrative requirements.
3. If confidential material is mailed, it should be sent “certified” and “registered”.
4. When copies of client information are used for ad hoc consultation (e.g., staffing, case reviews, case conferencing, or education planning) and are not needed for the permanent file of the consultant, case management staff are expected to retrieve the copies and destroy them.

5. Properly dispose of confidential information through shredding.
6. Ensure confidential information on your computer is secure. For example, lock the computer before you step away, block the computer screen from the view of passers-by, protect your passwords, etc.
7. Keep paper files in locked file cabinets with the key in a separate secure location.
8. Discussions that include confidential client information should be held in locations such as an office or conference room to prevent passers-by from hearing confidential information.

Family Meetings and Confidentiality

DFCS uses family meetings (i.e., FTM, Transition Roundtable, informal family meetings) to bring together family members and other family supports, including kin, friends, members of the family's faith community and professionals who in partnership create, modify and implement case plans/action plans, or make critical decisions regarding child safety, permanency, and well-being.

Bringing a family together with a solution focused team of support contributes to a variety of potential benefits but may also create a scenario where confidential information is discussed. Prior to the convening of a family meeting, the SSCM must explain to parents/guardians/legal custodians:

1. Their privacy rights
2. They are not required to share their private information with anyone including family members
3. Releasing private information verbally or in writing is their choice
4. They can provide consent through the signing of ROI

Case Record

O.C.G.A. §49-5-40(a)(9) defines "record" as including documents, books, maps, drawings, computer based or generated information, data, data fields, digital images, photographs, video images, audio recordings, and video recordings. Certain items within the case record may not be shared when the individual or agency who is making the request does not need the information contained in such records to carry out its legal responsibilities to protect children from child abuse and neglect. The safety of the children, reporters, and other individuals mentioned in these documents must be considered when providing access to records. These include names (children, reporters, individuals who were interviewed or provided information, etc.); social security numbers, dates of birth; addresses; phone numbers; information about a child who is not the subject of the report; medical, mental health, and substance abuse information that does not specifically relate to findings of abuse or neglect; and Information provided by law enforcement.

Releasing Information in a Manner that Preserves Confidentiality

When releasing confidential information, as permitted by law, to specified individuals or entities certain protections must be in place to prevent further disclosure of the information. Reasonable and appropriate security measures should be established to protect confidential information. When it is necessary to convey sensitive or confidential information, that information must be sent via a secure encrypted email. This information may include any information pertaining to a child welfare case of a current or former client, inclusive of investigative and health information, regardless

of whether the information is stripped of identifying details or is otherwise considered confidential pursuant to law. DFCS, as a covered entity, must implement technical security measures to guard against unauthorized access to electronic protected health information (ePHI) that is being transmitted over an electronic communications network. Specifically, the encryption of ePHI during transmission over electronic communications networks with business associates should be used, when possible, to avoid access by unauthorized entities. Local offices have the flexibility to determine when, with whom, and what method of encryption to use. (See the DHS Encrypt Sending and Recipient Instructions in [Forms and Tools](#)).

Grand Jury

A panel of citizens that is convened by a court to decide whether it is appropriate for the government to indict (proceed with a prosecution against) someone suspected of a crime.

Subpoena

An order from the court requiring the production of documents or requiring a person to appear in court.


Child Abuse Protocol Committee

A multidisciplinary, multiagency committee was established for each county to define standard procedures and practice for responding to child abuse and neglect. The purpose of the Child Abuse Protocol is to ensure cooperation between all agencies involved in a child abuse case. This coordination increases agency efficiency and minimizes trauma for the allegedly abused child by the legal and investigatory process. In addition, it ensures that treatment is provided for the child, the family, and the perpetrator (see policy [1.15 Administration: Child Abuse Protocol](#)).

Forms and Tools

- [Authorization for Release of Information](#)
- [Authorization for Release of Information \(Spanish\)](#)
- [DHS Encrypt Recipient Instructions](#)
- [DHS Encrypt Sender Instructions](#)
- [Guide for Secure Information Sharing](#)
- [Guide for Secure Information Sharing with the Military](#)

2.7 Contact with Media, Legislators, County Officials

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(2) Information Management		
	Policy Title:	Contact with Media, Legislators, County Officials		
	Policy Number:	2.7	Previous Policy Number(s):	2109.10, 2109.11
	Effective Date:	June 2021	Manual Transmittal:	2021-02



Codes/References

O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records

O.C.G.A. § 49-5-41 Persons and Agencies Permitted Access to Records

Requirements


The Division of Family and Children Services (DFCS) will:

1. Protect the privacy of the children and families served by preventing the unlawful disclosure of confidential information in accordance with federal and state laws (see policies [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#)).
2. Manage media requests in the following manner:
 - a. Forward all media requests to the DFCS Office of Communications for handling.
 -  Only the DFCS Office of Communications is authorized to grant permission for media interviews.
 - b. Coordinate and obtain authorization for all planned events or other contact with the media from the DFCS Office of Communications.
 -  Planned media event may include but is not limited to solicitation of advertising for DFCS events or DFCS sponsored events.
3. Forward all requests from legislators to the DFCS Office of Legislative Affairs for handling.
4. Notify the DFCS Office of Legislative Affairs and/or the DFCS Office of Communications of requests from county officials.
5. Notify the Regional Director immediately of any requests from the media/planned events/contact with the media, legislators or county officials. The Regional Director shall ensure the DFCS Office of Communications/DFCS Office of Legislative Affairs is notified of such requests.

Procedures

Media Requests

DFCS staff will:

1. Obtain the following information:
 - a. Name of requestor, title and organization
 - b. Requestor email and/or telephone number
 - c. Deadline (if applicable)
 - d. The nature of information requested
 -  Do not provide any information or confirm and/or deny any statements to the requestor.
2. Immediately notify:

- a. The County Director if the request is made to the county department.
- b. The Section Director if the request is made to a state office staff.

The County/Section Director will immediately:

1. Inform the Regional Director of the request (if the County Director) and provide information obtained from the requestor.
2. Notify the DFCS Office of Communications of the media request and provide information the following information:
 - a. Name of requestor, title and organization
 - b. Requestor email and/or telephone number
 - c. Deadline (if applicable)
 - d. The nature of information requested
 - e. A draft response, when requested by the DFCS Office of Communications

Planned Media Events or other Planned Media Contact

DFCS staff will:

1. Inform the County Director/Section Director of the planned event/contact needed.
 - a. Name of media contact, title and organization, if known
 - b. Email and/or telephone number for the media organization, if known
 - c. Date of planned event/contact
 - d. The nature of the planned event/contact

The County/Section Director will:

1. Inform the Regional Director (if the County Director) of the planned media event/contact.
2. Forward the information regarding the planned media event/contact to the DFCS Office of Communications for guidance, coordination and/or authorization.

Requests from the Legislators

DFCS staff will:

1. Obtain the following information:
 - a. Name and title
 - b. Requestor email and/or telephone number
 - c. Deadline (if applicable)
 - d. The nature of the information requested



Do not provide any information or confirm and/or deny any statements.

2. Immediately notify:


- a. The County Director if the request is made to the county department.
- b. The Section Director if the request is made to a state office staff.

The County Director/Section Director will immediately:

1. Inform the Regional Director (if the County Director).
2. Forward the information obtained from the requestor to the DFCS Office of Legislative Affairs for handling.

Requests from County Officials

DFCS staff will:


1. Obtain the following information:
 - a. Name, title, organization
 - b. Email or telephone number for the requestor
 - c. Deadline (if applicable)
 - d. Nature of the information being requested
-  Do not provide any information or confirm and/or deny any statements.
2. Immediately notify the County Director of the request.

The County Director will:

1. Inform the Regional Director of the request and obtain guidance regarding:
 - a. Whether the County Department, DFCS Office of Legislative Affairs or DFCS Office of Communications should handle the request.
 - b. If the county department will handle the request, whether review/approval is needed from the DFCS Office of Legislative Affairs or DFCS Office of Communications.

 Confidential information, which includes case specific information cannot be provided.

2. Notify the DFCS Office of Legislative Affairs or DFCS Office of Communications of the request:
 - a. Provide contact information for the individual and organization, and the nature of information being requested.
 - i. If the county department has responded to the request, indicate that a response was provided and information that was provided to the requestor.
 - ii. If the county department needs review/approval from the DFCS Office of Legislative Affairs or DFCS Office of Communications, include a draft of the intended response.
 - b. Provide any additional information requested from the DFCS Office of Legislative Affairs or DFCS Office of Communications.

 Requests for comments on legislation are always handled by the DFCS Office of Legislative Affairs.

Practice Guidance

DFCS is committed to transparency and accountability to the residents Georgia through engagement with the public, media, legislators, county officials and other stakeholders. Due to state and federal confidentiality and privacy laws, DFCS cannot confirm or deny involvement with a child or family, and cannot provide case-specific information, except in certain circumstances as specified by law. When inquiries are received from the media, legislators, or county officials, they must be handled in a manner that assures confidentiality while also providing timely and accurate information when disclosure is allowed by law.

DFCS Office of Communications

The DFCS Office of Communications promotes transparency by informing and educating the public, stakeholders, and DFCS employees on the Division's services and programs through:

1. The handling of DFCS' media response, strategic messaging and internal and external communications plan development and execution.
2. Constituent Services which:
 - a. Serves as point of contact for legislators, stakeholders, state agencies, advocates, general public & the families we serve.
 - b. Receives and address inquiries, complaints and policy questions related to services provided by the DFCS.
 - c. Act as a liaison between the constituent and the county which allows our department the opportunity to reiterate policies and procedures to assure the constituent that the county is handling their case effectively.

DFCS Office of Legislative Affairs


The DFCS Office of Legislative Affairs is responsible for:

1. Advancing DFCS' legislative initiatives and other interests relating to the Georgia General Assembly.
2. Informing and educating the Georgia Legislature on issues related to DFCS' programs, services and needs of the children and families served.
3. Coordinating the review and analysis of proposed legislation that impact DFCS programs and services.
4. Communicating to DFCS leadership team regarding proposed and enacted legislation that impact DFCS' programs and services.

Forms and Tools

N/A

2.8 Subpoenas (Testimony and Case Records)

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(2) Information Management		
	Policy Title:	Subpoenas (Testimony and Case Records)		
	Policy Number:	2.8	Previous Policy Number(s):	2109.6
	Effective Date:	June 2021	Manual Transmittal:	2021-02

Codes/References

- O.C.G.A. § 24-13-21 Subpoena for Attendance of Witnesses
- O.C.G.A. § 24-13-23 Subpoena for Production of Documentary Evidence
- O.C.G.A. § 49-5-41 Persons and Agencies Permitted Access to Records

Requirements

The Division of Family and Children Services (DFCS) will:

1. Give immediate attention to subpoenas served on an individual Social Services Case Manager (SSCM), Social Services Supervisor (SSS), other DFCS staff to ensure fairness in administration of the laws of evidence and to assist in the objectives of legal investigations towards the ascertainment of facts.
2. Immediately notify the Special Assistant Attorney General (SAAG) and DFCS Office of General Counsel (OGC) upon receipt of any subpoena commanding attendance at a legal proceeding or production of documents.
3. Promptly send a copy of any subpoena to the SAAG and DFCS OGC and plan a consultation to be advised on the appropriate response that is required by the subpoena.

Procedures

Upon receipt of a subpoena, the SSCM or other DFCS staff will:

1. Immediately notify their immediate supervisor of the subpoena request.
2. Immediately send a copy of the subpoena to the SAAG and DFCS Office of General Counsel.
3. Promptly consult with the SAAG and DFCS OGC to discuss any opposition to the subpoena request or appropriate compliance.



The SAAG and DFCS OGC determines next steps regarding whether DFCS may provide documents or testimony as requested in the subpoena. The SAAG and DFCS OGC take legal action to challenge the subpoena by preparing a Motion to Quash or Modify the subpoena.

4. Upload a copy of the subpoena to Georgia SHINES External Documentation within 72 hours of receipt.

The SSS (or Immediate Supervisor) will:

1. Review the subpoena immediately upon receipt and inform the County Director of the receipt of

the subpoena.

2. Ensure the subpoena is promptly sent to the SAAG and DFCS OGC.
3. Participate in the consultation with the SSCM or other DFCS staff and SAAG and the DFCS OGC to determine the appropriate responsive action.
4. Review any response to a subpoena for production of documents prior to sending to the SAAG and DFCS OGC for review.
5. Ensure the SSCM or other DFCS staff understands the testimony being compelled by the subpoena and ensure proper preparation for court.
6. Ensure the SSCM or other DFCS staff timely appearance at a legal proceeding when compelled by subpoena.

Practice Guidance

Types of Subpoenas

Subpoenas are formal written orders usually issued by a court upon the request of any party to a legal proceeding to compel (1) testimony by a witness or (2) production of evidence (i.e., documents) at a time and place specified by the subpoena. A subpoena can be served on an individual at any place within the state.

The Subpoena for Attendance of a Witness may compel an individual's attendance at any legal proceeding (i.e., court hearings, depositions, etc.) to provide testimony under oath. This subpoena may be quashed (nullified) upon the filing of a motion by the SAAG or DFCS OGC.

The Subpoena for the Production of Documentary Evidence may compel any individual to produce the evidence designated in the document. The Court may Quash (deny) or Modify a Subpoena for Production of Documentary Evidence upon the motion of the SAAG or DFCS OGC, at or before the time compliance is compelled, if it is found to be unreasonable or oppressive. The Court may also condition denial of the motion on the party providing reasonable costs of producing the evidence.

DFCS staff must consult their SAAG or the DFCS OGC to determine the action to be taken in response to any subpoena and what compliance is required.

Subpoenas for Collateral Hearings

In general, records can be subpoenaed only in relation to a court hearing. Contact the SAAG or DFCS OGC if subpoenaed to a non-related judicial hearing (i.e., divorce proceedings, custody disputes between parents, civil litigation, criminal proceedings unrelated to child abuse, etc.). If the subpoena falls outside the exceptions, the SAAG/DFCS OGC determines whether the issue falls under an allowable exception and may prepare a motion to quash the subpoena.

Fees and Travel

A witness can be subpoenaed anywhere in the state of Georgia and receives a minimal fee per day while in attendance. Since this function is performed on office time, the witness fee is tendered to the county director. Payment of fees cannot be demanded to force attendance.


The subpoena is not valid if a witness resides outside the county (or DFCS employee works in an

office outside the county) where the testimony is required, unless the subpoena is accompanied by tender of the witness fee for one day’s attendance plus mileage for traveling expenses to and from the residence (or office) by the nearest practical route. If subpoenaed to testify outside the state, seek guidance from the SAAG or DFCS OGC who will advise whether attendance is required.

Forms and Tools

N/A

2.9 Open Records Act of Georgia

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(2) Information Management		
	Policy Title:	Open Records Act of Georgia		
	Policy Number:	2.9	Previous Policy Number(s):	1301.26, 2109.4, 2109.12
	Effective Date:	April 2024	Manual Transmittal:	2024-04

Codes/References

O.C.G.A. § 15-11-741 Definitions

O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records

O.C.G.A. § 49-5-41 Persons and Agencies Permitted Access to Records

O.C.G.A. § 50-18-70 Legislative Intent

O.C.G.A. § 50-18-72 When Public Disclosure Not Required

Child Abuse Prevention and Treatment Act (CAPTA) Section 106(b)(2)(B)(x)

Requirements

The Division of Family and Children Services (DFCS) will:

1. Make child welfare records available for public inspection and copying upon request in accordance with state and federal law to comply with the Open Records Act (ORA) of Georgia.



All public records shall be open for personal inspection and copying, except those which by order of a court of this state or by law are specifically exempted from disclosure.

2. Accept written requests by e-mail or facsimile transmission in addition to any other methods of transmission approved by the agency.
3. Release child welfare records to any adult upon request, when such requests are made in accordance with the ORA if the records are applicable to a child who at the time of his or her fatality or near fatality was:
 - a. In the custody of a state department or agency or in the care of a foster parent;
 - b. A child receiving protective services from DFCS, for whom DFCS has an open case, or who has been or whose siblings, parents or other caretakers have been the subject of a report to

DFCS within the previous five years;

- c. The subject of an investigation, report, referral, or complaint under the auspices of the Office of the Child Advocate.
4. Make records available for inspection within three (3) business days of receipt of the request. In any instance where records are unavailable within three (3) business days of receipt of the request, and responsive records exist, provide the requestor with a description of such records and a reasonable timeframe for when the records will be available for inspection or copying and provide the responsive records or access as soon as practicable.



DFCS is not required to produce records in response to a request if such records did not exist at the time of the request.

Procedures

County Director

1. Upon receipt of the ORA request for child welfare records, immediately notify the DHS Office of General Counsel (OGC) of the request for information.
2. Submit the case record to the DHS OGC by the following business day after receiving the request, via overnight mail or hand-delivery.



The County Director is responsible for informing the Regional Director of the receipt of the open records request.

The DHS Office of General Counsel will handle the response to the request including, as applicable, the following:

1. Preparing records;
2. Estimating applicable charges/fees; and
3. Communicating with the requestor.

Practice Guidance

Open Records Act of Georgia

The General Assembly of Georgia has declared its legislative intent of the ORA to align with public policy in favor of open government. Open government is essential to a free, open, and democratic society; and public access to public records should be encouraged to foster confidence in government so that the public can evaluate the expenditure of public funds and the efficient and proper functioning of its institutions. The General Assembly further finds and declares that there is a strong presumption that public records should be made available for public inspection without delay. The ORA should be broadly construed to allow the inspection of governmental records. No public officer or agency shall be required to prepare new reports, summaries, or compilations not in existence at the time of the request.

Open Records Officer

The Department of Human Services will work diligently in fulfilling requests for documents in accordance with the Open Records Act. As authorized by O.C.G.A. § 50-18-71 (b) (2), the Department has designated an Open Records Officer. Official requests for records under the Open Records Act must be made directly to the Open Records Officer. Official Open Record Requests can be sent to the Open Records Officer:

1. By email at openrecordsdhs@dhs.ga.gov; or
2. By mail to:

Georgia Department of Human Services
Office of General Counsel
Attn: Open Records Officer
47 Trinity Avenue SW
Atlanta, Georgia 30334

Public Record Definition

All documents, papers, letters, maps, books, tapes, photographs, computer based or generated information, data, data fields, or similar material prepared and maintained or received by an agency or by a private person or entity in the performance of a service or function for or on behalf of an agency or when such documents have been transferred to a private person or entity by an agency for storage or future governmental use.

Near Fatality Definition

The Child Abuse Prevention and Treatment Act (CAPTA) defines “near fatality”, as “an act that places a child in serious or critical condition as certified by a physician.”

Applicable Charges for ORA Request

An agency may impose a reasonable charge for the search, retrieval, redaction, and production or copying costs for the production of records. An agency may charge a fee for the copying of records or data, not to exceed 10 cent(s) per page for letters or legal size documents or, in the case of other documents, the actual cost of producing the copy. In the case of electronic records, the agency may charge the actual cost of the media on which the records or data are produced.

Response to ORA Request

In any instance in which an agency is required to or has decided to withhold all or part of a requested record, the agency shall notify the requester of the specific legal authority exempting the requested record or records from disclosure by Code section, subsection, and paragraph within a reasonable amount of time not to exceed three business days or in the event the search and retrieval of records is delayed, then no later than three business days after the records have been retrieved.


In any instance in which an agency will seek costs in excess of \$25.00 for responding to a request, the agency shall notify the requester within a reasonable amount of time not to exceed three business days and inform the requester of the estimate of the costs, and the agency may defer search

and retrieval of the records until the requester agrees to pay the estimated costs unless the requester has stated in his or her request a willingness to pay an amount that exceeds the search and retrieval costs. In any instance in which the estimated costs for production of the records exceed \$500.00, an agency may insist on prepayment of the costs prior to beginning search, retrieval, review, or production of the records. Whenever any person who has requested to inspect or copy a public record has not paid the cost for search, retrieval, redaction, or copying of such records when such charges have been lawfully incurred, an agency may require prepayment for compliance with all future requests for production of records from that person until the costs for the prior production of records have been paid or the dispute regarding the payment has been resolved.

Forms and Tools

N/A

2.10 J.J. v. Ledbetter Parent or Guardian Request for Information

	Georgia Division of Family and Children Services Child Welfare Policy Manual		
	Chapter:	(2) Information Management	
	Policy Title:	J.J. v. Ledbetter Parent or Guardian Request for Information	
	Policy Number:	2.10	Previous Policy Number(s): 2109.5, 2101.7
	Effective Date:	June 2021	Manual Transmittal: 2021-02

Codes/References

J.J. v. Ledbetter Consent Decree

Health Insurance Portability and Accountability Act (HIPAA) of 1996: P.L. 104-191

Requirements


The Division of Family and Children Services (DFCS) will:

1. Comply with all aspects of *J.J. v. Ledbetter* when releasing confidential information pursuant to a parent or guardian request for case record information.



When protected health information (PHI) is requested, the Health Insurance Portability and Accountability Act (HIPAA) applies and takes precedence over *J.J. v. Ledbetter* requirements (see policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#)).

2. Explain and provide the Notice of Case Record Information Available to Parents/Guardians form to each parent/guardian at the onset of any child welfare case, including:
 - a. The type of information that DFCS will maintain in the case record;


- b. The information that can be released to them upon request; and
 - c. The information that cannot be released to them but may be obtained from the primary source, where applicable.
3. Make the releasable case record information available to the parents/guardians of children for whom a child welfare case has been opened pursuant to a *J.J. v. Ledbetter* request.
4. Adhere to policy [2.6 Information Management: Confidentiality/Safeguarding Information](#) and policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) to ensure that confidential and protected health information (PHI) is not unlawfully disclosed.
5. Disclose the following portions of the case record pertaining to the child or their parent or guardian within ten calendar days of the request:
 - a. Case recordings/Contact sheets (i.e. Contact Narrative) summarizing information observed or given orally by parents and others to the social services case manager (SSCM) except as expressly prohibited;
 - b. Summary reports prepared by county staff (i.e. assessments);
 - c. Service plans, goals and objectives, and contracts/service agreements (i.e. case plans, service referrals);
 - d. Court records (i.e. court reports, petitions and orders); and
 - e. Pictures of abuse and neglect.
 - i. Pictures may be viewed by the client and/or his/her attorney at reasonable times arranged with the designated DFCS staff.
 - ii. Pictures will be reproduced only at the parent/guardian's expense.
-  If the source of the pictures is not a DFCS employee, do not divulge the source of the pictures.
6. Prohibit the release of the following portions of the case record to the parent/guardian:
 - a. Any initial or corroborating reports of child abuse and neglect or information in the case record quoted from third parties constituting a direct report of child abuse or neglect;
 - b. School records;
 - c. Information from other public and private agencies, including other DHS agencies;
 - d. The identity of reference contacts or information which would lead to the identity of reference contacts collected by the department only if the information from such reference contacts constitutes or corroborates an incident of abuse or neglect.
 - e. Reports, correspondence or verbal quotes from privileged sources, such as psychologist(s), psychiatrist(s), ministers, etc.; and
 - f. Information in the case file on a spouse, other adult family members or non-family members, unless DFCS has a signed HIPAA compliant Authorization for Release of Information by the person about whom information is being requested.
7. Inform the parent/guardian that un-releasable information may be obtained from the primary source by providing a written general statement within 10 calendar days of the receipt of the



oral or written request to include:

- a. A list of what documents or portions thereof have been withheld and why.
 - b. A list of primary sources for each item being withheld and a general statement as to the type of report that is being withheld.
 - c. If DFCS has temporary custody of the child, a written statement that DFCS does not oppose the release of information from the primary source.
8. Consult the Special Assistant Attorney General (SAAG) or Office of General Counsel (OGC) for additional guidance in fulfilling the *J.J. v. Ledbetter* request.

Procedures

Social Services Case Manager

1. At the onset of any child welfare case explain and provide a copy of the Notice of Case Record Information Available to Parents/Guardians to each parent/guardian.
 - a. Obtain the signature of each parent/guardian on the notice.
 - b. Document in Georgia SHINES that the notice was explained and signed; and
 - c. Upload a copy of the notice to External Documentation in Georgia SHINES.
 2. Upon receipt of a written request from a parent/guardian to obtain or view information contained in the case record:
 - a. Determine whether release of the information requested compromises the safety of the child when the individual requesting the information is the alleged maltreater.
 - i. Consult the SAAG or OGC for additional guidance if permitting the release would compromise child safety.
 - ii. Contact the District Attorney or local law enforcement:
 1. To determine if criminal action is likely to be brought against the parent/guardian; and
 2. About whether allowing access to the case record by the alleged maltreater may jeopardize a criminal proceeding.
-  If the parent/guardian made an oral request, ask them to submit the request in writing. Assist them in completing the written request, if needed.
- b. Determine whether the alleged child abuse occurred in a third-party setting to identify what information may be accessed.
 - i. Information may be shared with parents/guardians when their child was abused in a third-party setting, e.g. a school, childcare center or residential facility;
 - ii. Parents/guardians may request information if their child is interviewed as part of an investigation being conducted in such a setting, even if their child was not abused.
 - iii. Under this case circumstance, information that an investigation is occurring may be released, and non-identifying information concerning the disposition of the investigation may be shared.

- c. Determine whether the information requested is classified as releasable or unreleasable.
- d. If the information requested is classified as releasable and no concerns were identified that would jeopardize child safety, an ongoing or pending criminal action/investigation or criminal proceeding:
 - i. Prepare the records for release by:
 - 1. Removing or redacting any portions of the information that cannot be released.
 - 2. Having the records reviewed by the Social Services Supervisor (SSS) or County Director prior to release to the parent/guardian or their attorney.
 - ii. Provide a copy of the releasable information free of charge to the parent/guardian within 10 calendar days of the receipt of the request.
 -  If the written request was preceded by an oral request, provide the information within 10 calendar days of the oral request.
 - iii. If pictures are being requested, the parent/guardian or their attorney may view the pictures at a reasonable time arranged with DFCS. Copies of pictures are only reproduced at the parent/guardian's expense.
 -  If the source of the pictures is not a DFCS employee, do not divulge the source of the pictures.
 - iv. For other releasable information not specified in *J.J. v. Ledbetter*:
 - 1. Provide at a cost of \$0.25 cents per page, advising the parent/guardian in advance of the cost.
 - 2. Establish procedures in the county department to ensure the accountability for any funds collected.
- e. If the information requested is classified as un-releasable:
 - i. Provide a written general statement within 10 calendar days of the receipt of the request by the parent/guardian to obtain or view the documentation in the case record, to include:
 - 1. A list of what documents or portions thereof have been withheld and why.
 - 2. A list of primary sources for each item withheld and a general statement as to the type of report that was withheld.
 - 3. If DFCS has temporary custody of the child, a written statement that DFCS does not oppose the release of information from the primary source (see [Forms and Tools: Non-Objection to Subsequent Release of Information by Primary Sources](#)).
 - f. If information being requested is pertaining to a spouse, other adult family member, or non-family member, information may only be released if written authorization signed by the person about whom the information is being requested.
 - g. For any PHI of the parent/guardian or their child classified as un-releasable, HIPAA applies and takes precedence. Obtain the parent/guardian's written consent via a valid ROI prior to disclosure in accordance with policy [2.5 Information Management: Health Insurance Portability and Accountability Act](#).

Social Services Supervisor

1. Review the current case record to verify that the Notice of Case Record Information Available to Parents/Guardians have been provided to the parent/guardian and a copy uploaded to Georgia SHINES External Documentation.
2. Review any request for information and assist the SSCM in determining whether the information being requested is releasable.
3. Review the releasable documents prior to the release to the parent/guardian or their attorney.
4. Ensure proper redacting or removing of information that cannot be released.
5. Ensure that un-releasable information is not released and that proper information on primary sources is provided.
6. Ensure the timely release of information.

Practice Guidance

Inapplicability of *J.J. v. Ledbetter* When Requesting One's Own Protected Health Information (PHI)

An individual is entitled to receive his/her own PHI and the PHI of all children in his or her custody. *J.J. v. Ledbetter* does not apply to the PHI of the parents or guardians or children in their custody. Therefore, when the county receives a request from the parents or guardians for their own PHI, the county is responsible for ensuring that the request is met within 10 calendar days.

Under HIPAA, it is inappropriate to refer those who request their own PHI to a third party to retrieve their drug screens, medical records or psychological records, if they are a part of the DFCS record. If the requested information is not contained in the DFCS record, the county is not obligated to assist the parent/guardian with obtaining the record. However, DFCS must provide a letter to him/her stating that DFCS “does not object” to that third party disclosing that persons own PHI to that individual.


Forms and Tools

[Non-Objection to Subsequent Release of Information by Primary Sources](#)

[Notice of Case Record Information Available to Parents/Guardians](#)

[Notice of Case Record Information Available to Parents/Guardians \(Spanish\)](#)

2.11 Public Access to Records in Child Fatality and Near Fatality Cases

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(2) Information Management		
	Policy Title:	Public Access to Records in Child Fatality and Near Fatality Cases		
	Policy Number:	2.11	Previous Policy Number(s):	1013.26, 2109.12
	Effective Date:	June 2021	Manual Transmittal:	2021-02

Codes/References

O.C.G.A. § 19-15-3 (l) County multiagency child fatality review committee

O.C.G.A. § 49-5-41(a)(6) Persons and agencies permitted access to records

Child Abuse Prevention and Treatment Act (CAPTA) Section 106(b)(2)(B)(x)

Public Law 104-191 Health Insurance Portability and Accountability Act (HIPAA) of 1996

Requirements

The Division of Family and Children Services (DFCS) will:

1. In accordance with state and federal law, provide a summary to any adult requesting information regarding DFCS investigations, findings, or information about a case of child abuse or neglect that results in a fatality or near fatality. This includes:

- a. The age and gender of the child at the time of the fatality or near fatality.

 No identifying information shall be provided.

- b. The cause and circumstances regarding the fatality or near fatality.

- c. Information describing any previous reports and investigations of child abuse or neglect that are pertinent to the abuse or neglect that led to the fatality or near fatality. This includes the results of such investigations, including dates and disposition of each prior investigation referral received about the family, case closure dates, etc.



Do not disclose any information provided by law enforcement or prosecution agencies or any part of the DFCS record that includes information provided by law enforcement or prosecution agencies relating to any pending investigation or prosecution of criminal activity.

- d. The services provided and actions taken by DFCS on behalf of the child that are pertinent to the child abuse or neglect that led to the fatality or near fatality.



Do not disclose any services that would result in the disclosure of Protected Health Information (PHI), such as medical appointments, diagnosis or care, drug treatment, diagnosis or assessment and psychological, emotional or psychiatric assessments, appointments and treatment. (See policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#).)

- e. The last date of contact DFCS had with the victim child's family prior to the fatality or near fatality (if applicable).

2. Prohibit disclosure of privileged and confidential information to preserve the confidentiality of the child, the child’s parents, guardians and caretakers, and other members of the household (see policy [2.6 Information Management: Confidentiality/Safeguarding Information](#)). This includes:
 - a. Any record of law enforcement or prosecution agencies and any part of DFCS’ record that includes information provided by law enforcement or prosecution agencies in any pending investigation or prosecution of criminal activity contained within the child abuse, neglect, or dependency records;
 - b. Medical and mental health records made confidential by other provisions of law (see policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#));
 - c. Privileged communications of an attorney;
 - d. Identifying information of the person who reported suspected child abuse;
 - e. Information that may cause mental or physical harm to the sibling(s) or other child(ren) living in the household of the child being investigated;
 - f. Name of the child who is the subject of reported child abuse or neglect; and
 - g. Name of any parent or other person legally responsible for the child, or any member of the household of the child who is the subject of reported child abuse or neglect, provided that such person is not under investigation for the reported child abuse or neglect.
3. Refrain from releasing information that would jeopardize a criminal investigation or proceeding or jeopardize the safety and well-being of the child/family.



The County or Regional Director shall make this determination based on the specific case circumstances. Consultation with the DFCS Office of General Counsel (OGC) is recommended.

Procedures

Upon receipt of the request for findings and information regarding a child fatality or near fatality resulting from child abuse the County or Regional Director or their designee will:

1. Review the request to determine whether the request meets the requirements for disclosure. All requests must be in writing.



If the request is pursuant to the Open Records Act (ORA) immediately notify the Office of the General Counsel in accordance with policy [2.9 Information Management: Open Records Act of Georgia](#). If the request is received from the media, legislators, or county officials adhere to policy [2.7 Information Management: Contacts with Media, Legislators, County Officials](#).

2. Immediately consult the DFCS Office of General Counsel regarding the request.
3. Provide the summary within three business days of the request at no cost to the requestor if the request meets the requirements for disclosure.
 - a. Only the information applicable to the subject child who died or suffered a near fatality should be disclosed; and

- b. Privileged and confidential information should not be disclosed (see policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#)).

Practice Guidance

CAPTA Requests vs Open Records Request

For CAPTA eligibility, states shall have provisions which allow for public disclosure of the findings or information about the case of child abuse or neglect which has resulted in a child fatality or near fatality. A response for records pursuant to a CAPTA request shall include only the summary of information contained in the case record. No identifying information about the child is provided. When a CAPTA request is received by the county department, the County Director or Regional Director is responsible verifying the request and providing the summary free of charge, and within three days of receiving the request.

In contrast, a response for records pursuant to the Open Records Act includes the child's case record with protected information redacted from the record. The County Director must immediately notify the DFCS Office of General Counsel (OGC) upon receiving an Open Records request in accordance with policy [2.9 Information Management: Open Records Act of Georgia](#), and submit the case record to the DFCS OGC by the following business day after receiving the request, via overnight mail or hand-delivery. The OGC will respond to the request.

Near Fatality Definition

The Child Abuse Prevention and Treatment Act (CAPTA) defines “near fatality” as “an act that places a child in serious or critical condition as certified by a physician.”


Forms and Tools

[Child Fatality or Near Fatality Records Request Form](#)

[1] Encryption is a method of converting an original message of regular text into encoded text. The text is encrypted by means of an algorithm (i.e., type of procedure or formula). If information is encrypted, there would be a low probability that anyone other than the receiving party who has the key to the code or access to another confidential process would be able to decrypt (i.e., translate) the text and convert it into plain, comprehensible text.

Chapter 3 Intake

3.0 Introduction to Intake

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(3) Intake		
	Policy Title:	Introduction to Intake		
	Policy Number:	3.0	Previous Policy Number(s):	N/A
	Effective Date:	November 2023	Manual Transmittal:	2023-03

Codes/References

O.C.G.A. § 19-7-5 Reporting of Child Abuse and Neglect

O.C.G.A. § 49-5-12 Licensing and Inspection of Child Welfare Agencies; Standards

O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records

Public Law 111-320 Child Abuse Prevention and Treatment Act (CAPTA) Reauthorization Act of 2010

Discussion

The Division of Family and Children Services (DFCS) engages colleagues, the community, families and children with courtesy and respect in order to translate our values and principles into practice. DFCS has the authority and obligation to receive and assess reports of child abuse (maltreatment) that meet the statutory and regulatory definitions of child abuse where the alleged maltreater is in a caregiving role.

When reporters are concerned about the maltreatment of a child and want to make a Child Protective Services (CPS) report, DFCS is available and accessible to the community continuously 24 hours a day, seven days a week via a CPS Intake Communication Center (CICC) at (1-855-GA-CHILD).

CICC began implementation in September 2013 to address the growing need for a statewide child abuse and neglect reporting hotline to improve customer service with the community when reporting alleged abuse and neglect as well as to standardize the Intake Assessment process.

DFCS emphasizes a customer service model approach for conducting the Intake Assessment (IA) and as such requires a high degree of responsiveness to the reporter including showing:

1. Respect and courtesy in all interactions with the reporter;
2. Interest in all aspects of the reporter's account and concerns;
3. Patience which allows the reporter to tell his/her story;
4. Empathy for feelings and circumstances the reporter may be experiencing;
5. Support to the reporter for contacting DFCS with his/her concerns.

The Intake Assessment begins the process of comprehensively assessing child safety by gathering information to assist in locating the problems and behaviors in the everyday life of the family that

led to the maltreatment concerns; as well as information that will help to build partnerships with families in identifying solutions to address child safety. The reporter's knowledge of and relationship with the family may not always result in their ability to adequately respond to questions detailed in the intake assessment. Therefore, it may be necessary to guide the reporter in communicating their knowledge of present danger situations or impending danger safety threats, child vulnerability, diminished caregiver protective capacities, and child and adult functioning by asking questions, clarifying responses and affording the reporter the opportunity to correct or expound upon the information reported.

Many reporters fear the caregiver's response to CPS intervention and may elect to report their concerns anonymously. The identity of persons who report allegations of child abuse or neglect is kept confidential. Reports of child abuse or neglect allegations from persons who wish to remain anonymous will be accepted; however intake staff encourage all reporters to provide contact information so follow-up can occur if more information is needed. An intake report received from an anonymous reporter does not diminish the reporter's credibility or the seriousness of their concerns. Likewise, intake reports received from reporters whose knowledge of the family is limited is not discounted or dismissed. The information shared determines DFCS' response to an intake report.

DFCS CICC staff may be the first point of contact that individuals or agencies interact with in order to obtain information about community resources to strengthen a family and to report their concerns about a child's safety and/or well-being. The Centralized Intake Specialist (CIS) must possess the skills necessary to gather sufficient information by engaging reporters to assist in determining the reason for contacting the agency. In addition, the CIS must determine when to refer reporters to community resources and/or to gather information regarding child abuse, also referred to as child maltreatment.

There are four objectives for the Intake process:

1. To provide information to individuals or agencies requesting access to agency or community resources on behalf of themselves or other families;
2. To provide the community a point of contact for expressing concerns about children who may be in need of protection;
3. To assist individuals who are reporting their concerns, provide behaviorally specific, detailed information about families that will assist DFCS in initiating the Initial Safety Assessment (ISA);
4. To determine the agency's response to the report of alleged child maltreatment including whether the allegations of maltreatment meet policy and Georgia statutory requirements.


The intake assessment encompasses the requirement to screen case participants via information systems maintained by DFCS (Georgia SHINES, Gateway, County Master Files, IDS Online, Master Index, Placement Central) as well as other available state agency databases (Georgia Medicaid Management Information System, Sex Offender Registry, Board of Pardons and Paroles, Department of Corrections Offender Query). Safety screenings are a critical part of the Intake Assessment and have a direct impact on the intake assessment decision-making process. Information included in safety screenings that are gathered from each database (DFCS and other State Agency resources) must be carefully reviewed, analyzed, and the results considered during the intake assessment process. The result of the analysis is a critical factor in identifying patterns of behavior and drives the response/intervention to ensure child safety. A Safety Screening analysis includes, but is not limited to:

1. Prior allegations of maltreatment;
2. Specific findings concerning the prior allegations of maltreatment;
3. Ages of the child(ren);
4. Number of prior reports that indicate repeated instances or repeated suspicions of abuse or neglect;
5. Severity of prior reports including both substantiated and unsubstantiated incidents;
6. Specific maltreater information, including if he/she still has access to the children and/or is serving in a caregiver role;
7. Responsiveness of the caregivers to DFCS, and the outcome of previous interventions and/or services provided;
8. Cooperation with the Office of Family Independence concerning benefits;
9. Sex Offender Registry information;
10. Department of Corrections information;
11. Pardons and Parole information.

An intake decision is made after conducting the intake assessment which includes analyzing information gathered related to the six areas of family functioning, including the analysis of the safety screening information. The following are the possible intake decisions:

1. **Screen In:** There are allegation(s) of maltreatment based on the information gathered
 - a. Case is assigned for an Initial Safety Assessment
 - i. Response time assigned Immediate: Present Danger is Indicated
 - ii. Response time assigned (up to)24 hours: Impending Danger is Indicated
 - iii. Response time assigned (up to) 5 weekdays: There is no Present or Impending Danger Indicated
 - b. Case is assigned Special Investigation: All Special Investigations are assigned response times of Immediate to 24 hours. Immediate response is based on Present Danger Indicated. All others are assigned (up to) 24 hours response time.
2. **Screen In:** Case is assigned to Investigation due to Special Circumstances
3. **Screen In: Policy Violation Assessment:** There are no allegations of maltreatment based on the information gathered, however an assessment is needed to determine if there is a violation of foster care policy by the placement resource. Response time for Policy Violation Assessments are 24 hours.
4. **Screen Out and Refer:** There are no allegations of maltreatment based on an analysis of the information gathered, however the family can benefit from services to strengthen caregiver protective capacity and child vulnerabilities.
5. **Screen Out:** There are no allegations of maltreatment based on an analysis of the information gathered.

3.1 Receiving Intake Reports

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(3) Intake		
	Policy Title:	Receiving Intake Reports		
	Policy Number:	3.1	Previous Policy Number(s):	N/A
	Effective Date:	November 2023	Manual Transmittal:	2023-03

Codes/References

- O.C.G.A. § 15-11-2 Definition
- O.C.G.A. § 15-11-30 Rights and Duties of Legal Custodian
- O.C.G.A. § 15-11-390 Filing Complaint
- O.C.G.A. § 16-12-100 Sexual Exploitation of Children; Reporting Violation; Forfeiture; Penalties
- O.C.G.A. § 19-7-5 Reporting of Child Abuse
- O.C.G.A. § 19-7-6 Reporting Juvenile Drug Use
- O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records
- Child Abuse Prevention and Treatment Act (CAPTA)
- Public Law 114-198 Comprehensive Addiction and Recovery Act of 2016

Requirements

The Division of Family and Children Services (DFCS) will:

1. Receive reports 24 hours a day, seven days a week, of known or suspected instances of child abuse, including reports of physical or mental injury, sexual abuse or exploitation or negligent treatment or maltreatment of a child under circumstances that indicate that the child’s health or welfare is threatened.



In Georgia, this includes child abuse (maltreatment) in the forms of physical injury or death, neglect, emotional abuse, sexual abuse or sexual exploitation, prenatal abuse, an act or failure to act that presents an imminent risk of serious harm to the child’s physical, mental or emotional health, and trafficking a child for labor servitude (labor trafficking). *For the purposes of child abuse reports, the term “child” shall mean an individual who has not yet attained 18 years of age and who is not an emancipated minor.*

2. Be available and accessible to the community continuously 24 hours a day, seven days a week via CPS Intake Communications Center (CICC) at 1-855-GACHILD (1-855-422-4453).
 - a. Ensure County Divisions are accessible 24 hours a day to respond to allegations of child abuse by:
 - i. Keeping current the list of available staff in the On-Call tab in Georgia SHINES;
 - ii. Clearly listing numbers for reporting after office hours intake reports to the CICC at 1-855-GACHILD (1-855-422-4453);
 - iii. Providing the emergency 911 center, local law enforcement and providers of emergency

medical services with the telephone number of the County Director and administrative staff responsible for the emergency after-hours response; and

- iv. Assuring that a message is recorded for the principle agency telephone line directing the reporter to call 1-855-GACHILD (1-855-422-4453) to make reports during periods of office closure.
- b. Have a minimum of two listings in the local telephone directories and when possible, include a listing under emergency telephone numbers. Local phone listings should include:
 - i. A specific listing of "Child Abuse and Neglect Reports" under Division of Family and Children Services, listing the CPS Intake Communications Center contact number 1-855-GACHILD (1-855-422-4453); and
 - ii. A separate alphabetical listing in the white pages, which reads "Child Abuse and Neglect Reports" and contains the CPS Intake Communications Center contact number 1-855-GACHILD (1-855-422-4453).
3. Receive intake reports via telephone, fax, other electronic submission (i.e., email, online form, etc.), mail, and in-person interviews.



Mail, faxes and other electronic submission that meet the three components of a report are considered as having received an intake report. The date and time the intake report is received via telephone, affixed on the fax/fax cover, the mail was received in the agency, or on the email shall be used as the intake report date.

4. Immediately contact the reporter to gather additional information when the intake report was received via telephone, fax, other electronic submission or when there is insufficient information to determine whether there is indication of child maltreatment.




Refrain from contacting anyone other than the reporter to obtain information regarding the Intake Assessment as it is viewed as initiating the Assessment. Additional individuals may only be contacted to determine the location of the alleged maltreated child or the family.

5. Engage the reporter to gather information to complete the Intake Assessment.
6. Follow a three-stage information collection process: Introduction, Exploration, and Closing when gathering information from the reporter for completion of the Intake Assessment.
7. Review the Intake Assessment to determine whether the allegation of maltreatment contains the following three required components:
 - a. An alleged maltreater in a caregiving role.



Reports alleging labor trafficking, sexual exploitation or sex trafficking do not require the alleged maltreated to be a caregiver.

- b. A child from birth to under the age of 18 and who is not an emancipated minor.
 - c. Known or suspected allegations of child abuse per Georgia statute (O.C.G.A. §19-7-5) and DFCS policy.
8. Inform all reporters of the following:
 - a. The ability to make an anonymous report.

- b. Child welfare records are confidential, and your identity will not be disclosed, unless otherwise permitted by the law.
 - c. It may be necessary for the reporter to appear in court if court action is initiated to protect the child.
 - d. The law provides protection from civil or criminal liability when the report is made in good faith.
9. Inform all mandated reporters:
- a. Of the ability to request whether the investigation is ongoing or completed, and if completed whether child abuse was confirmed (substantiated) or unconfirmed (unsubstantiated) for the child concerning whom the report was made. If requested, notification will be provided within five calendar days of the request.
 - b. If school personnel, that DFCS shall provide written notification within 24 hours of the receipt of an intake report to the school personnel who made the report.
 - c. That DFCS shall provide written notification within five calendar days of completing the investigation to the school counselor from the school the child was attending at the time of the reported abuse, advising of the disposition (substantiated or unsubstantiated) of an intake report assigned as an investigation. If a school does not have a school counselor, this disclosure shall be made to the principal.
10. Immediately enter all intake reports into Georgia SHINES, but no later than the end of the shift in which the intake report was received.
-  Intake Assessments containing present danger situations shall be entered no later than two hours of the receipt of the intake report.
11. Thoroughly evaluate the Intake Assessment to make an intake decision in accordance with policy [3.2 Intake: Making an Intake Decision](#).
12. Immediately provide notification of all intake assessments that contain allegations of child abuse to the appropriate law enforcement agency or district attorney. In addition, if the parent/guardian of the alleged victim child is on active duty in the armed forces of the United States provide notification to the military law enforcement and Family Advocacy Programs. Include any pictures accompanying the intake report in the notification (see policy [3.25 Intake: Sharing Intake Reports with Law Enforcement, District Attorney or Military](#)).

Procedures

Intake Assessment Process

The Centralized Intake Specialist will:

1. **Introduction:** During this stage, set the tone for the call by initiating a dialogue with the reporter in a professional and courteous manner.
 - a. Briefly explain the Intake Assessment process;
 - b. Inform the reporter of the ability to make an anonymous report. When the reporter wishes to remain anonymous, the Intake Assessment process will continue;

- c. Explain confidentiality:
 - i. Child welfare records are confidential, and your identity will not be disclosed, unless otherwise permitted by the law; and
 - ii. It may be necessary for the reporter to appear in court, if court action is initiated to protect a child.
 - d. The law provides protection from civil or criminal liability when the report is made in good faith;
 - e. Obtain the reporter's name, telephone number and address, relationship to child(ren) and family, if applicable;
 - f. Allow the reporter to begin sharing his/her concerns without interruption, if possible; and
 - g. Respond with empathy to the reporter if he/she has emotional reactions to the information being shared and redirect the reporter when necessary to ensure pertinent information is gathered that is relevant to the family's functioning and potential maltreatment/safety issues.
2. **Exploration:** During the exploration phase, assist the reporter by moving toward a more focused interview approach in order to fill in any gaps in information gathered during the Introduction stage.
- a. Obtain the name, date of birth, address, and current location of all alleged victim children;
 - b. Obtain the name, date of birth, address, and current location of all caregivers and other household members (parents, grandparents, significant other, 3rd party caregivers, etc.). Attempt to gather the names and demographics on both mother and father regardless of where the child(ren) reside;
 - c. Ask the reporter if the child and/or parent/primary caregiver have, or is believed to have, American Indian heritage (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#));
 - d. Ask the reporter whether the parent/guardian of the alleged victim child(ren) is on active duty in the armed forces of the United States, and where he/she is stationed; and
 - e. Probe for additional information surrounding the allegations of child abuse, including when and how the maltreater abused the child, the harm/affect to the child, the likelihood of reoccurrence, and current safety of the child.
3. **Closing:** During this final stage of the Intake Assessment, ensure that all essential information has been collected from the reporter.
- a. Confirm the following information gathered:
 - i. The reporter's name, telephone number and address, relationship to child(ren) and family.
 - ii. The demographic information of the family (names, ages, relationship of household members, identification of caregiver(s) and address).
 - iii. Names of other persons including relatives who may have knowledge of the family.
 - iv. Location of the child(ren).
 - b. Review the information ask clarifying questions. Identify and note all gaps in information.

- i. Is there enough information to determine who is included in the family and where they are right now?
- ii. Is there enough information about the children and any vulnerabilities?
- iii. Is there enough information to determine how the caregiver and other family/household members function day-to-day?
- iv. Does the information (negative or positive) indicate the family's current situation, condition, or dynamics?
- v. Does the information indicate the presence of child maltreatment?
- vi. Does the information indicate any threats to child safety?



Examples of information needing clarification would be statements such as a caregiver “seems depressed”, “often drinks alcohol”, or “seems aggressive.” These are vague descriptions that need a behavioral or observable context in order to qualify this information as a present danger or impending danger situation during the decision-making process.

- c. Ask if he/she has any additional information that he/she feels is important to share that may not have already been revealed;
 - d. Seek the reporter's opinion regarding what he/she believes needs to happen in terms of intervention;
 - e. Obtain any information regarding worker safety;
 - f. Inform the reporter of the next steps in the intake process;
 - g. If the mandated reporter is school personnel:
 - i. Obtain the name of the child's school, school counselor or principal and document this information in the Additional Comments section in Georgia SHINES.
 - ii. Inform that DFCS will provide a written notice acknowledging receipt of the report of suspected child abuse via the Mandated Reporter Letter (see policy [3.24 Intake: Mandated Reporters](#)).
 - iii. Inform of the ability to obtain the status of an intake report assigned as an investigation, including whether the investigation is completed or ongoing.
 - iv. Explain if the intake report was assigned as an investigation, DFCS will provide written notification within five calendar days of concluding the investigation to the school counselor of the school the child was attending at the time of the reported abuse, advising of the investigation disposition (substantiated or unsubstantiated). If a school does not have a school counselor, this disclosure will be made to the principal.
 - h. Thank the reporter for contacting DFCS and end the call.
4. Analyze the information gathered during the contact with the reporter:
- a. Begin to consider and establish CPS jurisdiction for the referral, acceptance for CPS intervention, and assignment based on allegations of maltreatment and the indication of a present or impending danger;



Reports alleging labor trafficking, sexual exploitation or sex trafficking do not require

the alleged maltreater to be a caregiver.

- b. Determine if the intake report contains the three required components for an allegation of child abuse;
- c. Thoroughly and clearly document the reported information in the narrative section of the Intake Assessment in Georgia SHINES using the reporter's words;
- d. Conduct all required safety screenings, as outlined in policy [19.9 Case Management: Safety Screenings](#);
- e. Complete a thorough review and analysis of DFCS history and document in Georgia SHINES (see policy [19.10 Case Management: Analyzing DFCS History](#));
- f. Review the information reported to evaluate indicators of child maltreatment. Review the definitions of child abuse and select the category of child abuse and the corresponding maltreatment code(s) in Georgia SHINES based on the circumstances of the reported allegations; and
- g. Review the information reported to determine if there is any indication of present or impending danger (see policy [19.11 Case Management: Safety Assessment](#)). Select the corresponding present or impending danger under each applicable Family Functioning Area. If the Intake Assessment is determined to contain a present danger situation:
 - i. Immediately staff the Intake Assessment with the Centralized Intake Specialist Supervisor to confirm the existence of a present danger situation.
 - ii. If it is determined that a present danger situation exists, contact the County Division CPS jurisdiction by telephone and inform them of the need for an immediate response.

Law Enforcement Requests for Immediate Assistance

If law enforcement contacts the CICC requesting immediate assistance, the CICC will:

1. Obtain the reason the officer requires DFCS assistance and his/her contact information.
2. Immediately notify the County Division of law enforcement's request.
3. Inform the officer that it may be necessary to contact him/her again to follow up if an Intake Assessment is necessary.



If the officer is unavailable, follow up with the County Division to provide the information needed, if applicable.

County Division Receipt of Intake Reports

1. When intake reports are received by telephone, mail, fax or other electronic submission (i.e., email, online form, etc.) the County Division will immediately forward the correspondence to the CPS Intake Communication Center (CICC) at CPSIntake@dhs.ga.gov.
2. When a reporter calls the County Division to make a report, forward the reporter call to the CICC line 1-855-GACHILD (1-855-422-4453); however, the County Division may take the Intake Report and relay the information to the CICC.
3. When a reporter comes directly to the County Division to make a CPS report:

- a. Refer the reporting source to the CPS Intake Communication Center (CICC) line 1-855-GACHILD (1-855-422-4453) to take the report while in the County Office; and
- b. If the reporter prefers to make the Intake Report face-to-face, the County Division will take the report and immediately relay the information to the CICC for entry into Georgia SHINES.



When the County Division is taking the Intake Report if available, utilize a three-way call with the CICC in order to participate in the information gathering process with the reporter.

CICC Receipts of Intake Reports by Mail, Fax or Other Electronic Submission

When an intake report is received via mail, fax or other electronic submission (i.e., email, online form, etc.) the Centralized Intake Specialist will:

1. Analyze the information contained in the correspondence to determine if the correspondence contains the three required components.
2. Contact the reporter by telephone to gather additional information.
3. Upload a copy of the report received and the email acknowledgement from electronic submission (acknowledgement that the reporter was notified of receipt of the report) to Georgia SHINES External Documentation.

Practice Guidance

Caregiver means any person providing a residence for a child or any person legally obligated to provide or secure adequate care for a child including his/her parent, guardian or legal custodian; person responsible for the care of a child; other adult that continually or at regular intervals live in the home; a foster parent; an employee of a public or private residential home, childcare institution, day- or childcare facility; school personnel.

1. **Primary** caregiver: The person living in the household who assumes the most responsibility for childcare.
2. **Secondary** caregiver: A parent or other person living in, or frequently in, the household who shares with the primary caregiver the routine responsibilities for childcare. A significant other residing in the home may be a secondary caregiver even though this person has limited childcare responsibility and may not have any legal relationship or obligation to do so.



Any person identified as a caregiver for a child should be entered as a principal in Georgia SHINES and all screenings completed and evaluated for any impact on child safety (see policy [19.9 Case Management: Safety Screenings](#)).

Person Responsible for the Care of a Child Means

1. An adult member of a child's household;
2. A person exercising supervision over a child for any part of the 24-hour day; or
3. Any adult who based on his or her relationship to the parent, guardian or legal custodian or a member of a child's household has access to such child.



Anyone designated as a person responsible for the care of a child should be entered as a prin-

cipal in Georgia SHINES and screened in all systems for any history that could affect child safety (see policy [19.9 Case Management: Safety Screenings](#)).

Reports Involving Alleged Maltreaters who are not a Caregiver or Person Responsible for the Care of a Child

If the allegations are regarding a maltreater who is not a caregiver, or a person responsible for the care of a child, the report should not be automatically screened out without attempts to gather information about a caregiver's knowledge, willingness, and ability to protect the child from the alleged maltreater. When a third party is identified as an alleged maltreater, attempts must be made to gather and analyze information regarding the caregiver's knowledge of the alleged abuse or neglect and the caregiver's level of protection of the child during the alleged abuse or neglect or afterwards. If it becomes apparent during the Intake Assessment that the child's caregiver was not negligent, nor involved in any form of abuse and the third party maltreater is not a caregiver of the child, then DFCS will screen out these Intake Assessments and refer the case to law enforcement. An exception to this rule is in reports alleging sexual exploitation or human trafficking (labor or sex trafficking). Persons not considered third parties are:

1. Foster parents
2. Non-custodial parent living outside of the home
3. School or childcare personnel acting in a caregiver role

Case Name Descriptors

1. Place in the name of the primary caregiver.
2. Place in the name of the minor parent when the minor parent is the primary caregiver for their child.
3. Place in the name of each primary caregiver or legal custodian when allegations of maltreatment are received regarding multiple families living in the same residence.
4. Place in the name of the caregiver from whom the child was removed when allegations of maltreatment are received that occurred prior to a child entering foster care.
5. Place in the name of each legal caregiver when it is determined the same alleged maltreater has abused or neglected multiple child victims.

Intake Interview Skills

The Intake Interview^[1] is predominately focused on information gathering and problem identification. The Centralized Intake Specialist is assisting the reporter to provide information and at the same time identifying and interpreting possible maltreatment, present danger situations, and impending danger safety threats. In order to gather the most information possible, the Centralized Intake Specialist must be able to use critical thinking skills to formulate logical questions based on the information the reporter is communicating. There are seven types of interviewing skills that can be used during an interview that will assist the Centralized Intake Specialist in gathering relevant information related to child maltreatment and the indication of present danger situations or impending danger safety threats. (See Intake Introduction Script)

1. **Open-Ended Questions:** These questions allow the reporter to expand on a previous question

or topic, and do not lend themselves to a "yes" or "no" answer.

Example: "What happened?"

2. **Closed-Ended Questions:** These questions are used to ask for specific information and can generally be answered with "yes" or "no."

Example: "Have you seen the child with bruises before?"

3. **Reflective Listening:** This technique essentially involves making a guess as to what the reporter means or is trying to communicate. The first step in reflective listening is to think reflectively. You do not necessarily know what people mean, so you have to reflect on what they must mean and make a reasonable guess. Reflective listening statements can be as simple as repeating a word or two in order to keep the reporter talking. It can be helpful to reflect how the reporter seems to be feeling as he or she speaks.

Example: "So what you are saying is you are angry", or "You are frustrated because..."

4. **Suppressing and Refocusing:** This technique is used to stop non-productive content or feeling in an interview and to redirect the reporter to more appropriate topics. This technique should be used very selectively and only when the interviewer is certain that the content is not relevant to the report. To use this technique, acknowledge what the reporter has said and then say, for example, "I would like to talk with you now about what you actually saw happen to Susan. Tell me when you observed this." This skill is also helpful when a reporter is off topic, rambling, or repeating the same content. It is applied by redirecting the conversation to the topic that the interviewer wants to gather information on while acknowledging what the reporter has said.

Example: "I recall you saying that Mr. Simpson...Now I would like you to tell me about the older child in the home. What was his name...oh David... Tell me about him."

5. **Probing:** This skill is essential to collecting sufficient information and is applied by starting with open-ended questions. As the reporter provides information, the Centralized Intake Specialist will continue to move toward more detail with more closed ended questions, such as when, how often, when was the last time, etc.

Example: "Tell me about what happened. Tell me what you know about the family. What about Mom? Tell me about Dad. Does he seem to get angry often? How often have you noticed these angry outbursts? When was the first time? When did you most recently notice him being angry with the little boy?"

6. **Affirming:** Affirming is done in the form of selective statements of appreciation and understanding. This technique helps to demonstrate empathy. Affirming can send the message that the Centralized Intake Specialist recognizes that the reporter has a perspective and understands what the reporter's perspective is. Affirming is also used to send a message that the Centralized Intake Specialist acknowledges a reporter's right to feel a certain way.

Example: "I understand that it must be frustrating for you when you feel like you are not being heard."

7. **Summarizing:** This skill can be used to change topics with a reporter or to wrap up the call dur-


ing the closing phase. The Centralized Intake Specialist will connect and draw conclusions regarding material and information that was discussed and reinforces what was said during the call. This technique will enable the Centralized Intake Specialist to prepare the reporter to move along to another topic or to close out the call. The Centralized Intake Specialist should offer an overall summary at the end of the call, including any step(s) the reporter agreed to take (i.e., contact collaterals, advise the family of a service, etc.).

Example: “So, Ms. X, you have called today to express concern about Jimmy not receiving enough food due to Mom having insufficient income. Jimmy is in generally good health. We agreed that you would take Mom to Little Sisters Food Center to show her how to access food there. You also offered to take her there whenever she may need to go.”

Intake Reports Across County Lines

When allegations of child abuse are reported regarding a child in County A and it is determined the child is a resident of County B, County A must notify County B of the intake report and both counties will coordinate case management activities including identifying which County will have the responsibility to make the face-to-face contact with the child to ensure child safety. When an immediate response is deemed necessary, County A will be responsible for making face-to-face contact with the child in order to assess safety. Some examples are:

1. Intake report received from law enforcement in County A, requesting an immediate response to a home or the allegations indicate an immediate response is needed. The address given for the children indicate they are residents of County B and are visiting in County A. County A should provide the immediate response.
2. Intake report received from law enforcement in County A indicates the children are being taken into protective custody and need to be placed into foster care in County A. The legal residence of the children is County B. County A should complete the immediate case management activities that are required, including the assessment for child safety. Both counties should coordinate all other activities. County B should make every effort to attend the preliminary protective hearing in County A. A transfer of court jurisdiction should occur to County B.
3. When allegations of child abuse are reported regarding a child whose primary caretaker is in jail/prison, the intake report will be assigned to the County Division of the primary caregiver’s legal residence prior to their incarceration, regardless of the location of the child(ren).
4. When allegations of child abuse are reported regarding a child in a hospital in County A and it is determined that the primary caretaker resides in County B, the intake report shall be assigned to County B where the primary caregiver resides.

 When it is determined that an intake report made to County A should have been made to County B, reassign the Intake Assessment in Georgia SHINES to County B immediately. County A should notify County B by telephone when this circumstance exists. Use of email may be appropriate; however, it is the responsibility of County A to ensure that County B is aware of the Intake Assessment assignment. The reassignment of the Intake Assessment in Georgia SHINES does not change the original response time assigned to ensure child safety.

Intake Reports Opened in Error

If a user accidentally opens an intake report in Georgia SHINES and the Centralized Intake Special-

ist has not selected alleged victims, allegations, disposition, or safety threats, then the intake may be marked as “opened in error” and closed.

Reports of Juvenile Drug Use

Persons that have reasonable cause to believe that a child is habitually using, in an unlawful manner, any controlled substance or marijuana, as defined by Georgia law is encouraged to report such information to the child’s caregiver and to DFCS. If the person exercising loco parentis control over the child is a member of any school, social agency or similar facility, the person in charge shall make the report. DFCS shall receive the information as an intake report then subsequently “Screen Out” and “Refer to Juvenile Court” if there are no allegations that accompany the report of juvenile drug use that are indicative of child abuse by the caregiver.

Child Abduction Response Team (CART)

The CART is a multi-disciplinary team authorized to investigate the abduction or endangerment of children in Georgia and is only activated upon the request of a sheriff, police chief, the attorney general, the district attorney, or designee of any of the aforementioned. CART pulls resources together allowing for a rapid and organized response to missing children.

A family involved in a CART may not necessarily come to the attention of the local DFCS office or require DFCS intervention. A DFCS state office representative serves as the CART liaison who will provide DFCS information to the CART. The DFCS state office representative may contact any local DFCS County office to obtain information about the family involved in a CART and may request the support of county staff. When directed by the DFCS state office representative, CICC should enter an intake report in Georgia SHINES noting a CART has been activated and specifying who directed the initiation of the CART intake report. If the County Division is directly contacted concerning a CART and DFCS intervention is required, the County Division will contact the CICC to relay intake report information.

Rights and Duties of Legal Custodian

A legal custodian is a person who has been given legal custody of a child by order of a court; or may be classified as a public or private agency, or other private organization licensed or otherwise authorized by law to receive and provide care for a child. The legal custodian has the right to physical custody of a child, the right to determine the nature of the care and treatment of such child, including ordinary medical care and the right and duty to provide for the care, protection, training and education and the physical, mental and moral welfare of such child, subject to the conditions and limitations of the order and to the remaining rights and duties of such child’s parent or guardian.

Categories of Child Abuse

1. Physical injury/Physical abuse
2. Neglect
3. Emotional abuse
4. Sexual abuse or Sexual exploitation
5. Prenatal abuse of a child by a parent


6. An act or failure to act that presents an imminent risk of serious harm to the child’s physical, mental, or emotional health
7. Trafficking a child for labor servitude (labor trafficking)

For additional guidance and the definitions of the categories of child abuse see [Forms and Tools: Maltreatment Codes](#).

Forms and Tools

- [Areas of Family Functioning Tool](#)
- [Intake Introduction Script](#)
- [Lack of Supervision Reference Guide](#)
- [Maltreatment Codes](#)

3.2 Making an Intake Decision

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(3) Intake		
	Policy Title:	Making an Intake Decision		
	Policy Number:	3.2	Previous Policy Number(s):	N/A
	Effective Date:	November 2023	Manual Transmittal:	2023-03

Codes/References

- O.C.G.A. § 19-7-5 Reporting of Child Abuse and Neglect
- O.C.G.A. § 49-5-41 (a) (5) Persons and Agencies Permitted to Access Records
- Child Abuse Prevention and Treatment Act (CAPTA)

Requirements

The Division of Family and Children Services (DFCS) will:

1. Thoroughly evaluate the Areas of Family Functioning, analyze DFCS history, results of other types of screening, and assess all other information gathered to determine child safety and well-being and whether an allegation of child abuse (maltreatment) exists. This determination results in a decision whether to screen-in or screen-out the Intake Assessment.



This includes reports involving current or historical incidents of child abuse, irrespective of how long ago the incident may have occurred (see Practice Guidance: [Reports Involving Historical Incidents of Child Abuse](#)).

2. Analyze and consider DFCS history when making an intake decision.
3. Screen-in and assign Intake Reports to the Initial Safety Assessment when allegations reported meet the Georgia statute and DFCS policy requirements for child abuse (maltreatment). Assign to the Initial Safety Assessment (ISA) for response within the following timeframes to ensure

child safety and wellbeing:

- a. **Immediate:** a present danger situation is indicated.
- b. **24 hours:** an impending danger safety threat is indicated and there is no indication of a present danger situation.
- c. **5 weekdays:** child abuse (maltreatment) is indicated, however there is no indication of a present danger situation or impending danger safety threat.



Immediate and 24-hour response times are calculated from the date and time of receipt of the Intake Report. 5 weekdays response times are calculated from the day of receipt (day one is the date the Intake Report is received) and official state holidays count towards the 5 weekdays response time.

4. Screen-in and assign Intake Reports to ISA with an immediate or 24-hour response time when a new intake is received on a family with a protective service alert, and:
 - a. The previous case with the alert was an ISA, Family Support Services or Investigation and the allegations were not assessed.
 - b. The previous case with the alert was in Family Preservation Services and the safety issues were not resolved.
5. Screen-in reports of abuse on children who are not residents of Georgia when the intake assessment contains the three required components, and the following circumstances apply:
 - a. The alleged maltreatment occurred in Georgia; and
 - b. The alleged perpetrator resides in Georgia.



Reports involving human trafficking shall be screened in regardless of where the maltreatment occurred or the state of residence of the victim child.

6. Document justification to support case assignment, including the impact of DFCS history when determining the existence of an allegation of maltreatment, a present danger situation or an impending danger safety threat.
7. Assign all Intake Reports that are screened in immediately or by the end of the shift in which the report was received.
8. Screen-out Intake Reports that do not meet Georgia statute and DFCS policy requirements for child abuse (see policy [3.1 Intake: Receiving Intake Reports](#)).
9. Screen-out and refer to early intervention or prevention services any Intake Report that does not meet Georgia statute and DFCS policy requirements for child abuse but indicates the family may have non-safety related needs and community resources could provide support to the child and/or family.
10. Allow County Directors to override the CICC intake acceptance decision, prior to response time expiration, when the County Director determines the intake assessment does not meet criteria for assignment and provides the rationale for the override decision. This authority does not include changing the response timeframe assigned by CICC.



The override authority extends to Regional Safety Field Program Specialists (FPS) or Lead

11. Maintain an override review process within each region. Conduct monthly quality assurance reviews of intake reports overturned by the region.

Procedures


Upon the exploration of the Areas of Family Functioning based on the reporter's familiarity and knowledge of the family, the CPS Intake Communications Center (CICC) Centralized Intake Specialist (CIS) will:

1. Review the information recorded in the Narrative section of the Intake Assessment and apply the information to the corresponding sections for each area of family functioning;
2. Conduct, analyze and document all screenings as outlined in policy [19.9 Case Management: Safety Screenings](#).
3. Analyze DFCS history as outlined in policy [19.10 Case Management: Analyzing DFCS History](#) and document a summary of the analysis in the Case Manager Justification section of the Intake Assessment.
4. Analyze the reporter's concerns and Family Functioning information gathered during the Intake Assessment and determine if the reported information meets DFCS policy requirements for child abuse and assign the maltreatment code(s) that represents an evaluation of all information gathered from the reporter and screenings.



It is critical to obtain as complete and as thorough information as possible at intake so that the most appropriate intake disposition can be made. When information is unknown or insufficient at intake regarding child safety, it increases the concern, not decreases it.

5. Upon establishing that an allegation of maltreatment exists:
 - a. Determine if there is an indication of a Present Danger situation or Impending Danger Safety Threat in any of the areas of family functioning using the Georgia Safety Threats tool, see policy ([19.11 Case Management: Safety Assessment](#)); and
 - b. Select the corresponding safety threat box in the appropriate Family Functioning Area and provide a justification for the presence of a present danger situation or impending danger safety threat; or justification as to why the child(ren) is considered safe in the corresponding family functioning area.
6. Immediately notify the Centralized Intake Specialist Supervisor (CISS) when a Present Danger situation is indicated, so notification can be provided to the County Division for immediate response to ensure child safety.
7. When it is determined that the Intake Report will be screened in for the Initial Safety Assessment based on the presence of an allegation of maltreatment, and the indication of a safety threat (present danger or impending danger), assign for Initial Safety Assessment for response within the following timeframes to ensure child safety and wellbeing:
 - a. Immediate: a present danger situation is indicated.
 - b. 24 hours: an impending danger safety threat is indicated and there is no indication of a present danger situation.

- c. 5 weekdays: an allegation of child abuse (maltreatment) is indicated; however, there is no indication of a present danger situation or impending danger safety threat.
8. When it is determined that the allegations in the Intake Assessment do not rise to the level of maltreatment:
 - a. Screen-out: No agency intervention needed; or
 - b. Screen-out and refer: Non-safety related needs were identified, and community resources could strengthen and support the family and/or child. Clearly document the family's identified non-safety related need in Georgia SHINES. See policy [3.26 Intake: Screen out Refer Process](#).
-  Document the notification to the appropriate County Division and oversight authority (as applicable) of the Intake Assessment being screened out.
9. Document in the Intake Assessment's Case Manager Justification Section in Georgia SHINES justification to support case assignment (Initial Safety Assessment, Investigations, Special Investigation, Policy Violation, Screen-out, Screen-out and Refer), including the impact of DFCS history when determining the existence of an allegation of maltreatment, a present danger situation or an impending danger safety threat.
 10. Participate in a supervisory staffing with the CISS to discuss the intake disposition. Be prepared to discuss the information gathered, intake disposition recommendations and how the gathered information supports the recommendations.
 11. Submit the Intake Assessment in Georgia SHINES to the CISS for approval.

Centralized Intake Specialist Supervisor

1. Evaluate the information contained in each Intake Assessment and the CIS's justification statement to ensure the appropriate intake recommendation including the response time assigned.
2. If the recommended disposition and response time is appropriate, approve the intake recommendation from the CIS by documenting in the Supervisory Justification Section of the Intake Assessment the reasons the recommendation was approved.
3. If the recommended disposition and/or response time is not appropriate or additional information/justification is needed to support the recommendation made by the CIS:
 - a. Reject the intake disposition recommendation by documenting in the Supervisory Justification Section of the Intake Assessment the reason(s) for the rejection; and
 - b. Discuss and provide guidance to the CIS if the Intake Assessment is insufficient to determine the appropriate intake disposition.
4. Assign the completed and approved Intake Assessment to the appropriate County Division in Georgia SHINES.
5. For approved screen-out and screen-out and refer Intake Assessments:
 - a. Screen-out Intake Assessments involving a Child Death/Near Fatality/Serious Injury (CD/NF/SI): Submit the Intake Assessment for second level approval in accordance with policy [3.13 Intake: Intakes Involving Child Death, Near Fatality or Serious Injury](#).
 - b. Screen-out and refer: Assign the Intake Assessment to the County Division to initiate the

referral to a community-based prevention or early intervention services in accordance with policy [3.26 Intake: Screen-out and Refer Process](#).

Practice Guidance

At intake, it may not be possible to gather enough information from the reporter to meet all the safety threshold criteria. The CIS and CISS must then consider the information provided by the reporter and any patterns and trends identified from an analysis of the DFCS history and other types of screening; in order to make a professional judgment regarding the existence of Impending Danger safety threats. The threshold for evaluating this information during the Intake Assessment process is to take the information and consider “if it were true.” In other words, if what the reporter stated during the Intake Assessment were true, would the information indicate a severe, observable, out of control situation that was about to occur involving a vulnerable child? If the answer is yes, then an Impending Danger safety threat exists.

In order to make an informed decision the CIS and CISS must possess the ability to think critically about the information received during the Intake Assessment. This does not mean that the CIS and CISS jump to conclusions or make assumptions about negative family conditions based on their own values. The CIS and CISS must be able to apply critical thinking skills in order to determine what significant negative family conditions are alleged to exist. These conditions may or may not have involved an “incident” or event that has already occurred. The CIS and CISS must be able to adequately articulate their thought process and application of Impending Danger safety threat criteria. (See [Georgia Safety Threats](#)).

Making an Intake Decision with Limited Information

There are times when an Intake report is received that contains minimal information concerning allegations of abuse or the location of a child/family. In such circumstances, it is imperative to follow up with the reporter as soon as possible in order to obtain additional information. If the reporter is unable to give sufficient additional information or is unable to be contacted, consider the provided information in conjunction with any history regarding the family that may be available. If prior history is indicated, a detailed analysis of the information in the prior case record will be necessary. When there is a pattern of behavior indicative of child maltreatment or concerns for a child’s safety that can be established based on the DFCS history, ensure child safety by screening in for assignment. A review of the history may also reveal information as to where a family may be located based on their last known address and/or family members who may be able to be contacted. If the reported information is insufficient to either identify or locate a child and/or family and there is no history available or applicable to assist in locating them, the intake report may be considered for a screen out.

Intake Reports Involving Sexual Activity between Minor Children (Child on Child)

When reports are received that indicate two minor children have been engaged in sexual activity, the caregiver or person responsible for the care of the child must be evaluated to determine if any information indicates inadequate supervision/inadequate care and protection or any other applicable maltreatment contributed to the inappropriate sexual activity. Information gathered shall include the required components of a CPS report to be assigned (see policy [3.1 Intake: Receiving Intake Reports](#)).

Example of a report that should be assigned: Two minor siblings are reported to be having sexual contact. Neither child was in a caregiver role or responsible for the care of a child. One of the children has a history of sexual inappropriate behavior (fondling other children's private parts and exposing themselves to other children). The caregiver is aware of the child's behavior and regularly leaves the children home alone without any adult supervision. When the caregiver became aware of sexual contact between the minors, the caregiver did not follow up or seek any assistance. In this instance the report may be considered for screened in.

Example of a report that may be considered to be screened out/screened out and referred: There are no indications of inadequate supervision or any other maltreatment on the part of the caretaker (no history of molestation, DFCS history of inadequate supervision, history of perpetration, etc.) and the family is reacting appropriately to deal with the issue (counseling, not allowing access etc.). In this instance the report may be considered for a screen out/screen out refer depending on the individual family circumstances and any other needs identified during the intake report.

Intake Reports Involving Alleged Maltreaters who are not a Caregiver or Person Responsible for the Care of a Child

If the allegations are regarding a maltreater who is not a caregiver, or a person responsible for the care of a child, the report should not be automatically screened out without attempts to gather information about a caregiver's knowledge, willingness, and ability to protect the child from the alleged maltreater. When a third party is identified as an alleged maltreater, attempts must be made to gather and analyze information regarding the caregiver's knowledge of the alleged abuse or neglect and the caregiver's level of protection of the child during the alleged abuse or neglect or afterwards. If it becomes apparent during the Intake Assessment that the child's caregiver was not negligent, nor involved in any form of abuse and the third party maltreater is not a caregiver of the child, then DFCS will screen out these Intake Assessments and refer the case to law enforcement. An exception to this rule is in reports alleging sexual exploitation or human trafficking (labor or sex trafficking). Persons not considered third parties are:

1. Foster parents
2. Non-custodial parent living outside of the home
3. School or childcare personnel acting in a caregiver role

Intake Reports Involving Non-Resident Children

When an Intake Report is received regarding children who are not residents of Georgia and the report does not meet the criteria for assignment consideration, no action is taken unless the other state's child welfare agency makes an official request (i.e., courtesy interview). All Intake reports screened out for failing to meet the assignment criteria must be assessed to determine the need to refer the report to the state of the child's residence.

Due to the nature of human trafficking cases, and the need to secure the immediate safety of the child, reports involving a child that may be a victim of human trafficking (the child is currently located in Georgia), must be evaluated based on the information related to child maltreatment and should not be screened out solely based on the child's state or country of residence (see [Human Trafficking Case Management Statewide Protocol](#)).

Reports Involving Historical Incidents of Child Abuse

When an intake report is received that indicates the allegations of abuse occurred months or even years prior to the date of the intake report, thoroughly analyze the allegations of maltreatment with respect to how it impacts the areas of family functioning (extent of maltreatment, maltreatment context and circumstances, family developmental stages, family pattern of discipline, caretakers' patterns of behavior, child functioning, and family support). In addition to a thorough analysis of family functioning, special consideration should be given to:

1. The severity of the allegations;
2. Any prior DFCS involvement with the family including, the number of prior reports, nature of these reports and outcomes, severity of the reports, patterns observed, interventions implemented with the family, etc. (see policy [19.10 Case Management: Analyzing DFCS History](#));
3. Whether the alleged child victim is visible or isolated from mandated reporters or the community.



This includes school, daycare, or children who have been withdrawn from school to be homeschooled under circumstances which the reporter believes is an effort to circumvent the school or DFCS' oversight of the child(ren).

4. If the alleged victim has reached the age of 18 at the time of the report, are there other children in the home that may be unsafe.

The result of the analysis determines whether the intake report should be screened in for assignment. Intake reports of historical incidents of abuse should not be screened out based on the time that has passed since the alleged incident.

Person Responsible for the Care of a Child Means

1. An adult member of a child's household;
2. A person exercising supervision over a child for any part of the 24-hour day; or
3. Any adult who based on his or her relationship to the parent, guardian or legal custodian or a member of a child's household has access to such child.




Anyone designated as a person responsible for the care of a child should be entered as a principal in Georgia SHINES and screened in all systems for any history that could affect child safety (see policy [19.9 Case Management: Safety Screenings](#)).

Forms and Tools

[Family Functioning Assessment Tool](#)
[Maltreatment Codes](#)

3.3 Intakes Involving Active Cases

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(3) Intake		
	Policy Title:	Intakes Involving Active Cases		
	Policy Number:	3.3	Previous Policy Number(s):	4.1, 4.3, 3.13
	Effective Date:	April 2020	Manual Transmittal:	2020-04

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Use the Intake Assessment process to assess all new intake reports on a family that is currently being investigated, receiving Family Support Services, Family Preservation Services or Permanency Services to determine whether the report involves a new allegation, a duplicate allegation, or no allegation of abuse and/or neglect.
2. Assign to Initial Safety Assessment (ISA), regardless of the determination of a present danger situation or impending danger safety threat when a new Intake Assessment screened in on a family:
 - a. Who is currently being investigated;
 - b. Receiving Family Preservation Services; or
 - c. Receiving Permanency Services. (This case type may be assigned as a Special Investigation)

i This process will apply to non-custodial and custodial parents.

3. Screen-in and assign to ISA, intake reports involving a caregiver who has an active foster care case giving birth to a child.
4. Immediately notify the Social Services Case Manager (SSCM) and the Social Services Supervisor (SSS), assigned to the active case of the receipt of the intake report (regardless if the report is assigned or screened out).

Procedures

CPS Intake Communication Center Social Services Case Manager

1. Permanency (Foster Care and Adoption) case or Foster Home:
 - a. Complete the Intake Assessment process as outlined in policy [3.1 Intake: Receiving Intake Reports](#);
 - b. If the report involves a caregiver giving birth who has an active foster care case, the report must be screened in and assigned to ISA; and
 - c. Assess for assignment as a special investigation or policy violation (for reports on placement

resources) regardless if the reporter source is DFCS or non-DFCS.

2. Family Support Services (FSS) case:

- a. Complete the Intake Assessment process as outlined in policy [3.1 Intake: Receiving Intake Report](#);
- b. Determine if the new report contains any new information regarding the alleged victim child, a different alleged victim child, current maltreater or different maltreater that indicates a present danger situation or an impending danger safety threat. This may include information that is related to the original maltreatment alleged in the intake report, but indicates the situation has escalated in severity such that a present danger situation or impending danger safety threat now exists;
- c. If the new intake report contains information that does indicate that allegations of maltreatment exists with a present danger situation or impending danger safety threat, assign the new Intake Assessment to the ISA track and immediately notify the assigned County Department;
- d. When a new intake report contains a different allegation of maltreatment than originally reported, but still does not indicate a present danger situation or impending danger safety threat, assign the Intake Assessment to the ISA. Immediately notify the County Department of the new report;
- e. If the new Intake report contains duplicate information of the original report assigned as FSS, recommend the case for a screen-out; and
- f. If the screen-out is approved after a second level review as a duplicate report, notify the County Department of the screened out intake report (see policy [3.26 Intake: Second Level Screen-Out Review and Approval Process](#)).

3. Investigation case:

- a. Complete the Intake Assessment process as outlined in policy [3.1 Intake: Receiving Intake Reports](#) when the intake report is received from a reporter source other than the assigned DFCS staff person and assess the information reported to screen-in or screen-out;
- b. If the new Intake Assessment is screened in, recommend the case be assigned to ISA, regardless of the determination of a present danger situation or impending danger safety threat, and notify the County Department immediately of the disposition of the report;



The County Department will be required to respond to the new intake report immediately to within 24 hours regardless of the identification of a present danger situation or impending danger safety threat to assess child safety.

- c. When during an investigation, the assigned DFCS staff person identifies additional maltreatment regarding the alleged victim child, or alleged maltreater other than what was originally reported in the investigation add the additional allegation information to the Allegations Detail page in Georgia SHINES in the Investigations stage; and
- d. When a new intake report is received during an active investigation that is independent of what was originally reported, enter a new Intake report in Georgia SHINES and assess to screen-in or screen-out.

4. Family Preservation Services case:

- a. Complete the Intake Assessment process as outlined in policy [3.1 Intake: Receiving Intake Reports](#) and assess the information reported to screen in or screen out; and
- b. If the new Intake Assessment is screened in, recommend the case be assigned to ISA regardless of the determination of a present danger situation or impending danger safety threat, and notify the County Department immediately of the disposition of the report.



The County Department will be required to respond to the new intake report immediately to within 24 hours regardless of the identification of a present danger situation or impending danger safety threat to assess child safety.


Practice Guidance

N/A

Forms and Tools

N/A

3.4 Intakes Involving Substance Use or Abuse, Prenatal Abuse, or Fetal Alcohol Syndrome Disorder (FASD)

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(3) Intake		
	Policy Title:	Intakes Involving Substance Use or Abuse, Prenatal Abuse, or Fetal Alcohol Syndrome Disorder (FASD)		
	Policy Number:	3.4	Previous Policy Number(s):	3.7
	Effective Date:	June 2023	Manual Transmittal:	2023-04

Codes/References

O.C.G.A. § 15-11-2 Definitions

O.C.G.A. § 16-13-21 Definitions

O.C.G.A. § 19-7-5 Reporting of Child Abuse

Child Abuse and Prevention Treatment Act (CAPTA)

Public Law 114-198 Comprehensive Addiction and Recovery Act of 2016

Requirements

The Division of Family and Children Services (DFCS) will:

1. Receive intake reports of alleged child abuse involving substance use or abuse, when the following criteria is met:
 - a. The caregiver’s current substance and/or alcohol use or abuse impacts their ability to meet the child’s needs; or

b. Prenatal Abuse: Infants who are exposed to chronic or severe use of alcohol or the unlawful use of any controlled substance which results in:

- i. Symptoms of withdrawal in a newborn; or
- ii. The presence of a controlled substance or a metabolite thereof in a newborn's body, blood, urine or meconium that is not the result of medical treatment; or

i An individual's receipt of medication for a substance use disorder taken under the supervision of a licensed healthcare professional is not the illegal use of drugs.

iii. Medically diagnosed and harmful effects in a newborn's physical appearance or functioning.

i This includes Infants born with a fetal alcohol spectrum disorder (FASD).

2. Complete the Intake Assessment gathering process with the reporter as outlined in policy [3.1 Intake: Receiving Intake Reports](#).

3. Thoroughly evaluate the Intake Assessment to make an intake decision in accordance with policy [3.2 Intake: Making an Intake Decision](#).

i Intakes involving prenatal exposure with no allegation of child abuse shall be assessed and processed as a Special Circumstance in accordance with policy [3.18 Intake: Special Circumstance Intakes Involving Prenatal Exposure \(No Maltreatment\)](#).

Procedures

Centralized Intake Specialist

1. Complete the Intake Assessment information gathering process with the reporter as outlined in policy [3.1 Intake: Receiving Intake Reports](#). In addition, gather the following information:

Prenatal Abuse

- a. Type of substance used, the frequency of use, date/incident of last use, and if the mother is currently using.
- b. Whether the drug was prescribed or administered to the mother during labor and delivery.
- c. Medical reports/test results, including the level of the substance in the mother's and/or child's blood or urine. Is the level within normal limits of prescribed use?
- d. Did the mother self-disclose at the birth of the infant a substance or alcohol use problem and/or use during pregnancy?
- e. Behavioral description of withdrawal symptoms the infant is experiencing related to prenatal drug exposure or indications of FASD.
- f. A description of any facial abnormalities, growth deficiencies, skeletal deformities, organ deformities, or central nervous system handicaps that may accompany a diagnosis of FASD.

Substance Use/Abuse

- a. Type of substance used, the frequency of use, date/incident of last use, and if the caregiver is

currently using.

- b. What is the caregiver's plan to address the substance use, abuse or addiction including plans to ensure the child's well-being? Is there a relapse plan in place?
 - c. Has the caregiver ever experienced black outs?
 - d. Is the caregiver currently intoxicated and unable to perform basic parental duties?
 - e. Are the children present when the caregiver is using substances? Are the victim children aware of the substance abuse/use?
 - f. Are there drugs in the home? If so, where are they located and do the children have access to the drugs?
 - g. How the caregiver's use, abuse, or addiction impacts their ability to protect the child and to ensure their well-being needs.
 - h. Does the caregiver make impulsive decisions that place the children in unsafe situations due to substance abuse addiction?
 - i. How well are the children supervised? Are they left alone for extended period?
2. Input the Intake Assessment into Georgia SHINES.
 - a. Indicate the case involves substance abuse and/or prenatal drug exposure on the Person and Allegation Detail Page.
 - b. Document the justification to support the case assignment recommendation.
 3. Thoroughly evaluate all information gathered to make an intake decision in accordance with policy [3.2 Intake: Making an Intake Decision](#).

Centralized Intake Specialist Supervisor

1. Verify the information was gathered from the reporter in accordance with policy [3.1 Intake: Receiving Intake Reports](#), including gathering specific information on substance abuse and/or prenatal abuse.
2. Thoroughly evaluate all information gathered and make an intake approval decision in accordance with policy [3.2 Intake: Making an Intake Decision](#).

Practice Guidance

Caregiver Substance and/or Alcohol Use or Abuse

Substance use or abuse may lead to multiple challenges for parents and their children. It can negatively affect the ways in which parents interact with and care for their children, which can increase the risk of maltreatment. Parental substance use or abuse may lead to difficulty with emotion regulation and decreased parental involvement and supervision. These negative parenting behaviors also place children at risk for medical and behavioral issues, serious injuries, and educational problems. For children in foster care, the parent's use of illicit drugs has a significant negative impact on the length of time to permanency.

Prenatal Abuse

The Child Abuse Prevention and Treatment Act (CAPTA) includes provisions to address infants prenatally exposed to substances, requiring states to implement a Plan of Safe Care to address the infant's well-being needs once identified as affected. In 2016, the Comprehensive Addiction and Recovery Act (CARA) was signed into law reframing how states deal with prenatal exposure to substances. CARA requires infants exposed to any type of drug (legal or illegal) are assessed and provided services through a Plan of Safe Care.

Affected

An infant "affected" by prenatal exposure to substance use means:

1. The infant is experiencing symptoms of withdrawal, or exhibiting harmful effects in his/her physical appearance or functioning due to exposure to substances (legal or illegal); or
2. The infant has tested positive for the presence of a substance or a metabolite thereof in his/her body, blood, urine or meconium; or
3. The infant has symptoms of a Fetal Alcohol Spectrum Disorder; or
4. The mother testing positive for illegal substances at the birth of the infant; or
5. The mother testing positive for prescription drugs due to misuse at the birth of the infant; or
6. The mother self-disclosed at the birth of the infant a substance or alcohol use problem and use during pregnancy.

Controlled Substance

A controlled substance is generally a drug or chemical whose manufacture, possession, or use is regulated by a government (federal or state law). This may include illegal drugs and prescription medications.

Current Use of Drugs

Current drug use means the illegal use of drugs occurred recently enough to justify a reasonable belief that a person's drug use is current. Examples of current use include a positive drug screen or a newborn exhibiting withdrawal symptoms from the unlawful use of a controlled substance.

Fetal Alcohol Syndrome Disorder (FASD)

FASD diagnostic conditions include:

- Type I: Fetal Alcohol Syndrome with confirmed maternal exposure.
- Type II: FAS without confirmed maternal exposure.
- Type III: Alcohol-related birth defects (ARBD).
- Type IV: Alcohol-related neurodevelopmental disorder (ARND).


Symptoms of FASD can include facial abnormalities, growth deficiencies, skeletal deformities, organ deformities, central nervous system handicaps, and behavioral problems. These symptoms can have lifelong implications for children who were exposed to alcohol in the womb; however, some

children with FASD who receive special education and adequate social services are more likely to reach their developmental and educational potential than those who do not receive those services.

Forms and Tools

N/A

3.5 Intakes Involving Infants Born Alive

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(3) Intake		
	Policy Title:	Intakes Involving Infants Born Alive		
	Policy Number:	3.5	Previous Policy Number(s):	4.1
	Effective Date:	August 2016	Manual Transmittal:	2016-08

Codes/References

Child Abuse and Prevention Treatment Act (CAPTA) and the Born-Alive Infants Protection Act of 2002

Requirements

The Division of Family and Children Services (DFCS) will receive intake reports of alleged child maltreatment involving infants that are born alive in which there is suspected medical neglect, including the withholding of medically indicated treatment from disabled infants with life threatening conditions.

Procedures

CPS Intake Communications Center Social Services Case Manager

1. Complete the Intake Assessment information gathering process with the reporter as outlined in policy [3.1 Intake: Receiving Intake Reports](#).
2. In addition to the areas of family functioning, collect the following information when the intake report involves an infant that is born alive in which there is suspected medical neglect, including the withholding of medically indicated treatment from disabled infants with life threatening conditions:
 - a. What is the specific disability diagnosis of the infant?
 - b. How the diagnosis impacts the infant’s prognosis?
 - c. Description of the medically indicated treatment needed for the infant?
 - d. A description of the caregiver’s reason for withholding medically indicated treatment.
 - e. How quickly the medically indicated treatment needs to be initiated?

- f. Has the treating physician taken custody of the infant based on O.C.G.A. §15-11-131 Temporary Protective Custody by Physician Without Court Order (Terrell Peterson Act)? If so, also see policy [3.23 Intake:Special Circumstance Intakes Involving Temporary Protective Custody of a Child by Physician](#).
 - g. What coordination of efforts is needed between DFCS and the medical provider?
3. Screen case participants according to policy [19.9 Case Management: Safety Screenings](#).
 4. Assess all information gathered to make an intake decision according to policy [3.2 Intake: Make an Intake Decision](#).

Social Services Supervisor

1. Evaluate and make an approval decision on the Intake Assessment as outlined in policy [3.2 Intake: Make an Intake Decision](#).
2. Stage progress the Intake Assessment to the Initial Safety Assessment stage in Georgia SHINES.
3. Assign to the County Department designee's workload.

Practice Guidance

The CAPTA and the Born-Alive Infants Protection Act of 2002 requires that child welfare agencies respond to reports of medical neglect including the withholding of medically indicated treatment from disabled infants with life-threatening conditions, and applies to born-alive infants. The Act requires the following:

1. Coordination and consultation with individuals designated by and within healthcare facilities with regard to responding to medical neglect.
2. Prompt notification to CPS by the individuals designated within healthcare facilities of cases of suspected medical neglect.
3. At a minimum, DFCS will pursue any legal remedies as may be necessary to provide medical care or treatment for a child when such care or treatment is necessary to prevent or remedy serious harm to the child.


The Act gives DFCS the authority to pursue any legal remedies that may be necessary to prevent the withholding of medically indicated treatment from disabled infants with life threatening conditions.

Born-alive means the complete expulsion or extraction, at any stage of development, of a member of the homo-sapiens species from his or her mother who regardless of whether the umbilical cord has been cut, or whether the expulsion or extraction occurs as a result of natural or induced labor, cesarean section or induced abortion after such expulsion or extraction, possesses life.

Forms and Tools

N/A

3.6 Intakes Involving Family Violence, Domestic Violence or Intimate Partner Violence

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(3) Intake		
	Policy Title:	Intakes Involving Family Violence, Domestic Violence or Intimate Partner Violence		
	Policy Number:	3.6	Previous Policy Number(s):	3.8, 4.1
	Effective Date:	July 2024	Manual Transmittal:	2024-06

Codes/References

O.C.G.A. § 19-13-1 Family violence defined

O.C.G.A. § 19-13A-1 Definitions

Requirements

The Division of Family and Children Services (DFCS) will receive intake reports of alleged child maltreatment involving acts of family violence, domestic violence (DV) or intimate partner violence (IPV). This includes acts of violence in the presence of a child and may include information related to one or more incidents of violence or a pattern of assault or coercive behaviors.

Procedures

CPS Intake Communications Center Centralized Intake Specialist

1. Complete the Intake Assessment information gathering process with the reporter as outlined in policy [3.1 Intake: Receiving Intake Reports](#).
2. In addition to the areas of family functioning, collect the following information when the intake report indicates family violence, domestic violence and/or intimate partner violence:
 - a. Has the violence changed or increased over time?
 - b. How often does violence occur?
 - c. What are any recent injuries or accidents?
 - d. If police were involved, what happened?
 - e. Describe the children's behavior during the violence and how the children are affected emotionally, behaviorally or physically.
 - f. Where are the children when the violence occurs?
 - g. Were there any threats to hurt or kill the family members or pets?
 - h. Describe any weapons used to threaten or harm someone in the family.
 - i. Describe the circumstances if a family member has been stalked or taken hostage.
 - j. Describe the circumstances if the alleged maltreater threatened to leave with the children.

- k. Describe the family members' substance abuse, substance use or addiction.
 - l. Describe the effects the violence has on the children.
 - m. How are the children being protected now? Who is protecting the children?
 - n. Describe contacts the alleged adult victim has with family or community members.
 - o. What assistance has the adult victim tried to access?
 - p. Describe any assistance that has been provided by individuals or service providers.
 - q. Are there other sources of information on the alleged maltreater such as:
 - i. Police reports;
 - ii. Temporary Protective Orders;
 - iii. Restraining Orders and Stalking Order filings;
 - iv. Temporary Protective Orders;
 - v. Previous Child Protective Services allegations; or
 - vi. Probation and/or Parole involvement
3. Refer to the Intimate Partner Violence (Domestic Violence) Guidelines and Protocol Intake Section for additional guidelines for intake reports involving these case types.
 4. Screen case participants according to policy [19.9 Case Management: Safety Screenings](#).
 5. Assess all information gathered to make an intake decision according to policy [3.2 Intake: Make an Intake Decision](#).

Centralized Intake Specialist Supervisor

1. Evaluate and make an approval decision on the Intake Assessment as outlined in policy [3.2 Intake: Make an Intake Decision](#).
2. Stage progress the Intake Assessment to the Initial Safety Assessment stage in Georgia SHINES.
3. Assign to the County Department.

Practice Guidance


Family violence means an act between past or present spouses, persons who are parents of the same child, parents and children, stepparents and stepchildren, foster parents and foster children or other persons living or formerly living in the same household in the presence of a child. An act includes a single act, multiple acts, or a continuing course of conduct. Presence means physically present or able to see or hear. The term family violence shall not be deemed to include reasonable discipline administered by a parent to a child in the form of corporal punishment, restraint or detention.

DV/IPV means one or more incidents; or patterns of abusive behavior that adults use against their intimate partner, which are witnessed or perceived by the child. DV/IPV can occur between past or present spouses, persons who are parents of the same child, parents, and adult children, same sex relationships, dating relationships, etc.

Forms and Tools

[Intimate Partner Violence \(Domestic Violence\) Guidelines and Protocol](#)

3.7 Intakes Involving Human Trafficking

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(3) Intake		
	Policy Title:	Intakes Involving Human Trafficking		
	Policy Number:	3.7	Previous Policy Number(s):	3.9
	Effective Date:	January 2022	Manual Transmittal:	2022-01

Codes/References

O.C.G.A. § 16-5-46 Trafficking of Persons for Labor or Sexual Servitude

O.C.G.A. § 16-12-100 Sexual Exploitation of Children; Reporting Violation; Forfeiture; Penalties

O.C.G.A. § 19-7-5 Reporting of Child Abuse

Title IV-E of the Social Security Act §§ 471(a)(9)(C) and 475(9)(10)(11)(12)

Public Law 113-183 Preventing Sex Trafficking and Strengthening Families Act of 2014

Requirements

The Division of Family and Children Services (DFCS) will:

1. Receive intake reports of alleged child abuse involving human trafficking - trafficking a child for:
 - a. Sexual servitude (sex trafficking); and/or
 - b. Labor servitude (labor trafficking).



This includes known or suspected child victims of human trafficking who legally reside in Georgia or are currently located in Georgia regardless of the child's legal residence.

2. Complete the Intake Assessment gathering process with the reporter as outlined in policy [3.1 Intake: Receiving Intake Reports](#).
3. Thoroughly evaluate the Intake Assessment to make an intake decision in accordance with policy [3.2 Intake: Making an Intake Decision](#).
4. *Report immediately (no later than 24 hours) to law enforcement any child or youth who the agency identifies as being a known or suspected victim of sex trafficking.*



Intake reports requesting short-term emergency care for a known or suspected child victim of human trafficking should be processed as a Special Circumstance in accordance with policy [3.22 Intake: Special Circumstance Intakes Involving Short Term Emergency Care \(Human Trafficking\)](#).

Procedures

Centralized Intake Specialist

1. Complete the Intake Assessment information gathering process with the reporter as outlined in policy [3.1 Intake: Receiving Intake Reports](#). In addition, gather the following information:
 - a. Sex trafficking
 - i. What gives the reporter reason to suspect sex trafficking?
 - ii. Does the child have a boyfriend/girlfriend around five years of age or older than the child?
 - iii. Does the child have money or expensive new belongings the child claims are gifts?
 - iv. Does the child have tattoos on his/her chest neck or arms? Description of the tattoos.
 - v. Are the child's caregivers aware of the boyfriend/girlfriend, gifts, or tattoos?
 - vi. Does the child have a history of runaway or truant behavior?
 - vii. Does the child have a history of substance abuse, sexualized behavior, changes in behavior or association with a different group of friends (possibly older)?
 - b. Labor trafficking
 - i. What gives the reporter reason to suspect labor trafficking?
 - ii. Does the child lie about their identity or are they unable to provide evidence of a legal guardian?
 - iii. Does the child live with an employer or other "employees"?
 - iv. Is the child paid little or nothing for work or services provided?
 - v. Has the child mentioned that "pay" goes toward a debt to "employer," fees for travel, or housing provided by employer?
2. Refer to the Human Trafficking Case Management Statewide Protocol for additional guidelines for intake reports involving human trafficking.
3. Assess all information gathered to make an intake decision in accordance with policy [3.2 Intake: Making an Intake Decision](#).
4. Provide notification within 24 hours of the intake report of known or suspected victims of sex trafficking to the:
 - a. Law enforcement
 - b. Care Coordination Treatment Unit (CCTU)
 - c. Children's Advocacy Centers of Georgia (CACGA)

Centralized Intake Specialist Supervisor

1. Verify the information was gathered from the reporter in accordance with policy [3.1 Intake: Receiving Intake Reports](#), including gathering specific information on human trafficking.
2. Evaluate and make an approval decision on the Intake Assessment in accordance with policy [3.2 Intake: Making an Intake Decision](#).

Practice Guidance

Human Trafficking

Human trafficking involves the exploitation of people through force, coercion, threat, and deception and includes human rights abuses such as debt bondage, deprivation of liberty, and lack of control over freedom and labor. Trafficking can be for purposes of sexual exploitation or labor exploitation.

Sex Trafficking

Sex trafficking or commercial sexual exploitation of children (CSEC) is defined as the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a child for the purpose of a commercial sex act. Severe forms of trafficking in persons means sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age. This intake type includes allegations of a prostituted minor.

A person commits the offense of trafficking an individual for sexual servitude when that person knowingly:

1. Subjects an individual to or maintains an individual in sexual servitude;
2. Recruits, entices, harbors, transports, provides, solicits, patronizes, or obtains by any means an individual for the purpose of sexual servitude; or
3. Benefits financially or by receiving anything of value from the sexual servitude of another.

Sexual servitude means any sexually explicit conduct or performance involving sexually explicit conduct for which anything of value is directly or indirectly given, promised to, or received by any individual, which conduct is induced or obtained:

1. By coercion or deception;
2. From an individual who is under the age of 18 years;
3. From an individual whom the accused believes to be under the age of 18 years;
4. From an individual who has a developmental disability; or
5. From an individual whom the accused believes to have a developmental disability.

Victims of sex trafficking/sexual servitude may have suffered significant psychological, physical and sexual abuse and may exhibit anxiety, depression, and post-traumatic stress syndrome. Many victims of sex trafficking do not see themselves as victims and will make efforts to protect their abuser. In situations where the child's caregiver has not been identified as the maltreater, DFCS must engage the reporter in obtaining information regarding caregiver protective capacity and what efforts have been made to protect the vulnerable child.

Labor Trafficking

Federal defines a "severe form of [labor] trafficking in persons" as the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force,

fraud, or coercion in order to subject that person to involuntary servitude, peonage, debt bondage or slavery.


Georgia law states a person commits the offense of trafficking a person for labor servitude when that person knowingly subjects another person to or maintains another person in labor servitude or knowingly recruits, entices, harbors, transports, provides, or obtains by any means another person for the purpose of labor servitude.

Georgia defines labor servitude as work or service of economic or financial value which is performed or provided by another individual and is induced or obtained by coercion or deception. Types of labor exploitation include domestic servitude, restaurant work, janitorial work, sweatshop factory work, and migrant agricultural work.

Forms and Tools

[Human Trafficking Case Management Statewide Protocol](#)

3.8 Intakes Involving Unaccompanied Homeless Youth

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(3) Intake		
	Policy Title:	Intakes Involving Unaccompanied Homeless Youth		
	Policy Number:	3.8	Previous Policy Number(s):	3.10, 4.1, 4.3
	Effective Date:	December 2021	Manual Transmittal:	2021-06

Codes/References

McKinney-Vento Homeless Assistance Act of 2002, Section 106 (b)(2)(F)

Requirements

The Division of Family and Children Services (DFCS) will:

1. Receive intake reports of alleged child maltreatment involving unaccompanied homeless youth.
2. Screen-in and assign to Initial Safety Assessment (ISA) an Intake Assessment that identifies the youth to be an unaccompanied homeless youth.
3. When it is determined that the allegations in the IA involving a homeless youth does not rise to the level of maltreatment, screen-out and refer to the appropriate services including the public school system's McKinney-Vento liaison in order to ensure the youth's educational needs are assessed and addressed.

Procedures

CPS Intake Communications Center Social Services Case Manager

1. Receive the intake report as indicated in section [3.1 Intake: Receiving Intake Reports](#).
2. In addition to the areas of family functioning, collect the following information when the intake report involves an unaccompanied homeless youth:
 - a. What is the reason for the homelessness?
 - b. Does the youth have access to parental care and supervision?
 - c. Location of caregiver(s) and attempts to engage caregiver(s) in their parental responsibilities.
 - d. Youth's current access to services including health care and education.
 - e. Who are other persons that may be providing support to the youth?
 - f. How long has the youth been without parental care and supervision?
 - g. Have the caregivers been engaged looking for the child?
 - h. Does the youth have any emotional, psychological/psychiatric, or cognitive limitations?
 - i. Does the youth have a history of trauma that has impacted family relationships?
 - j. Are there any substance abuse issues involving the youth?
3. Screen case participants according to policy [19.9 Case Management: Safety Screenings](#).
4. Assess all information gathered to make an intake decision according to policy [3.2 Intake: Make an Intake Decision](#). Screen in and assign to the Initial Safety Assessment when the IA determines:
 - a. The youth to be unaccompanied homeless; or
 - b. A youth has been identified as homeless and is determined not to be unaccompanied (has appropriate care and supervision) and allegations meet DFCS policy requirements concerning child abuse and/or neglect and no present danger situation or Impending Danger safety threats are indicated.
5. Recommend the Intake Assessment for screen-out and refer when it is determined the youth has appropriate parental care and supervision and the allegations does not rise to the level of maltreatment. Refer to the appropriate services including the public school system's McKinney-Vento liaison in order to ensure the youth's educational needs are assessed and addressed (see policy [19.17 Case Management: Service Provision](#)).

Social Services Supervisor

1. Evaluate and make an approval decision on the Intake Assessment as outlined in policy [3.2 Intake: Make an Intake Decision](#).
2. Stage progress the Intake Assessment to the ISA stage in Georgia SHINES.
3. Assign to the County Department.

Practice Guidance

Unaccompanied homeless youth Includes youth not living in the physical custody of his/her parent or guardian and who lacks a fixed, regular, and adequate nighttime residence. This includes youth

awaiting foster care placement who meets the requirements of McKinney-Vento. Unaccompanied homeless youth often face unique barriers to enrolling and succeeding in school. Without a caregiver to advocate for them and exercise parental rights, they are sometimes denied enrollment and remain out of school for extended periods of time. Unaccompanied youth may not understand their educational rights or know how to acquire this information.

According to McKinney-Vento the term homeless children and youths means individuals who lack a fixed, regular, and adequate nighttime residence and includes:

1. Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement.
2. Children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.
3. Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.
4. Migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in (1) through (3) above.

The McKinney-Vento Homeless Assistance Act^[2] section 106 (b)(2)(F) ensures educational rights and protections for homeless children that includes school stability and transportation. The Child Abuse Prevention and Treatment Act (CAPTA) require that the needs of homeless children be addressed. Unaccompanied youth have the same rights as other students experiencing homelessness. They specifically have the right to:


1. Remain in their school of origin to the extent feasible.
2. Transportation to and from the school of origin.
3. Immediately enroll in a new school serving the area in which they are currently living even if they don't have typically required documents.
4. Equal access to programs and services such as gifted and talented education, special education, vocational education.

When a child is eligible for school stability and transportation under the McKinney- Vento Homeless Act of 2002, County Department staff will contact the DFCS Educational Programming, Assessment and Consultation Unit (EPAC) at EPAC@dhs.ga.gov (see policy [3.2 Intake: Making an Intake Decision](#)).

Forms and Tools

N/A

3.9 Intakes Involving DFCS or Child Placement Agency Foster or Adoptive Homes

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(3) Intakes		
	Policy Title:	Intakes Involving DFCS or Child Placement Agency Foster or Adoptive Homes		
	Policy Number:	3.9	Previous Policy Number(s):	3.3, 3.13
	Effective Date:	December 2021	Manual Transmittal:	2021-06

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Receive Special Investigations involving:
 - a. Children in DFCS custody
 - b. DFCS Foster or Adoptive Homes
 - c. Child Placing Agency (CPA) Foster or Adoptive Homes
2. Complete the Intake Assessment information gathering process with the reporter.
3. Screen in Special Investigations Intake Assessments that meet the Georgia statute and DFCS policy requirements for child abuse to ensure child safety and wellbeing, and accept and assign for response within the following timeframes:
 - a. **Immediate:** A present danger situation is indicated.
 - b. **24 hours:** An impending danger safety threat or child abuse (maltreatment) is indicated.

i These reports shall not be assigned to the Initial Safety Assessment track.
4. Screen-out Special Investigations Intake Assessments involving a DFCS or CPA foster or adoptive home that do not meet Georgia statute and DFCS policy requirements for child abuse.
5. Notify the legal and boarding (if applicable) County Director(s) and the CPS Intake Communication Center (CICC) Point of Contact(s) (POC) within two hours of the Intake Assessment screen-out disposition, when it involves a child in DFCS custody.

i The County Department shall conduct a face-to-face purposeful contact with the child and their caregiver(s) to confirm child safety within 24 hours of being notified of the screen-out intake assessment involving a child in DFCS custody in accordance with policy [10.18 Foster Care: Purposeful Contacts in Foster Care](#).
6. Receive Intake Reports only alleging a policy violation(s) by the following placement resources:
 - a. DFCS foster or adoptive homes
 - b. CPA foster or adoptive homes

7. Notify the Office of Provider Management (OPM) of Intake Reports involving CPA foster or adoptive homes, regardless of the Intake Assessment disposition.



The County Department CICC POC will notify the Resource Development (RD) Social Services Case Manager (SSCM) and Social Services Supervisor (SSS) when the Policy Violation Assessment involves a DFCS foster or adoptive home. All involved parties will also receive an alert in Georgia SHINES.

8. When the Intake Report involves a Child Death/Near Fatality/Serious Injury (CDNFSI), also adhere to policy [3.13 Intake: Intakes Involving Child Death, Near Fatality, or Serious Injury](#).

Procedures

CPS Intake Communications Center Social Services Case Manager

1. Complete the Intake Assessment information gathering process with the reporter in accordance with policy [3.1 Intake: Receiving Intake Reports](#).
2. Thoroughly evaluate all information gathered to make an intake decision in accordance with policy [3.2 Intake: Making an Intake Decision](#).
3. Input the Intake Assessment in Georgia SHINES using the guidelines outlined in Maltreatment in Care Georgia SHINES Job Aid:
 - a. Classify the intake report as a Special Investigation: Maltreatment in Care (MIC) when the intake report involves a child in the custody of DFCS. See Practice Guidance: [Special Investigations – Maltreatment in Care \(MIC\)](#).
 - b. Classify the intake report as a Special Investigation: Maltreatment Not in Care, when the intake report does not include a child in DFCS custody.
4. Screen-in all Special Investigations Intake Assessments that meet the Georgia statute and DFCS policy requirements for child abuse and accept and assign for response within the following timeframes:
 - a. **Immediate:** When a present danger situation is indicated.
 - b. **24 hours:** When an impending danger safety threat or child abuse (maltreatment) is indicated.
5. Screen-out Special Investigations Intake Assessments that do not meet Georgia statute and DFCS policy requirements for child abuse.
6. Notify the legal and boarding (if applicable) County Director(s) and CICC Point of Contact(s) (POC) via email within two hours of the Intake Assessment screen-out disposition, when the Screen-out Intake Assessments involve a child in DFCS custody. Document in the Intake Assessment the notification to the County Director(s) and CICC POC(s).
7. Send the Special Investigations Intake Report (the Notification to Law Enforcement Agency of Abuse Neglect Report) involving a CPA foster or adoptive home to OPM, regardless of the Intake Assessment disposition and document the notification in the Intake Assessment (see Practice Guidance: [Oversight Authority](#)).


The CICC SSS will:

1. Thoroughly evaluate all information gathered to make an intake decision in accordance with policy [3.2 Intake: Make an Intake Decision](#).
2. Staff the Intake Assessment with the CICC SSCM in accordance with policy [19.6 Case Management: Supervisor Staffing](#).
3. Review and approve the Special Investigation Intake Assessment in Georgia SHINES using the guidelines outlined in Maltreatment in Care Georgia SHINES Job Aid:
 - a. Verify maltreatment in care exist; and
 - b. Verify the Intake Assessment is classified as a Special Investigation.
4. When the screen-out Intake Assessment involves a child in the custody of DFCS ensure email notification is provided to legal and boarding (if applicable) County Director(s) and CICC POC(s) within two hours of the screen-out Intake Assessment disposition and the notification is documented in the Intake Assessment.
5. Ensure the oversight authority (if applicable) is notified of the Intake Report using the Notification to Law Enforcement Agency of Abuse Neglect Report and the notification is documented in the Intake Assessment (see Practice Guidance: [Oversight Authority](#)).

Policy Violations

The CICC SSCM will:

1. Complete the Intake Assessment information gathering process with the reporter in accordance with policy [3.1 Intake: Receiving Intake Reports](#).
2. Assess all information gathered to make an intake decision in accordance with policy [3.2 Intake: Making an Intake Decision](#).
3. Accept as a Policy Violation Assessment, when the allegations do not meet Georgia statute and DFCS policy requirements for child abuse, but there is an indication of a policy violation by a DFCS or CPA foster or adoptive parent.
4. Notify the following via email of the Policy Violation Assessment:
 - a. The legal and boarding (if applicable) County Director(s);
 - b. The legal and boarding (if applicable) CICC POC(s); and
 - c. OPM (oversight authority) when it involves a CPA foster or adoptive home.



Notify OPM using the Notification to Law Enforcement Agency of Abuse Neglect Report.
5. Document in the Intake Assessment the notification of the Policy Violation Assessment to the County Department and the oversight authority (if applicable).
6. Submit the Policy Violation Assessment to the CICC SSS in Georgia SHINES for approval.

The CICC SSS will:

1. Assess all information gathered to make an intake decision in accordance to policy [3.2 Intake: Making an Intake Decision](#).
2. Confirm there is an indication of a policy violation and the allegations do not meet Georgia

statute and DFCS policy requirements for child abuse.

3. Review and make an approval decision on the Intake Assessment as a Policy Violation Assessment in Georgia SHINES.
4. Ensure the following notifications occur upon acceptance of a Policy Violation Assessment and it is documented in the Intake Assessment:
 - a. The legal and boarding (if applicable) County Director(s) and CICC POC(s) via email; and
 - b. OPM (oversight authority) using the Notification to Law Enforcement Agency of Abuse Neglect Report, when the Intake Assessment involves a CPA foster or adoptive home.

Practice Guidance

Children in DFCS Custody

Children in the legal temporary or permanent custody of DFCS.

DFCS Foster or Adoptive Homes

DFCS foster homes provides temporary care for children in foster care. Similarly, DFCS adoptive homes provide care for children in foster care, however, the adoptive parents have formally committed to adopting the child(ren) in their home. In addition, DFCS kinship foster homes or kinship adoptive homes, share the same corresponding responsibilities and requirements though the caregivers are kin to the children placed in their home. DFCS County Departments through Regional Resource Development are responsible for evaluating, approving and monitoring DFCS foster or adoptive homes.

Child Placing Agency (CPA) Foster or Adoptive Homes

CPA foster homes provides temporary care for children in foster care. Similarly, CPA adoptive homes provide care for children in foster care, however, the adoptive parents have formally committed to adopting the children in their home. CPA foster and adoptive homes are evaluated, approved and administered by a CPA. A CPA is any institution, society, agency, or facility which places children in foster homes for temporary care or in prospective adoptive homes for adoption. Office of Provider Management (OPM) and Residential Child Care Licensing (RCCL) are the oversight authorities for CPA foster or adoptive homes.

Special Investigations – Maltreatment in Care (MIC)

When intake reports are received alleging a child in DFCS custody has been abused, regardless of who has been alleged as the maltreater the intake report must be classified as MIC in Georgia SHINES. Alternatively, when intake reports are received alleging a child in DFCS custody was abused prior to the child entering DFCS custody, the intake report is coded as a Special Investigation-Not Maltreatment in Care.

The relationship of the alleged maltreater may be different from the relationship selected on the Georgia SHINES Allegation Detail page and what is identified on the Person Detail page of the alleged maltreater. For example, the child may be in the foster care kinship placement of his aunt. On the aunt's Person Detail page, the relationship is primary caregiver; however, if the aunt is the alleged maltreater, the aunt will be identified on the Allegation Detail page as the kin caregiver, not

the aunt.

Special Investigations – Case Name

For the protection of individual rights and ensuring confidentiality, case names are based on the placement type or setting and not the alleged maltreater or role of the alleged maltreater to the child.

SPECIAL INVESTIGATIONS – CASE NAME DESCRIPTORS	
DFCS Foster or Adoptive Home	<ul style="list-style-type: none">• When the alleged victim child is in DFCS custody: Place in the name of the DFCS foster or adoptive parent.• When the alleged victim child is in the custody of the DFCS foster or adoptive parent: Place in the name of the DFCS foster or adoptive parent.
CPA Foster or Adoptive Home	<ul style="list-style-type: none">• When the alleged victim child is in DFCS custody: Place in the name of the CPA foster or adoptive parent.• When the alleged victim child is in the custody of the CPA foster or adoptive parent: Place in the name of the CPA foster or adoptive parent.
NOTES	
<ul style="list-style-type: none">• Trial Home Visit: Place in the name of the parent/guardian/legal custodian from whom the child was removed.	

Special Investigations Across County Lines

When an intake report involves a DFCS or CPA foster or adoptive home the case will be assigned to the county where the home is located. The assigned county will coordinate case management activities with the legal county.

Policy Violations

Policy Violations are actions performed by a DFCS agent that may breach any DFCS policy and/or RBWO Minimum Standards, but do not constitute child abuse. For additional information on policy violations see policy [14.22 Resource Development: Policy Violations](#).

Oversight Authority

Office of Provider Management (OPM)

The OPM contracts with and monitors Child Caring Institutions (CCI) and CPA provision of RBWO services. OPM employs various data, on-site, records review and collateral report mechanisms to monitor provider's adherence to RBWO Minimum Standards and contractual obligations which direct performance expectations regarding the safety, permanency and well-being of children. The foundational objective of OPM is to ensure that children placed in RBWO care are safe from abuse. OPM also provides training and technical assistance to providers to support their ability to meet quality of care and performance expectations. Send notifications of the Intake Report to OPM at opmreports@dhs.ga.gov.

Residential Child Care Licensing (RCCL)


The RCCL unit inspects, monitors, licenses, and registers a variety of childcare facilities. The purpose of our work is to ensure that facilities and programs operate at acceptable levels, as mandated

by State Statutes and by rules and regulations adopted by the Department of Human Services (DHS) Board of Human Services. Facilities requiring a license from RCCL include Child Caring Institutions, Child Placing Agencies, Outdoor Child Caring Programs, Children’s Transition Care Centers and Maternity Homes. Send notifications of the intake report to RCCL at RCCREPORTS@dhs.ga.gov or 404-657-9651.

Forms and Tools

N/A

3.10 Intakes Involving Foster Care Kinship Placements

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(3) Intakes		
	Policy Title:	Intakes Involving Foster Care Kinship Placements		
	Policy Number:	3.10	Previous Policy Number(s):	3.3, 3.14
	Effective Date:	December 2021	Manual Transmittal:	2021-06

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Receive Special Investigations involving:
 - a. Children in DFCS custody
 - b. Foster Care Kinship Placements
2. Complete the Intake Assessment information gathering process with the reporter.
3. Screen in Special Investigations Intake Assessments that meet the Georgia statute and DFCS policy requirements for child abuse to ensure child safety and wellbeing, and accept and assign for response within the following timeframes:
 - a. **Immediate:** A present danger situation is indicated.
 - b. **24 hours:** An impending danger safety threat or child abuse (maltreatment) is indicated.



These reports shall not be assigned to the Initial Safety Assessment track.

4. Screen-out Special Investigations Intake Assessments that do not meet Georgia statute and DFCS policy requirements for child abuse.
5. Notify the legal and boarding (if applicable) County Director(s) and the CPS Intake Communication Center (CICC) Point of Contact(s) (POC) within two hours of the Intake Assessment screen-out disposition, when it involves a child in DFCS custody.



The County Department shall conduct a face-to-face purposeful contact with the child and their caregiver(s) to confirm child safety within 24 hours of being notified of the screen-out intake assessment involving a child in DFCS custody in accordance with policy [10.18 Foster Care: Purposeful Contacts in Foster Care](#).

6. Receive Intake Reports only alleging a policy violation(s) by Foster Care Kinship Caregivers.
7. When the Intake Report involves a Child Death/Near Fatality/Serious Injury (CDNFSI) also adhere to policy [3.13 Intake: Intakes Involving a Child Death, Near Fatality or Serious Injury](#).

Procedures

CPS Intake Communications Center Social Services Case Manager

1. Complete the Intake Assessment information gathering process with the reporter in accordance with policy [3.1 Intake: Receiving Intake Reports](#).
2. Thoroughly evaluate all information gathered to make an intake decision in accordance with policy [3.2 Intake: Making an Intake Decision](#).
3. Input the Intake Assessment in Georgia SHINES using the guidelines outlined in Maltreatment in Care Georgia SHINES Job Aid:
 - a. Classify the intake report as a Special Investigation: Maltreatment in Care (MIC) when the intake report involves a child in the custody of DFCS. See Practice Guidance: [Special Investigations – Maltreatment in Care \(MIC\)](#).
 - b. Classify the intake report as a Special Investigation: Maltreatment Not in Care, when the intake report does not include a child in DFCS custody.
4. Screen-in all Special Investigations Intake Assessments that meet the Georgia statute and DFCS policy requirements for child abuse and accept and assign for response within the following timeframes:
 - a. **Immediate:** When a present danger situation is indicated.
 - b. **24 hours:** When an impending danger safety threat or child abuse (maltreatment) is indicated.
5. Screen-out Special Investigations Intake Assessments involving a foster care kinship caregiver(s) that do not meet Georgia statute and DFCS policy requirements for child abuse.
6. Notify the legal and boarding (if applicable) County Director(s) and CICC POC(s) via email within two hours of the Intake Assessment screen-out disposition, when the Screen-out Intake Assessment involve a child in DFCS custody. Document in the Intake Assessment the notification to the County Director(s) and the CICC POC(s).

CPS Intake Communications Center Social Services Supervisor

1. Thoroughly evaluate all information gathered to make an intake decision in accordance with policy [3.2 Intake: Making an Intake Decision](#).
2. Staff the Intake Assessment with the CICC SSCM in accordance with policy [19.6 Case Management: Supervisor Staffing](#).
3. Review and approve the Special Investigation Intake Assessment in Georgia SHINES using the

guidelines outlined in Maltreatment in Care Georgia SHINES Job Aid:

- a. Verify maltreatment in care exist; and
 - b. Verify the Intake Assessment is classified as a Special Investigation.
4. When the screen-out Intake Assessment involves a child in the custody of DFCS ensure email notification is provided to legal and boarding (if applicable) County Director(s) and CICC POC(s) within two hours of the screen-out Intake Assessment disposition and the notification is documented in the Intake Assessment.

Policy Violation Assessment

The CICC SSCM will:

1. Complete the Intake Assessment information gathering process with the reporter in accordance with policy [3.1 Intake: Receiving Intake Reports](#).
2. Assess all information gathered to make an intake decision in accordance with policy [3.2 Intake: Making an Intake Decision](#).
3. Accept as a Policy Violation Assessment, when the allegations do not that meet Georgia statute and DFCS policy requirements for child abuse, but there is an indication of a policy violation by a foster care kinship caregiver:
4. Notify the following via email of the Policy Violation Assessment:
 - a. The legal and boarding (if applicable) County Director(s); and
 - b. The legal and boarding (if applicable) CICC POC(s);



The CICC POC will notify the Permanency SSCM and SSS when Policy Violation Assessment involves a foster care kinship placement. All involved parties will also receive an alert in Georgia SHINES.

5. Document in the Intake Assessment the notification of Policy Violation Assessment to the County Department.
6. Submit the Policy Violation Assessment to the CICC SSS in Georgia SHINES for approval.

The CICC SSS will:

1. Assess all information gathered to make an intake decision in accordance with policy [3.2 Intake: Making an Intake Decision](#).
2. Confirm there is an indication of a policy violation, and the allegations do not meet Georgia statute and DFCS policy requirements for child abuse.
3. Review and make an approval decision on the Intake Assessment as a Policy Violation Assessment in Georgia SHINES.
4. Ensure notification is provided to the legal and boarding (if applicable) County Director(s) and CICC POC(s) upon acceptance of a Policy Violation Assessment.

Practice Guidance

Children in DFCS Custody

Children in the legal temporary or permanent custody of DFCS.

Foster Care Kinship Placements

Kinship Foster Care Placements provides temporary care for children in foster care of whom the caregivers are kin (relative or fictive kin). DFCS County Departments are responsible for evaluating, approving and monitoring kinship foster care placements.

Special Investigations – Maltreatment in Care (MIC)

When intake reports are received alleging a child in DFCS custody has been abused, regardless of who has been alleged as the maltreater the intake report must be classified as MIC in Georgia SHINES. Alternatively, when intake reports are received alleging a child in DFCS custody was abused prior to the child entering DFCS custody, the intake report is coded as a Special Investigation-Not Maltreatment in Care.

The relationship of the alleged maltreater may be different from the relationship selected on the Georgia SHINES Allegation Detail page and what is identified on the Person Detail page of the alleged maltreater. For example, the child may be in the foster care kinship placement of his aunt. On the aunt’s Person Detail page, the relationship is primary caregiver; however, if the aunt is the alleged maltreater, the aunt will be identified on the Allegation Detail page as the kin caregiver, not the aunt.

Special Investigations – Case Name

For the protection of individual rights and ensuring confidentiality, case names are based on the placement type or setting and not the alleged maltreater or role of the alleged maltreater to the child.

SPECIAL INVESTIGATIONS – CASE NAME DESCRIPTORS	
Foster Care Kinship Placement	<ul style="list-style-type: none">• When the alleged victim child is in DFCS custody: Place in the name of the foster care kinship caregiver.• When the alleged victim child is in the custody of the foster care kinship caregiver: Place in the name of the foster care kinship caregiver.
NOTES	
<ul style="list-style-type: none">• Trial Home Visit: Place in the name of the parent/guardian/legal custodian from whom the child was removed.	

Special Investigations Across County Lines

When an intake report involves a foster care kinship placement the case will be assigned to the county where the home is located. The assigned county will coordinate case management activities with the legal county.


Policy Violations

Policy Violations are actions performed by a DFCS agent that may breach any DFCS policy and/or RBWO Minimum Standards, but do not constitute child abuse. For additional information on policy violations see policy [14.22 Resource Development: Policy Violations](#).

Forms and Tools

N/A

3.11 Intakes Involving Residential and Non-Residential Facilities

 Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(3) Intakes		
Policy Title:	Intakes Involving Residential and Non-Residential Facilities		
Policy Number:	3.11	Previous Policy Number(s):	3.3, 3.15
Effective Date:	July 2024	Manual Transmittal:	2024-06

Codes/References

O.C.G.A. § 15-11-2 Definitions

O.C.G.A. § 49-5-3 Definitions

Requirements

The Division of Family and Children Services (DFCS) will:

1. Receive Special Investigations involving:
 - a. Children in DFCS custody
 - b. Non-Residential Facilities: Child Care Learning Centers, Day Camps, Family Child Care Learning Homes
 - c. Residential Facilities: Child Caring Institutions (CCI), Runaway and Homeless Youth Programs (RHYP), Youth Detention Centers (YDC), or Regional Youth Detention Centers (RYDC)
2. Complete the Intake Assessment information gathering process with the reporter.
3. Screen in Special Investigations Intake Assessments that meet the Georgia statute and DFCS policy requirements for child abuse to ensure child safety and wellbeing, and accept and assign for response within the following timeframes:
 - a. **Immediate:** When a present danger situation is indicated.
 - b. **24 hours:** When an impending danger safety threat or child abuse (maltreatment) is indicated.

i These reports shall not be assigned to the Initial Safety Assessment track.

4. Screen-out Special Investigations Intake Assessments that do not meet Georgia statute and DFCS policy requirements for child abuse.
5. Notify the legal and boarding (if applicable) County Director(s) and CPS Intake Communication Center (CICC) Point of Contact(s) (POC) within two hours of the Intake Assessment screen-out disposition when it involves a child in DFCS custody.

i The County Department shall conduct a face-to-face purposeful contact with the child in DFCS custody and caregiver(s) to confirm child safety within 24 hours of being notified of the screen-out intake assessment involving a child in DFCS custody in accordance with policy [10.18 Foster Care: Purposeful Contacts in Foster Care](#).

6. Notify the oversight authority of Intake Reports involving a residential facility, non-residential facility or ILP placement, regardless of the Intake Assessment disposition.
7. Receive Intake Reports only alleging a policy violation(s) by the following placement resources:
 - a. Child Care Institutions (CCI): Children’s Transition Care Centers (CTCC), Maternity Homes/Parenting Support Programs, Outdoor Child Caring Programs (OCCP), Commercial Sexual Exploitation Recovery Center
 - b. Independent Living Program (ILP) Placements
8. When the Intake Report involves a Child Death/Near Fatality/Serious Injury (CDNFSI), also adhere to policy [3.13 Intake: Intakes Involving Child Death, Near Fatality or Serious Injury](#).

Procedures

Centralized Intake Specialist

1. Complete the Intake Assessment information gathering process with the reporter in accordance with policy [3.1 Intake: Receiving Intake Reports](#).
2. Thoroughly evaluate all information gathered to make an intake decision in accordance with policy [3.2 Intake: Making an Intake Decision](#).
3. Input the Intake Assessment in Georgia SHINES using the guidelines outlined in Maltreatment in Care Georgia SHINES Job Aid:
 - a. Classify the intake report as Special Investigation: Maltreatment in Care (MIC) when the intake report involves a child in the custody of DFCS. See Practice Guidance: [Special Investigations – Maltreatment in Care \(MIC\)](#).
 - b. Classify the intake report as a Special Investigation: Maltreatment Not in Care, when the intake report does not include a child in DFCS custody and involves:
 - i. Non-Residential Facilities
 - ii. Residential Facilities
4. Screen-in all Special Investigations Intake Assessments that meet the Georgia statute and DFCS policy requirements for child abuse and accept and assign for response within the following timeframes:
 - a. **Immediate:** When a present danger situation is indicated.

- b. **24 hours:** When an impending danger safety threat or child abuse (maltreatment) is indicated.
5. Screen-out Special Investigations Intake Assessments that do not meet Georgia statute and DFCS policy requirements for child abuse.
6. Notify the legal and boarding (if applicable) County Director(s) and CICC POC(s) via email within two hours of the Intake Assessment screen-out disposition, when the Screen-out Intake Assessments involve a child in DFCS custody. Document in the Intake Assessment the notification to the County Director(s) and CICC POC(s).
7. Send the Special Investigations Intake Report (Notification to Law Enforcement Agency of Abuse Neglect Report) involving Residential, Non-Residential Facilities and ILP Placements to the oversight authority, regardless of the Intake Assessment disposition and document the notification in the Intake Assessment. See Practice Guidance: [Oversight Authorities](#).

Centralized Intake Specialist Supervisor

1. Thoroughly evaluate all information gathered to make an intake decision in accordance with policy [3.2 Intake: Making an Intake Decision](#).
2. Staff the Intake Assessment with the CIS in accordance with policy [19.6 Case Management: Supervisor Staffing](#).
3. Review and approve the Special Investigation Intake Assessment in Georgia SHINES using the guidelines outlined in Maltreatment in Care Georgia SHINES Job Aid:
 - a. Verify maltreatment in care exist; and
 - b. Verify the Intake Assessment is classified as a Special Investigation.
4. When the screen-out Intake Assessment involves a child in the custody of DFCS ensure email notification is provided to the legal and boarding (if applicable) County Director(s) and CICC POC(s) within two hours of the screen-out Intake Assessment disposition and the notification is documented in the Intake Assessment.
5. When a screen-out Intake Assessment involves a residential, non-residential facility or an ILP placement ensure the oversight authority is notified of the Intake Report (Notification to Law Enforcement Agency of Abuse Neglect Report) and the notification is documented in the Intake Assessment.

Policy Violation Assessment

The Centralized Intake Specialist will:

1. Complete the Intake Assessment information gathering process with the reporter in accordance with policy [3.1 Intake: Receiving Intake Reports](#).
2. Assess all information gathered to make an intake decision in accordance with policy [3.2 Intake: Make an Intake Decision](#).
3. Accept as a Policy Violation Assessment, when the allegations do not meet Georgia statute and DFCS policy requirements for child abuse, but there is an indication of a policy violation by a residential, non-residential facility or ILP Placement.
4. Notify the following via email of the Policy Violation Assessment:

- a. The legal and boarding (if applicable) County Director(s);
- b. The legal and boarding (if applicable) CICC POC(s);



The CICC POC will notify the Permanency SSCM and SSS when the Policy Violation Assessment involves a child in DFCS custody. All involved parties will also receive an alert in Georgia SHINES.

- c. The oversight authority (using the Notification to Law Enforcement Agency of Abuse Neglect Report). See Practice Guidance: [Oversight Authorities](#).
5. Document in the Intake Assessment the notification of the Policy Violation Assessment to the County Department and the oversight authority.
 6. Submit the Policy Violation Assessment to the CISS in Georgia SHINES for approval.


The CISS will:

1. Assess all information gathered to make an intake decision in accordance with policy [3.2 Intake: Making an Intake Decision](#).
2. Confirm there is an indication of a policy violation and the allegations do not meet Georgia statute and DFCS policy requirements for child abuse.
3. Review and make an approval decision on the Intake Assessment as a Policy Violation Assessment in Georgia SHINES.
4. Ensure the following notifications occur upon acceptance of a Policy Violation Assessment and it is documented in the Intake Assessment.
 - a. The legal and boarding (if applicable) County Directors(s) and CICC POC(s) via email; and
 - b. The oversight authority, using the Notification to Law Enforcement Agency of Abuse Neglect Report. See Practice Guidance: [Oversight Authorities](#).

Practice Guidance

RESIDENTIAL FACILITIES	
Residential facilities provide full-time (24-hour) residential care to children and youth, outside of their home.	
Child Care Institutions (CCI)	
Residential facilities that provide full-time Room, Board and Watchful Oversight (RBWO) to six or more children through 18 years of age outside of their home environment. CCI's may be transitional living placements (TLP) for youth at least 16 years of age and youth 18 years of age and older who have agreed to participate in the Extended Foster Care (EFC) program. The OPM and Residential Child Care Licensing (RCCL) and are the oversight authorities of CCI.	
Children's Transition Care Center (CTCC)	CCI that provides a temporary, home-like environment for medically fragile children, technology dependent children, and children with special health care needs, up to 21 years of age, who are deemed clinically stable by a physician but are dependent on life-sustaining medications, treatments, and equipment. These children require assistance with activities of daily living to facilitate transitions from a hospital or other facility to a home or other appropriate setting. CTCCs are required to be licensed by RCCL.

Maternity Homes (MH) / Parenting Support Program (Second Chance Homes)	CCI that provides RBWO in a residential setting for adolescents during pregnancy who are 21 years of age and younger. MH provide service to pregnant youth before, during or within two weeks of childbirth through a maximum period of eight weeks following delivery. Second Chance Homes/Parenting Support Programs are licensed MH that provide services beyond the eight weeks following delivery to promote residents' long-term independence and the well-being of their child(ren). MH are required to be licensed by RCCL.
“Specialty” Camp / Outdoor Child Caring Program (OCCP)	CCI that provides RBWO along with a variety of outdoor activities taking place in a wilderness or camp environment that are designed to improve the emotional and behavioral adjustment of the children, through the age of 18 participating in the activities. OCCPs are required to be licensed by RCCL.
Commercial Sexual Exploitation Recovery Center	CCI that provides full-time residential care and support services to youth through 18 years of age who are victims of sexual exploitation (sex trafficking). These are certified victim assistance programs.
Runaway and Homeless Youth Program (RHYP)	
Residential facilities that provide services to children who have run away or children who are homeless. RHYPs are required to be registered as a RHYP with RCCL. Licensed CCI can also be registered as a RHYP. RCCL is the oversight authority of RHYP.	
Independent Living Program (ILP) Placements	
Residential facilities that provide youth who are at least 18 years of age through 21 years of age with an alternative living arrangement (i.e., community-based housing). The goal is to prepare youth to become socially, emotionally and personally independent of social services while connecting them to life-long permanent connections and laying the foundation for the pursuit of educational and career opportunities. OPM is the oversight authority of ILP Placements. In unusual circumstances a youth 17 years or younger may be in an ILP Placement. When this occurs, both OPM and RCCL are the oversight authorities.	
Psychiatric Residential Treatment Facility (PRTF)	
Residential facilities that provide comprehensive mental health and substance abuse treatment to children, adolescents, and young adults ages 5-21 who, due to severe emotional disturbance, need quality, active treatment that can only be provided in an inpatient treatment setting. Department of Behavioral Health and Developmental Disabilities (DBHDD) and Department of Community Health Healthcare Facility Regulations (HFR) are the oversight authorities of PRTFs.	
Regional Youth Detention Centers (RYDC)	
Secure short-term residential facilities centers for youth awaiting trial or waiting to enter a community program or long-term facility. Department of Juvenile Justice (DJJ) is the oversight authority of RYDC.	
Youth Development Campuses (YDC)	
Secure long-term residential facilities for youth sentenced or committed to DJJ custody by juvenile courts. DJJ is the oversight authority of YDC.	
NON-RESIDENTIAL FACILITIES	
Non-residential facilities provide less than full-time care outside of the home for children under the age of 18 years. Bright from the Start: Georgia Department of Early Care and Learning (DECAL) is the oversight authority for non-residential facilities.	
Child Care Learning Centers (CCLC)	
Non-residential facilities that provide programs operated by a person, society, agency, corporation, institution, or group that receives pay for group care. Childcare learning centers care for seven or more children under the age of 18 for less than 24 hours per day, without transfer of legal custody. Bright from the Start: DECAL either licenses or commissions childcare learning centers. Bright from the Start: DECAL is the oversight authority of CCLC.	

Early Head Start Programs	CCLC that provides early education and care programs for low-income children ages birth to three years old and their families. It also offers social, emotional, health, mental health, dental, nutrition, and family services as well as special needs requirements to the families it serves. Early Head Start Programs are required to be licensed or commissioned by Bright from the Start: DECAL.
Head Start Programs	CCLC that provides early education and care programs for low-income children ages three to mandatory school age and their families. It also offers social, emotional, health, mental health, dental, nutrition and family services as well as special needs requirements to the families it serves. Head Start Programs are required to be licensed or commissioned by Bright from the Start: DECAL.
Group Day Care Programs	<p>CCLC that provides care and an early learning experience to support and promote the healthy growth and development of children (i.e. Kids R Kids, Tootie Tots, Discovery Point). Group day care homes are required to be licensed or commissioned by Bright from the Start: DECAL.</p> <p> Group childcare programs, not operated in a residence, that are not subject to licensure are required to obtain an exemption from Bright from the Start. This will include programs such as Parent’s Morning Out/Night Out; Extracurricular activities: music, swimming lessons; childcare services on site with parents; Tutoring services programs; Programs operated by or affiliated with national member organization: Boys and Girls Club or Boy Scouts. See Bright from the Start: DECAL website at www.dec.al.ga.gov/CCS/Exemptions.aspx for the type of programs eligible for exemption. If a program is not approved for exemption, it is required to be licensed by Bright from the Start: DECAL.</p>
Pre-K	CCLC that provides educational programs for four years old children with a licensed capacity of 22 four-year-old children. The purpose is to prepare children for success in Kindergarten and later school years. Pre-K programs usually operate on the regular school system calendar for the length of a typical school day. Programs may be offered at local public schools or through private providers of preschool services. Pre-K programs are required to be licensed by Bright from the Start: DECAL.
<p>Day Camps</p> <p>Programs for children five years and older that are operated between school terms, whose primary purpose is to provide organized recreational, religious, or instructional activities. The day camp programs may operate during summer and other school breaks and shall operate for no more than 12 hours per day. Day camps are required to obtain an exemption from Bright from the Start: DECAL. Bright from the Start: DECAL is the oversight authority of Day Camps.</p>	
<p>Family Child Care Learning Home / Home-Based Child Care</p> <p>Programs that operate in a private residential home less than 24 hours per day. It provides care for three children, but no more than six, under the age of 18 for pay. Family Child Care Learning Homes are required to be licensed by Bright from the Start: DECAL. Bright from the Start: DECAL is the oversight authority of Family Child Care Learning Home/Home-Based Child Care.</p>	
<p>OVERSIGHT AUTHORITIES</p> <p>Governmental agencies responsible for the licensure and/or approval of organizations to operate in a certain capacity. This may also include monitoring and supervision of the organization, programs and/or activities.</p>	
<p>Residential Child Care Licensing (RCCL)</p> <p>The RCCL unit inspects, monitors, licenses, and registers a variety of childcare facilities. The purpose of our work is to ensure that facilities and programs operate at acceptable levels, as mandated by State Statutes and by rules and regulations adopted by the Department of Human Services (DHS) Board of Human Services. Facilities requiring a license from RCCL include Child Caring Institutions, Child Placing Agencies, Outdoor Child Caring Programs, Children’s Transition Care Centers and Maternity Homes. Send notifications for RCCL to RCCREPORTS@dhs.ga.gov or by contacting RCCL at 404-657-9651.</p>	
<p>Bright from the Start: Georgia Department of Early Care and Learning (DECAL)</p>	

Bright from the Start: DECAL is responsible for meeting the childcare and early education needs of Georgia’s children and their families. In Georgia there are approximately 3100 childcare learning centers, 1500 family childcare learning homes and 6500 exempt programs. It supports licensed childcare learning centers and family childcare learning homes through monitoring, technical assistance and training to assure safe and healthy environments and to improve the quality of services to children. Bright from the Start also investigates complaints of childcare programs and reports of unlicensed childcare operations. Send notifications for Bright from the Start: DECAL to CCSComplaints@decalfga.gov or by contacting Bright from the Start: DECAL at 404-657-5562.

Department of Juvenile Justice (DJJ)

The DJJ is a multi-faceted agency that serves the state’s youthful offenders up to the age of 21. DJJ operates 26 safe and secure facilities throughout the state. DJJ employees work diligently to effect justice as well as redirect and shape the young lives in the agency’s care so they can take responsibility for their delinquent conduct as well as become contributing members of society. Send notifications for DJJ to DJJDFACSAAlerts@djj.state.ga.us

Healthcare Facility Regulations (HFR)

Department of Community Health HFR licenses, monitors and inspects a variety of facilities and services through Health Care Licensing, including hospitals, assisted living facilities, personal care homes and nursing homes. The division investigates complaints and inspects these and other health care facilities. HFR is the state survey agency performing federal certification inspections in health care facilities participating in the Medicare and/or Medicaid programs. Send notifications for HFR using their online [HFRD Complaint Form](#), intake fax line 404-657-8935, or by contacting the HFR Central intake line at 404-232-1717, 404-657-5728, or 404-657-5726.

Department of Behavioral Health and Developmental Disabilities (DBHDD)

The DBHDD provides treatment and support services to people with mental health challenges and substance use disorders and assists individuals who live with intellectual and developmental disabilities. The Division of Behavioral Health manages programs and services delivered by DBHDD’s community-based behavioral health providers. Send notifications for DBHDD to DBHDDincidents@dbhdd.ga.gov.

Office of Provider Management (OPM)

The OPM contracts with and monitors Child Caring Institutions and Child Placing Agencies provision of RBWO services. OPM employs various data, on-site, records review and collateral report mechanisms to monitor provider’s adherence to RBWO Minimum Standards and contractual obligations which direct performance expectations regarding the safety, permanency and well-being of children. The foundational objective of OPM is to ensure that children placed in RBWO care are safe from abuse. OPM also provides training and technical assistance to providers to support their ability to meet quality of care and performance expectations. Send notifications for OPM to opmreports@dhs.ga.gov.

OVERSIGHT AUTHORITIES MATRIX

	Department of Behavioral Health and Developmental Disabilities (DBHDD)	Bright from the Start: Department of Early Care and Learning (DECAL)	Department of Juvenile Justice (DJJ)	Healthcare Facility Regulations (HFR)	Office of Provider Management (OPM)	Residential Child Care Licensing (RCCL)
Runaway and Homeless Youth Program						X
Independent Living Program (ILP) Placements					X	X*
Psychiatric Residential Treatment Facilities	X			X		
Regional Youth Detention Center (RYDC) / Youth Development Campuses (YDC)			X			

OVERSIGHT AUTHORITIES MATRIX						
Youth Development Campuses (YDC)			X			
Child Care Learning Centers		X				
Day Camps		X				
Family Child Care Learning Home		X				
NOTES						
<p>* Only provide notification to RCCL when the intake report involves a youth 17 years or younger in an ILP Placement.</p> <p>The Oversight Authorities Matrix is a visual aide provided as additional guidance. Policy requirements must be reviewed to determine if a notification is required based on the circumstances of the case.</p>						


Special Investigations – Maltreatment in Care (MIC)


When intake reports are received alleging a child in DFCS custody has been abused, regardless of who has been alleged as the maltreater the intake report must be classified as MIC in Georgia SHINES. Alternatively, when intake reports are received alleging a child in DFCS custody was abused prior to the child entering DFCS custody, the intake report is coded as a Special Investigation-Not Maltreatment in Care.

The relationship of the alleged maltreater may be different from the relationship selected on the Georgia SHINES Allegation Detail page and what is identified on the Person Detail page of the alleged maltreater. For example, the child may be in the foster care kinship placement of his aunt. On the aunt’s Person Detail page, the relationship is primary caregiver; however, if the aunt is the alleged maltreater, the aunt will be identified on the Allegation Detail page as the kin caregiver, not the aunt.

Special Investigations – Case Name

For the protection of individual rights and ensuring confidentiality, case names are based on the placement type or setting and not the alleged maltreater or role of the alleged maltreater to the child.

SPECIAL INVESTIGATIONS – CASE NAME DESCRIPTORS	
Non-Residential	<ul style="list-style-type: none"> When the alleged victim child is in DFCS custody: Place in the name of the respective placement resource caregiver (i.e. DFCS CPA foster or adoptive parent, CPA foster or adoptive parent or foster care kinship caregiver). <p> If the alleged victim child is in DFCS custody and placed in a residential facility follow the guidelines listing in residential facility.</p> <ul style="list-style-type: none"> When the alleged victim child is not in DFCS custody: Place in the name of the alleged victim child’s parent/guardian/legal custodian.

Residential	<ul style="list-style-type: none"> • When the alleged victim child is in DFCS custody: Place in the name of the parent/guardian/legal custodian from whom the child was removed. • When the alleged victim child is not in DFCS custody: Place in the name of the alleged victim child's parent/guardian/legal custodian. <p> When the guardian or legal custodian is an institution or facility place the case in the name of parent/guardian/legal custodian prior to entering the facility.</p>
NOTES	
<ul style="list-style-type: none"> • Parenting Youth: Wherever it is listed above to the place the case name in the parent/guardian/legal custodian and that person is a parenting youth the case name can be placed in the parenting youth's name when he/she is the primary caregiver for the child. • Trial Home Visit: Place in the name of the parent/guardian/legal custodian from whom the child was removed. 	

Special Investigations Intakes Across County Lines

When an intake report involves a residential facility or non-residential facility the case will be assigned to the County Department where the facility is located. The assigned County Department will coordinate case management activities with the legal county.


Policy Violations

Policy Violations are actions performed by a DFCS agent that may breach any DFCS policy and/or RBWO Minimum Standards, but do not constitute child abuse. For additional information on policy violations see policy [14.22 Resource Development: Policy Violations](#).

Forms and Tools

[Maltreatment in Care - Georgia SHINES Job Aid](#)

3.12 Intakes Involving Public or Private Non-Residential Schools and Overnight Camps

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(3) Intakes		
	Policy Title:	Intakes Involving Public or Private Non-Residential Schools and Overnight Camps		
	Policy Number:	3.12	Previous Policy Number(s):	3.3, 3.16
	Effective Date:	December 2021	Manual Transmittal:	2021-06

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Receive Special Investigations involving:
 - a. Children in DFCS custody
 - b. Overnight Camps
 - c. Schools: Public or Private Non-Residential Schools
2. Complete the Intake Assessment information gathering process with the reporter.
3. Screen in Special Investigations Intake Assessments that meet the Georgia statute and DFCS policy requirements for child abuse and accept and assign for response within the following timeframes to ensure child safety, and wellbeing:
 - a. **Immediate:** When a present danger situation is indicated.
 - b. **24 hours:** When an impending danger safety threat or child abuse (maltreatment) is indicated.



These reports shall not be assigned to the Initial Safety Assessment track.

4. Screen-out Special Investigations Intake Assessments that do not meet Georgia statute and DFCS policy requirements for child abuse.
5. Notify the legal and boarding (if applicable) County Director(s) and the CPS Intake Communication Center (CICC) Point of Contact(s) within two hours of the Intake Assessment screen-out disposition when the screen-out Intake Assessment involves a child in DFCS custody.



The County Department will conduct a face-to-face purposeful contact with the child and caregiver(s) within 24 hours of being notified of the screen-out intake assessment to confirm child safety in accordance with policy [10.18 Foster Care: Purposeful Contacts in Foster Care](#).

6. When the Intake Report involves a Child Death/Near Fatality/Serious Injury (CDNFSI), also adhere to policy [3.13 Intake: Intakes Involving Child Death, Near Fatality or Serious Injury](#).

Procedures

CPS Intake Communications Center Social Services Case Manager

1. Complete the Intake Assessment information gathering process with the reporter in accordance with policy [3.1 Intake: Receiving Intake Reports](#).
2. Thoroughly evaluate all information gathered to make an intake decision in accordance with policy [3.2 Intake: Making an Intake Decision](#).
3. Input the Intake Assessment in Georgia SHINES using the guidelines outlined in Maltreatment in Care Georgia SHINES Job Aid:
 - a. Classify the intake report as a Special Investigation: Maltreatment in Care (MIC) when the intake report involves a child in the custody of DFCS. See Practice Guidance: [Special Investigations – Maltreatment in Care \(MIC\)](#).

- b. Classify the intake report as a Special Investigation: Maltreatment Not in Care, when the intake report does not include a child in DFCS custody and involves:
 - i. Public and Private Non-Residential Schools; or
 - ii. Overnight Camps
4. Screen-in all Special Investigations Intake Assessments that meet the Georgia statute and DFCS policy requirements for child abuse and/or neglect and accept and assign for response within the following timeframes:
 - a. **Immediate:** When a present danger situation is indicated.
 - b. **24 hours:** When an impending danger safety threat or child abuse (maltreatment) is indicated.
5. Screen-out Special Investigations Intake Assessments that do not meet Georgia statute and DFCS policy requirements for child abuse.
 - a. Notify the legal and boarding (if applicable) County Director(s) and CICC POC(s) within two hours of the Intake Assessment screen-out disposition, when the Screen-out Intake Assessments involve a child in DFCS custody. Document in the Intake Assessment the notification to the County Director(s) and the CICC POC(s).

CPS Intake Communications Center Social Services Supervisor

1. Thoroughly evaluate all information gathered to make an intake decision in accordance with policy [3.2 Intake: Make an Intake Decision](#).
2. Staff the Intake Assessment with the CICC SSCM in accordance with policy [19.6 Case Management: Supervisor Staffing](#).
3. Review and approve the Special Investigation Intake Assessment in Georgia SHINES using the guidelines outlined in Maltreatment in Care Georgia SHINES Job Aid:
 - a. Verify maltreatment in care exist; and
 - b. Verify the Intake Assessment is classified as a Special Investigation.
4. When the screen-out Intake Assessment involves a child in the custody of DFCS ensure email notification is provided to the legal and boarding (if applicable) County Director(s) and CICC POC(s) within two hours of the screen-out Intake Assessment disposition and the notification is documented in the Intake Assessment.

Practice Guidance

Children in DFCS Custody

Children in the legal temporary or permanent custody of DFCS.

Overnight Camps

Programs established solely for recreational and educational programs. Administered by internal policies. No registration, licensing, approval, or oversight authority.

Schools

Institutions for educating children.

1. **Private Non-Residential Schools:** Administered by internal policies. No requirements for accreditation, registration, licensing, or approval.
2. **Public Non-Residential Schools:** Administered by area, county, or independent boards of education (ex: Fulton County Schools, Buford City Schools). Local school districts are supported by Georgia Department of Education (DOE).



Special Investigations – Maltreatment in Care (MIC)

When intake reports are received alleging a child in DFCS custody has been abused, regardless of who has been alleged as the maltreater the intake report must be classified as MIC in Georgia SHINES. Alternatively, when intake reports are received alleging a child in DFCS custody was abused prior to the child entering DFCS custody, the intake report is coded as a Special Investigation-Not Maltreatment in Care.

The relationship of the alleged maltreater may be different from the relationship selected on the Georgia SHINES Allegation Detail page and what is identified on the Person Detail page of the alleged maltreater. For example, the child may be in the foster care kinship placement of his aunt. On the aunt’s Person Detail page, the relationship is primary caregiver; however, if the aunt is the alleged maltreater, the aunt will be identified on the Allegation Detail page as the kin caregiver, not the aunt.

Special Investigations – Case Name

For the protection of individual rights and ensuring confidentiality, case names are based on the placement type or setting and not the alleged maltreater or role of the alleged maltreater to the child.

SPECIAL INVESTIGATIONS – CASE NAME DESCRIPTORS	
Overnight Camps	<ul style="list-style-type: none">• When the alleged victim child is in DFCS custody: Place in the name of the respective placement resource caregiver (i.e. DFCS CPA foster or adoptive parent, CPA foster or adoptive parent or foster care kinship caregiver). <p> If the alleged victim child is in DFCS custody and placed in a residential facility follow the guidelines listing in residential facility.</p> <ul style="list-style-type: none">• When the alleged victim child is not in DFCS custody: Place in the name of the alleged victim child’s parent/guardian/legal custodian.
Schools	<ul style="list-style-type: none">• When the alleged victim child is in DFCS custody: Place in the name of the respective placement resource caregiver (i.e. DFCS CPA foster or adoptive parent, CPA foster or adoptive parent or foster care kinship caregiver). <p> Place in the name of the parent/guardian/legal custodian from whom the child was removed, if the child is placed in a residential facility.</p> <ul style="list-style-type: none">• When the alleged victim child is not in DFCS custody: Place in the name of the alleged victim child’s parent/guardian/legal custodian.
NOTES	

SPECIAL INVESTIGATIONS – CASE NAME DESCRIPTORS

- **Parenting Youth:** Where ever it is listed above to the place the case name in the parent/guardian/legal custodian and that person is a parenting youth the case name can be placed in the parenting youth’s name when he/she is the primary caregiver for the child.


Special Investigations Across County Lines

When an intake report involves an overnight camp or school the case will be assigned to the County Department where the school or camp is located. The assigned County Department will coordinate case management activities with the legal county.

Forms and Tools

N/A

3.13 Intakes Involving Child Death, Near Fatality or Serious Injury

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(3) Intake		
	Policy Title:	Intakes Involving Child Death, Near Fatality or Serious Injury		
	Policy Number:	3.13	Previous Policy Number(s):	3.17
	Effective Date:	December 2021	Manual Transmittal:	2021-06

Codes/References

O.C.G.A. § 19-15-3 County Multiagency Child Fatality Review Committee Child Abuse Prevention and Treatment Act (CAPTA)

Requirements

The Division of Family and Children Services (DFCS) will:

1. Receive Intake Reports involving:
 - a. Children in DFCS custody
 - b. Child Death/Near Fatality/Serious Injury (CD/NF/SI)
 - c. CD/NF/SI - No Maltreatment



This includes Intake Reports from the DFCS representative of the Child Fatality Review Committee when it is determined that the child death was due to abuse, and the case has not been previously reported to DFCS (see policy [1.10 Administration: Child Fatality Review](#)).

2. Complete the Intake Assessment information gathering process with the reporter

3. Screen-in all Special Investigations Intake Assessments that meet the Georgia statute and DFCS policy requirements for child abuse and accept and assign for response within the following timeframes to ensure child safety and wellbeing:
 - a. **Immediate:** When a present danger situation is indicated.
 - b. **24 hours:** When an impending danger safety threat or child abuse (maltreatment) is indicated.

i | These reports shall not be assigned to the Initial Safety Assessment track.
4. Screen-out or screen-out and refer Special Investigations Intake Assessments involving CD/NF/SI that do not meet Georgia statute and DFCS policy requirements for child abuse and provide notification to the following:
 - a. The legal and boarding (if applicable) County Director(s) and the County Department's CPS Intake Communication Center (CICC) Point of Contact(s) (POC), within two hours of the screen-out disposition; and

i | When the screen-out Intake Assessment involves a child in DFCS custody, the County Department shall conduct a face-to-face purposeful contact with the child and their caregiver(s) within 24 hours of being notified of the screen-out disposition to confirm child safety in accordance with policy [10.18 Foster Care: Purposeful Contacts in Foster Care](#).
 - b. The Knowledge Management CD/NF/SI Review Team.

i | The notification will occur via a system generated alert in Georgia SHINES upon supervisory approval of the Intake Assessment.
5. Adhere to the applicable policy when the CD/NF/SI Intake Report involves a:
 - a. DFCS or child placing agency (CPA) foster or adoptive home (see policy [3.9 Intake: Intakes Involving DFCS or Child Placing Agency Foster or Adoptive Homes](#)).
 - b. Foster care kinship placement (see policy [3.10 Intake: Intakes Involving Foster Care Kinship Placements](#)).
 - c. Residential or non-residential facility (see policy [3.11 Intake: Intakes Involving Residential and Non-Residential Facilities](#)).
 - d. Public or private non-residential schools or overnight camps (see policy [3.12 Intake: Intakes Involving Public or Private Non-Residential Schools and Overnight Camps](#)).
6. Conduct a second level review on screen-out Intake Assessments involving a CD/NF/SI within 24 hours of receipt of the Intake Assessment to verify that it does not meet Georgia statute and DFCS policy requirements for child abuse. If the second level review decision is to screen-in, use the original reported date and time of the Intake Assessment.

Procedures

CPS Intake Communications Center Social Services Case Manager

1. Complete the Intake Assessment information gathering process with the reporter in accordance

with policy [3.1 Intake: Receiving Intake Reports](#).

2. Thoroughly evaluate all information gathered to make an intake decision in accordance with policy [3.2 Intake: Making an Intake Decision](#).
 - a. Classify the intake report as a Special Investigation: Child Death-In Care, Near Fatality-In Care, or Serious Injury-In Care when the intake report involves a child in the custody of DFCS. See Practice Guidance: [Special Investigations – Maltreatment in Care \(MIC\)](#);
 - b. Classify the intake report as a Special Investigation: Child Death-Not in Care, Near Fatality-Not in Care, or Serious Injury-Not in Care when the intake report does not include a child in DFCS custody; or
 - c. Classify the intake report as a Special Circumstance: Child Death-No Maltreatment, Near Fatality-No Maltreatment or Serious Injury-No Maltreatment when the intake report does not include an allegation of child abuse, and the reporter does not intend to make a referral of child abuse.
3. Screen-in all Special Investigations Intake Assessments that meet the Georgia statute and DFCS policy requirements for child abuse and accept and assign for response within the following timeframes:
 - a. **Immediate:** When a present danger situation is indicated.
 - b. **24 hours:** When an impending danger safety threat or child abuse (maltreatment) is indicated.
4. Screen-out or Screen-out and refer Special Investigations Intake Assessments that do not meet Georgia statute and DFCS policy requirements for child abuse:
 - a. Screen-out: No agency intervention is needed
 - b. Screen-out and refer: The family could benefit from accessing community or agency resources (see policy [3.26 Intake: Screen Out and Refer Process](#)).
 - c. Notify the legal and boarding (if applicable) County Director(s) and CICC POC(s) via email, within two hours of the Intake Assessment screen-out or screen-out and refer disposition.
 - d. Notify the Knowledge Management CD/NF/SI Review Team in accordance with policy [6.10 Special Investigations: Reporting of a Child Death, Near Fatality or Serious Injury](#); and
 - e. Document in the Intake Assessment the notification to the County Director(s) and POC(s).
5. When the Intake Report is received as a result of a review by the Child Fatality Review Committee and it was not previously reported to DFCS:
 - a. Assign the intake report, if the death occurred within six months or less of the intake report date.
 - b. When the child death occurred more than six months before the intake date:
 - i. CICC will conduct a staffing to include the Regional Director/Designee, County Director and the Field Program Specialist to determine the report disposition.
 - ii. When the decision is made to screen out the intake report, document the staffing results in Georgia SHINES Intake stage Contact/Summaries detailing the date of death, circumstances of the death and information to support the screen out decision. Upload any related documents to support the decision which may include, but are not limited to, medical records, incident reports, police reports and emergency medical services

reports.

CPS Intake Communications Center Social Services Supervisor

1. Thoroughly evaluate all information gathered to make an intake decision in accordance with policy [3.2 Intake: Making an Intake Decision](#).
2. Staff the Intake Assessment with the CICC SSCM in accordance with policy [19.6 Case Management: Supervisor Staffing](#).
3. Review and approve the Special Investigations Intake Assessment in Georgia SHINES using the guidelines outlined in Maltreatment in Care Georgia SHINES Job Aid:
 - a. Verify maltreatment exists; and
 - b. Verify the Intake Assessment is classified as a Special Investigation.
4. Participate in a staffing with the Social Services Administrator (SSA) to discuss the information gathered, intake disposition recommendation, and how the gathered information supports the recommendation.
5. Submit all screened out CD/NF/SI Intake Assessments to the CICC SSA for second level screen-out review and approval. When the CD/NF/SI Intake Assessment is not approved:
 - a. Discuss with the SSCM why the screen-out was not approved and identify any follow up needed to complete the Intake Assessment process.
 - b. Upon resubmission of the Intake Assessment, verify that the intake disposition is updated to reflect the correct maltreatment code and present danger situation, or impending danger safety threat (if applicable) based upon the SSA's feedback.
 - c. Use the date and time of the original Intake Report.
 - d. Notify the County Department of the decision to accept and assign the CD/NF/SI Intake Assessment.
6. When the screen-out Intake Assessment involves a child in the custody of DFCS ensure email notification is provided to the legal and boarding (if applicable) County Director(s) and the County Department's CICC POC(s) within two hours of the screen-out Intake Assessment disposition and the notification is documented in the Intake Assessment.

CPS Intake Communications Center Social Services Administrator/Designee

1. Review and approve all screen-out or screen-out and refer CD/NF/SI Intake Assessments in Georgia SHINES;
2. When the screen-out or screen-out and refer CD/NF/SI Intake Assessments is approved:
 - a. Document justification to support the case decision in the second level justification box and on the Approval Authority page under the Comments section
 - b. Assign approved screen-out and refer Intake Assessments to the appropriate County Department to complete the referral to prevention/early intervention services as outlined in policy [3.26 Intake: Screen Out Refer Process](#).
3. When the screen-out or screen-out and refer CD/NF/SI Intake Assessment was not approved:
 - a. Document the specific reasons the Intake Assessment was not approved and reject the

Intake Assessment in Georgia SHINES.

- b. Contact the CICC Social Services Supervisor (SSS) to discuss the reason the Intake Assessment was not approved. See policy [19.6 Case Management: Supervisor Staffing](#).
- c. Verify that the intake disposition is changed to reflect the correct maltreatment code and present danger situation or impending danger safety threat (if applicable) and assign to the appropriate County Department.

Practice Guidance

Near Fatality

Near fatality means as an act that, as certified by a physician, places the child in serious or critical condition. Once the child meets this criterion then the allegation of “near fatality” should be marked along with any other type(s) of maltreatment.

Serious Injury

Serious Injury means bodily injury that involves substantial risk of death, extreme physical pain, prolonged and obvious disfigurement, or prolonged loss or impairment of the function of a body part, organ, or mental capability. Examples include burns, head trauma, blunt trauma, internal bleeding, multiple bruising and contusions, lacerations of organs, broken bones and amputation.

Intakes Involving Child Deaths with Unknown Information

When intake reports are received with minimal to no information regarding the circumstances of a child’s death, engage the reporter by asking follow up questions. Asking the reporter follow up questions about the death may trigger information that they may have regarded as insignificant. Inquire about how the reporter became aware of the child’s death and others who may have knowledge of the circumstances surrounding the child’s death.

Special Investigations – Maltreatment in Care (MIC)

When intake reports are received alleging a child in DFCS custody has been abused, regardless of who has been alleged as the maltreater the intake report must be classified as MIC in Georgia SHINES. Alternatively, when intake reports are received alleging a child in DFCS custody was abused prior to the child entering DFCS custody, the intake report is coded as a Special Investigation-Not Maltreatment in Care.

The relationship of the alleged maltreater may be different from the relationship selected on the Georgia SHINES Allegation Detail page and what is identified on the Person Detail page of the alleged maltreater. For example, the child may be in the foster care kinship placement of his aunt. On the aunt’s Person Detail page, the relationship is primary caregiver; however, if the aunt is the alleged maltreater, the aunt will be identified on the Allegation Detail page as the kin caregiver, not the aunt.

Child Fatality Review Committees

The multidisciplinary Child Fatality Review Committee reviews all deaths of children ages birth through age 17 years. County Departments designates a representative to serve on the local Child

Fatality Review Committee based on the County’s Child Abuse Protocol and Child Fatality Review Committee requirements. See policy [1.10 Administration: Child Fatality Review](#).

Special Circumstance CD/NF/SI-No Maltreatment - Screen-out

Each death or serious injury of a child is tragic; however, DFCS is only responsible for investigating CD/NF/SI in which child abuse is believed to have caused or contributed to the CD/NF/SI. Engagement with the reporter to determine their intent in notifying DFCS is needed. The call type Special Circumstance CD/NF/SI-No Maltreatment should only be used to screen-out intake reports:

1. Involving a child death or serious injury as the result of a documented pre-existing medical condition (illness and disease), and the death was expected and there are no allegations of child maltreatment.
2. When the reporter is calling solely based on their organization’s protocol to advise DFCS of all CD/NF/SI; The reporter does not believe child abuse caused or contributed to the CD/NF/SI and there are no allegations of child maltreatment.

Example: A healthcare professional indicates their hospital protocol is to notify DFCS of all child deaths, and reports a child died from a preexisting medical condition known to the physician, without allegations of maltreatment.

Example: A healthcare professional indicates their hospital protocol is to report all CD/NF/SI to DFCS and reports a child was severely burned in house fire, without allegations of maltreatment.


Example: A child in DFCS custody was born with a terminal medical condition. The child dies from the known medical condition while under the care of a physician at the time of death.

When the reporter makes a CD/NF/SI child abuse referral and CICC assesses the Intake Assessment as a screen out based on the information not meeting Georgia statute and policy requirements, special circumstance should not be used; the case would be screened out as Special Investigation CD/NF/SI.

Forms and Tools

N/A

3.14 Special Circumstance Intakes Involving Child Withdrawn from Public School

Georgia Division of Family and Children Services Child Welfare Policy Manual				
	Chapter:	(3) Intake		
	Policy Title:	Special Circumstance Intakes Involving Child Withdrawn from Public School		
	Policy Number:	3.14	Previous Policy Number(s):	3.28
	Effective Date:	December 2021	Manual Transmittal:	2021-06

Codes/References

O.C.G.A. § 20-2-785 Referral and Assessment to Determine Whether Withdrawal was to Limit Education

O.C.G.A. § 20-2-690 Educational Entities; Requirements for Private Schools and Home Study Programs

Requirements

The Division of Family and Children Services (DFCS) will:

1. Receive intake reports involving a child withdrawn from public school when the following criteria is met:
 - a. The reporter is a public school personnel;
 - b. There are no allegations of child abuse;
 - c. The child was withdrawn from a public school without a Home Study Program Declaration of Intent Form filed with the Georgia Department of Education (GaDOE); and
 - d. The child stopped attending school for a period of 45 days or more.
2. Gather from the public school personnel the information surrounding the circumstances and method of school withdrawal.
3. Screen-in Intake Assessments that meet the criteria for a Special Circumstance Child Withdrawn from Public School.
4. Screen-out Intake Assessments when the information gathered does not meet the criteria for a Special Circumstance Child Withdrawn from Public School.




Intake Assessments that do not meet the criteria for a Special Circumstance Child Withdrawn from Public School must be processed and assessed in accordance with policies [3.1 Intake: Receiving Intake Reports](#) and [3.2 Intake: Making an Intake Decision](#).

5. Notify the County Department of any assigned Special Circumstance Intake Report.

Procedures

Centralized Intake Specialist

1. Gather information from the public school regarding the school withdrawal including the following:
 - a. The last date the child attended school.
 - b. The date the child was withdrawn.
 - c. The individual who withdrew the child from school.
 - d. Reason and method of withdrawal.
 - e. If the school withdrew the child due to excessive absences, the school's efforts to contact the parent/guardian/legal custodian and the results.
 - f. If the parent/guardian/legal custodian indicated their plan to educate the child.

- g. Any other relevant information related to the child's lack of attendance or withdrawal from school.
 - h. Emergency contact information.
2. Thoroughly evaluate all information gathered and verify the Intake Assessment meets the criteria for a Special Circumstance Child Withdrawn from Public School.
 3. Conduct safety screenings in accordance with policy [19.9 Case Management: Safety Screenings](#).
 4. Input the Intake Assessment into Georgia SHINES using the guidelines outlined in the Georgia SHINES Job Aid Recording School Withdrawal - No Maltreatment Alleged.
 - a. Classify as a Special Circumstance School Withdrawal (No Maltreatment).
 - b. Document the justification to support the case assignment recommendation.
 5. Recommend the Intake Assessment is:
 - a. Screened-in when the information gathered meets the criteria for a Special Circumstance Child Withdrawn from Public School.
 - b. Screened-out when the information gathered does not meet the criteria for a Special Circumstance Child Withdrawn from Public School. (Example: The child stopped attending school for 25 days.)
-  Intake Assessments that do not meet the criteria for a Special Circumstance Child Withdrawn from Public School must be processed and assessed in accordance with policies [3.1 Intake: Receiving Intake Reports](#) and [3.2 Intake: Making an Intake Decision](#).
6. Participate in a supervisory staffing to discuss the intake disposition. Be prepared to discuss how the information gathered meets\ or does not meet the criteria for a Special Circumstance Child Withdrawn from Public School.
 7. Notify the County Department's CICC Point of Contact (POC) of assigned Special Circumstance Child Withdrawn from Public School.
 8. Submit the Intake Assessment to the Centralized Intake Specialist Supervisor for approval.

Centralized Intake Specialist Supervisor

1. Thoroughly evaluate all information gathered and review the Special Circumstance Intake Assessment in Georgia SHINES.
 - a. Determine if the Intake Assessment meets the criteria for a Special Circumstance Child Withdrawn from Public School.
 - b. Verify the Intake Assessment is classified as a Special Circumstance Child Withdrawn from Public School.
 - c. Document the supervisor's justification to support the case assignment decision.
2. Staff the Intake Assessment with the Centralized Intake Specialist in accordance with policy [19.6 Case Management: Supervisor Staffing](#).
3. Screen-in the Intake Assessment when the information gathered meets the criteria for a Special Circumstance Child Withdrawn from Public School.
 - a. Stage progress the Intake Assessment to a Special Circumstance Child Withdrawn from Pub-

lic School.

b. Assign the Special Circumstance to the County Department’s CICC POC.

4. Screen-out the Intake Assessment when the information gathered does not meet the criteria for a Special Circumstance Child Withdrawn from Public School.



Intake Assessments that do not meet the criteria for a Special Circumstance Child Withdrawn from Public School must be processed and assessed in accordance with policies [3.1 Intake: Receiving Intake Reports](#) and [3.2 Intake: Making an Intake Decision](#).


Practice Guidance

Georgia law requires that students attend a public or private school or participate in a home study program from their sixth to their 16th birthday. Public kindergarten is available in every school system, but it is not mandatory. Parents/guardians/legal custodians who teach their children at home are required by law to submit to the GaDOE an annual Home Study Program Declaration of Intent Form within 30 days after establishment of a home study program and by September 1st annually thereafter. In the event that a child is withdrawn from a public school without a declaration filed and that child stops attending a public school for a period of 45 days, the school is required to refer the matter to DFCS to conduct an assessment to determine whether the withdrawal of the child from school was to avoid educating the child.

Forms and Tools

N/A

3.15 Special Circumstance Intakes Involving Juvenile or Superior Court (No Maltreatment)

Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(3) Intake	
	Policy Title:	Special Circumstance Intakes Involving Juvenile or Superior Court (No Maltreatment)	
	Policy Number:	3.15	Previous Policy Number(s): 3.11, 4.1, 4.3
	Effective Date:	December 2021	Manual Transmittal: 2021-06

Codes/References

O.C.G.A. § 15-11-2 Definitions

O.C.G.A. § 15-11-380 Purpose of Article

O.C.G.A. § 15-11-381 Definitions

Requirements

The Division of Family and Children Services (DFCS) shall:

1. Receive intake reports from juvenile or superior court requesting DFCS to complete an action or task when the information is assessed to not include allegations of child abuse.
2. Gather from the reporter the circumstances surrounding the juvenile or superior court request.
3. Screen-in Intake Assessments that meet the criteria for a Special Circumstance Juvenile or Superior Court (No Maltreatment Alleged).
4. Screen-out Intake Assessments when the information gathered does not meet the criteria for a Special Circumstance Juvenile or Superior Court (No Maltreatment Alleged).



Intake Assessments that do not meet the criteria for a Special Circumstance Juvenile or Superior Court (No Maltreatment Alleged) shall be processed and assessed in accordance with policies [3.1 Intake: Receiving Intake Reports](#) and [3.2 Intake: Making an Intake Decision](#).

5. Notify the County Department of any assigned Special Circumstance Juvenile or Superior Court (No Maltreatment Alleged).


Procedures


Centralized Intake Specialist

1. Gather and document information from the reporter regarding the Juvenile or Superior Court request:
 - a. The name, address, date of birth, demographics, and current location of all children in the court order.
 - b. The name, address, date of birth, demographics, and current location, all parents and legal guardians, regardless of where the child(ren) reside.
 - c. If the child and/or parents have or is believed to have, American Indian heritage (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).
 - d. Specific action or task requested for DFCS by the court.
 - e. A description of the circumstances that resulted in the request or court order.
 - f. The individual's name who filed the complaint and their relation to the child.
 - g. Any court hearings held, including dates, types of hearings and their outcomes.
 - h. Efforts made by the parent, guardian, or legal custodian to address the issues including any participation in services.
 - i. Services provided to the family including their response and outcomes.
 - j. Inform the reporter of the next steps in the intake process.
2. Conduct safety screenings in accordance with policy [19.9 Case Management: Safety Screenings](#).
3. Thoroughly evaluate all information gathered:
 - a. Determine if the Intake Assessment meets the criteria for Special Circumstance Juvenile or Superior Court (No Maltreatment Alleged).
 - b. Analyze DFCS history in accordance with policy [19.10 Case Management: Analyzing DFCS](#)

History.

- c. Assess for indicators of child maltreatment and safety issues.
4. Input the Intake Assessment in Georgia SHINES:
 - a. Classify the intake report as a Special Circumstance Juvenile Court (No Maltreatment Alleged).
 - b. Upload the court order into External Documentation.
 - c. Document the justification to support the case assignment recommendation.
5. Recommend the Intake Assessment is:
 - a. Screened-in when the information gathered meets the criteria for a Special Circumstances Juvenile or Superior Court (No Maltreatment Alleged).
 - b. Screened-out when the information gathered does not meet the criteria for a Special Circumstance Juvenile or Superior Court (No Maltreatment Alleged).

 Intake Assessments that do not meet the criteria for a Special Circumstance Juvenile or Superior Court (No Maltreatment Alleged) must be processed and assessed in accordance with policies [3.1 Intake: Receiving Intake Reports](#) and [3.2 Intake: Making an Intake Decision](#).
6. Participate in a supervisory staffing to discuss the intake disposition. Be prepared to discuss how the information gathered meets or does not meet the criteria for a Special Circumstance Juvenile or Superior Court (No Maltreatment Alleged).
7. Notify the County Department's CPS Intake Communication Center (CICC) Point of Contact (POC) of any assigned Special Circumstance Juvenile or Superior Court (No Maltreatment Alleged).

 When there is already an open case, also notify the current Social Services Case Manager (SSCM) and Social Services Supervisor (SSS) of the intake report.
8. Submit the Intake Assessment to the Centralized Intake Specialist Supervisor for approval.

Centralized Intake Specialist Supervisor

1. Thoroughly evaluate information gathered and review the Intake Assessment in Georgia SHINES.
 - a. Determine if the circumstances meet the criteria for Special Circumstance Juvenile or Superior Court (No Maltreatment Alleged).
 - b. Verify the Intake Assessment is classified as a Special Circumstance Juvenile or Superior Court (No Maltreatment Alleged).
 - c. Confirm a copy of the court order is uploaded to External Documentation.
 - d. Document a justification to support the case assignment decision.
2. Staff the Intake Assessment with the Centralized Intake Specialist in accordance with policy [19.6 Case Management: Supervisor Staffing](#).
3. Screen-in the Intake Assessment when the information gathered meets the criteria for Juvenile or Superior Court (No Maltreatment Alleged).

- a. Stage progress the Intake Assessment to Special Circumstance.
 - b. Assign the Special Circumstance to the County Department's CICC POC.
4. Screen-out the Intake Assessment when the information gathered does not meet the criteria for Juvenile or Superior Court (No Maltreatment Alleged).



Intake Assessments that do not meet the criteria for a Special Circumstance Juvenile or Superior Court (No Maltreatment Alleged) must be processed and assessed in accordance with policies [3.1 Intake: Receiving Intake Reports](#) and [3.2 Intake: Making an Intake Decision](#).

Practice Guidance

Intake reports involving Juvenile or Superior Court with no maltreatment generally include a request by the court for DFCS to conduct a home evaluation, assess family functioning, conduct interviews, etc. These requests could be a result of DFCS filing a petition with the court or a private dependency case. The court request should not automatically be processed as a Special Circumstance. Regardless of the intent of the reporter, the information contained in the request must not include maltreatment and must be assessed for maltreatment and safety concerns. When there is information that indicates allegations of maltreatment, the case cannot be processed as a Special Circumstance and must be processed in accordance with policy [3.1 Intake: Receiving Intake Reports](#).

Examples of Intakes Reports That Should be Assigned as Special Circumstance Juvenile or Superior Court (No Maltreatment):

- Court requests DFCS conduct a home study on a potential caregiver other than a parent or legal custodian (guardianship, private dependency, temporary custody).
- Court requests for DFCS to complete an assessment of a parent to regain custody following guardianship or temporary custody being granted to a third party. The family does not have an open case with DFCS.
- Court requests DFCS assess a parent's ability to meet the needs of a child with delinquency issues who will be released from a Youth Detention Center (YDC) on a given date.


Examples of Intake Reports That Should Not be Assigned as Special Circumstance Juvenile or Superior Court (No Maltreatment):

- The court is requesting a DFCS investigation when the offending parent does not have current access to the child, however the report indicates a history of domestic violence in the home (unknown if child was present at the time of the incident) and the child is afraid of both parents. The intake assessment should be assessed for maltreatment allegations.
- The court requests for DFCS to assess the parent's ability to meet the needs of a child following the youth's detainment in YDC. The parent refuses to allow the child back in the home.

Forms and Tools

N/A

3.16 Special Circumstance: Intakes Involving Child in Need of Services (No Maltreatment)

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(3) Intake		
	Policy Title:	Special Circumstance: Intakes Involving Child in Need of Services (No Maltreatment)		
	Policy Number:	3.16	Previous Policy Number(s):	3.11
	Effective Date:	December 2021	Manual Transmittal:	2021-06

Codes/References

O.C.G.A. § 15-11-2 Definitions
O.C.G.A. § 15-11-380 Purpose of Article
O.C.G.A. § 15-11-381 Definitions
O.C.G.A. § 15-11-390 Filing of Complaint
O.C.G.A. § 15-11-420 Authority to File Petition
O.C.G.A. § 15-11-422 Content of Petitions
O.C.G.A. § 15-11-423 Issuance of Summons
O.C.G.A. § 15-11-450 Comprehensive Services Plan for Child Found Unrestorably Incompetent to Proceed; Plan Manager

Requirements

The Division of Family and Children Services (DFCS) shall:

1. Receive intake reports from juvenile court involving a child in need of services (CHINS) when the following criteria is met:
 - a. A complaint or petition has been filed with the court concerning a CHINS, where services are to be provided by DFCS; and
 - b. The information assessed does not include allegations of child abuse.
2. Gather from the reporter the circumstances surrounding the CHINS complaint or petition.
3. Screen-in Intake Assessments that meet the criteria for a Special Circumstance Child in Need of Services (No Maltreatment).



When there is an open child welfare case involving the family, do not initiate a Special Circumstance Child in Need of Services (No Maltreatment) in Georgia SHINES. Notify the current Social Services Case Manager (SSCM) and Social Services Supervisor (SSS) of the CHINS Intake Report to assess the needed DFCS intervention.

4. Screen-out Intake Assessments when the information gathered does not meet the criteria for Special Circumstance Child in Need of Services (No Maltreatment).



Intake Assessments that do not meet the criteria for a Special Circumstance Child in Need

of Services (No Maltreatment) shall be processed and assessed in accordance with policies [3.1 Intake: Receiving Intake Reports](#) and [3.2 Intake: Making an Intake Decision](#).

5. Notify the County Department of any assigned Special Circumstance Child in Need of Services (No Maltreatment).

Procedures

Centralized Intake Specialist

1. Gather and document information from the reporter regarding the CHINS request:
 - a. The name, address, date of birth, demographics, and current location of all CHINS.
 - b. The name, address, date of birth, demographics, and current location, all parents and legal guardians, regardless of where the child(ren) reside.
 - c. If the child and/or parents have or is believed to have, American Indian heritage (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).
 - d. A description of the circumstances that resulted in the CHINS complaint or petition.
 - e. The individual's name who filed the complaint or petition and their relation to the child.
 - f. Any court hearings held, including dates, types of hearings and their outcomes.
 - g. Efforts made by the parent, guardian, or legal custodian to address the issues, including any participation in services for their child.
 - h. Services provided to the family including their response and outcomes.
 - i. Any medical or mental health diagnosis for the child.
 - j. The child's educational needs when the CHINS is based on a complaint filed by a school official:
 - i. Efforts made by the school system to resolve educational issues including truancy.
 - ii. The child's eligibility or suspected eligibility for services under the federal Individuals with Disabilities Education Act (IDEA) or Section 504 of the federal Rehabilitation Act of 1973. If eligible or suspected to be eligible, has the child's individualized education plan (IEP) and placement been reviewed for appropriateness and modifications made, where applicable?
- k. The child's current involvement, including any current charges, and history with the Department of Juvenile Justice (DJJ):
 - i. Outcomes and recommendations of any detention assessments completed.
 - ii. Whether the child has been ruled unrestorably incompetent and, if so, if a comprehensive plan been developed and a plan manager assigned.



The school is required to show the above efforts in order for the petition to not be dismissed. If efforts are not evident, advise the reporter the intake report may not be accepted and gather information regarding the court's reason(s) for accepting the CHINS.

1. Inform the reporter of the next steps in the intake process.
2. Conduct safety screenings in accordance with policy [19.9 Case Management: Safety Screenings](#).
3. Thoroughly evaluate the information gathered:
 - a. Determine if the Intake Assessment meets the criteria for a Special Circumstance Child in Need of Services (No Maltreatment).
 - b. Analyze DFCS history in accordance with policy [19.10 Case Management: Analyzing DFCS History](#).
 - c. Evaluate for indicators of child maltreatment and safety concerns.



Intake Assessments assessed to indicate child abuse shall not be processed as Special Circumstance Child in Need of Services (No Maltreatment) and shall be assessed in accordance with policy [3.1 Intake: Receiving Intake Reports](#).

4. Input the Intake Assessment in Georgia SHINES:
 - a. Classify the intake report as a Special Circumstance Child in Need of Services (No Maltreatment).
 - b. Upload the CHINS complaint or petition into External Documentation.
 - c. Document the justification to support case assignment recommendation.
5. Recommend the Intake Assessment is:
 - a. Screened-in when the information gathered meets the criteria for a Special Circumstance Child in Need of Services (No Maltreatment).
 - b. Screened-out when the information gathered does not meet the criteria for a Special Circumstance Child in Need of Services (No Maltreatment).



Intake Assessments that do not meet the criteria for a Special Circumstance Child in Need of Services (No Maltreatment) must be processed and assessed in accordance with policies [3.1 Intake: Receiving Intake Reports](#) and [3.2 Intake: Making an Intake Decision](#).

6. Participate in a supervisory staffing to discuss the intake disposition. Be prepared to discuss how the information gathered meets or does not meet the criteria for a Special Circumstance Child in Need of Services (No Maltreatment).
7. Notify the County Department's CPS Intake Communication Center (CICC) Point of Contact (POC) of any assigned Special Circumstance Child in Need of Services (No Maltreatment).
8. Submit the Intake Assessment to the Centralized Intake Specialist Supervisor for approval.

Centralized Intake Specialist Supervisor

1. Thoroughly evaluate information gathered and review the Intake Assessment in Georgia SHINES.
 - a. Determine if the circumstances meet the criteria for Special Circumstance Child in Need of Services (No Maltreatment).
 - b. Verify the Intake Assessment is classified as a Special Circumstance Child in Need of Services

(No Maltreatment).

- c. Confirm a copy of the CHINS complaint or petition is uploaded to External Documentation.
 - d. Document a justification to support the case assignment decision.
2. Staff the Intake Assessment with the Centralized Intake Specialist in accordance with policy [19.6 Case Management: Supervisor Staffing](#).
 3. Screen-in the Intake Assessment when the information gathered meets the criteria for a Special Circumstance Child in Need of Services (No Maltreatment).
 - a. Stage progress the Intake Assessment to a Special Circumstance.
 - b. Assign the Special Circumstance to the County Department's CICC POC.
 4. Screen-out the Intake Assessment when the information gathered does not meet the criteria for a Special Circumstance Child in Need of Services (No Maltreatment).



Intake Assessments that do not meet the criteria for a Special Circumstance Child in Need of Services (No Maltreatment) must be assessed in accordance with policy [3.2 Intake: Making an Intake Decision](#) for screen-out eligibility.

Practice Guidance

The CHINS law in Georgia was created in acknowledgement that certain behaviors or conditions occur within a family or school environment that indicate a child is experiencing serious difficulties. The goals of the law are to:

1. Intervene with services and corrective actions to protect the child from making choices that can have a negative impact on his/her future and protect the integrity of the child's family.
2. Make family members aware of their contributions to their family's problems and to encourage them to accept the responsibility and participate in any program of care ordered by the court.
3. Provide a child with a program of treatment, care, guidance, counseling, structure, supervision, and rehabilitation to assist in becoming a responsible and productive member of society.
4. Ensure the cooperation and coordination of all agencies having responsibility to supply services to any member of a family referred to the court.

A complaint alleging a child is a child in need of services may be made by any person, including a law enforcement officer, who has knowledge of the facts alleged and believes them to be true. A prosecuting attorney may file a complaint alleging a child is in need of services or intervene in such a manner to present the interest of the state as a *parens patriae*.

The court will summons the child, their parent/legal custodian, DFCS and any other public service agency or institution requiring them to appear before the court to answer the allegations of the CHINS petition. A copy of the petition shall accompany the summons.

Children in Need of Services (CHINS) is:

1. A child adjudicated to be in need of care, guidance, counseling, structure, supervision, treatment, or rehabilitation and who is adjudicated to be:
 - a. Subject to compulsory school attendance and who is habitually and, without good and suffi-

cient cause, truant (having ten or more days of unexcused absences in the current academic year) from school.

- b. Habitually disobedient of the reasonable and lawful commands of his or her parent, guardian or legal custodian and is ungovernable or places himself or herself or others in unsafe circumstances.
- c. A runaway defined as a child who without just cause and without the consent of his or her parent, guardian, or legal custodian is absent from his or her home or place of abode for at least 24 hours.
- d. A child who has committed a status offense applicable only to a child.



A status offense means an act prohibited by law, which would not be an offense if committed by an adult.

- e. A child who wanders or loiters about the streets of any city or in or about any highway or any public place between the hours of 12:00 Midnight and 5:00 A.M.
 - f. A child who disobeys the terms of supervision contained in a court order which has been directed to such child who has been adjudicated a child in need of services; or
 - g. A child who patronizes any bar where alcoholic beverages are being sold unaccompanied by his or her parent, guardian or legal custodian or who possesses alcoholic beverages.
2. A child who has committed a delinquent act and is adjudicated to be in need of supervision but not in need of treatment or rehabilitation.

CHINS Involving Schools

If a petition seeking an adjudication that a child is a child in need of services is based on a complaint filed by a school official, such petition shall be dismissed unless it includes information which shows that:

1. The legally liable school district has sought to resolve the expressed problem through available educational approaches; and
2. The school district has sought to engage such child's parent, guardian, or legal custodian in solving the problem, but any such individual has been unwilling or unable to do so; that the problem remains; and that court intervention is needed.


If a petition seeking an adjudication that a child is a child in need of services is based on a complaint filed by a school official involving a child who is eligible or suspected to be eligible for services under the federal Individuals with Disabilities Education Act or Section 504 of the federal Rehabilitation Act of 1973, such petition shall be dismissed unless it includes information which demonstrates that the legally liable school district:

1. Has determined that such child is eligible or suspected to be eligible under the federal Individuals with Disabilities Education Act or Section 504 of the federal Rehabilitation Act of 1973; and
2. Has reviewed for appropriateness such child's current Individualized Education Program (IEP) and placement and has made modifications where appropriate.

Forms and Tools

N/A

3.17 Special Circumstance Intakes Involving Safe Place for Newborns

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(3) Intake		
	Policy Title:	Special Circumstance Intakes Involving Safe Place for Newborns		
	Policy Number:	3.17	Previous Policy Number(s):	3.6, 4.1
	Effective Date:	December 2021	Manual Transmittal:	2021-06

Codes/References

O.C.G.A. § 19-10A-1 Short title

O.C.G.A. § 19-10A-2 Definitions


O.C.G.A. § 19-10A-3 Purpose

O.C.G.A. § 19-10A-4 No criminal prosecution for leaving child in custody of medical facility, fire station, or police station

O.C.G.A. § 19-10A-5 Investigating and reporting utilization of provisions

Requirements

The Division of Family and Children Services (DFCS) will:

1. Receive intake reports involving Safe Place for Newborns when the following criteria is met:
 - a. The newborn is no more than 30 days old; and
 - b. The newborn was left by the mother in the physical custody of a paid or volunteer agent, employee or member of the staff who is on duty at a:
 - i. Medical facility: any licensed general or specialized hospital, institutional infirmary, health center operated by a county board of health, or a facility where human births occur on a regular and ongoing basis which is classified by the Department of Community Health as a birthing center.
 Medical facilities do not include physician's or dentist's private offices.
 - ii. Fire station: a facility of any fire department which is authorized to exercise the general and emergency powers to protect life and property against fire, explosions, hazardous materials, or electrical hazards; or
 - iii. Police station: a facility of any sheriff's office, municipal police department or county police department.
2. Gather information regarding the mother and/or father, when their information is known.

3. Screen-in Intake Assessments that meet the criteria for a Special Circumstance Safe Place for Newborns.
4. Assign the Special Circumstance Safe Place for Newborns for immediate response.



Special Circumstance Safe Place for Newborns may be assigned for a 24-hour response when the child is eligible for inpatient admission and not medically ready for discharge.

5. Screen-out Intake Assessments when the information gathered does not meet the criteria for a Special Circumstance Safe Place for Newborns.



Intake Assessments that do not meet the criteria for a Special Circumstance Safe Place for Newborns shall be processed and assessed in accordance with policies [3.1 Intake: Receiving Intake Reports](#) and [3.2 Intake: Making an Intake Decision](#).

6. Notify the County Department of any assigned Special Circumstance Safe Place for Newborns within two hours of receipt of the Intake Report.

Procedures

Centralized Intake Specialist

1. Gather and document information from the reporter regarding the Safe Place for Newborns:
 - a. The current location of the newborn and, if known, name, address, date of birth, and demographics.
 - b. The name, address, date of birth, demographics, and current location of all parents and legal guardians, if known.
 - c. If the child and/or parents have or is believed to have, American Indian heritage (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).
 - d. The newborns medical status and estimated date of discharge.
 - e. Inform the reporter of the next steps in the intake process.
2. Conduct safety screenings in accordance with policy [19.9 Case Management: Safety Screenings](#).
3. Thoroughly evaluate all information gathered:
 - a. Determine if the Intake Assessment meets the criteria for a Special Circumstance Safe Place for Newborns.
 - b. Analyze DFCS history in accordance with policy [19.10 Case Management: Analyzing DFCS History](#).
 - c. Evaluate for indicators of child maltreatment and safety concerns.
4. Input the Intake Assessment in Georgia SHINES using procedures outlined in the Georgia SHINES Job Aid Recording Safe Place for Newborns Short Term Emergency Care Intakes.
 - a. Classify the intake report as a Special Circumstance Safe Place for Newborns.
 - b. Document the justification to support the case assignment recommendation.
5. Recommend the Intake Assessment is:

- a. Screened-in when the information gathered meets the criteria for a Special Circumstance Safe Place for Newborns.



Assign Special Circumstance Intake Assessments involving Safe Place for Newborns for immediate response, except for when the child is eligible for inpatient admission and not medically ready for discharge.

- b. Screened-out when the information gathered does not meet the criteria for a Special Circumstance Safe Place for Newborns.



Intake Assessments that do not meet the criteria for a Special Circumstance Safe Place for Newborns must be processed and assessed in accordance with policies [3.1 Intake: Receiving Intake Reports](#) and [3.2 Intake: Making an Intake Decision](#).

6. Participate in a supervisory staffing to discuss the intake disposition. Be prepared to discuss how the information gathered meets or does not meet the criteria for a Special Circumstance Safe Place for Newborns.
7. Notify the County Department's CPS Intake Communication Center (CICC) Point of Contact of any assigned Special Circumstance Safe Place for Newborns.



DFCS must take physical custody of the child within six hours of receipt of the intake report, if the child is medically ready for discharge.

8. Submit the Intake Assessment to the Centralized Intake Specialist Supervisor for approval.

Centralized Intake Specialist Supervisor

1. Thoroughly evaluate all information gathered and review the Intake Assessment in Georgia SHINES.
 - a. Determine if the circumstances meet the criteria for a Special Circumstance Safe Place for Newborns.
 - b. Verify the Intake Assessment is classified as a Special Circumstance Safe Place for Newborns.
 - c. Document a justification to support the case assignment decision.
2. Staff the Intake Assessment with the Centralized Intake Specialist in accordance with policy [19.6 Case Management: Supervisor Staffing](#).
3. Screen-in the Intake Assessment when the information gathered meets the criteria for a Special Circumstance Safe Place for Newborns
 - a. Verify the Centralized Intake Specialist notified the CICC POC(s) within two hours of receipt of the intake report.
 - b. Confirm the Special Circumstance is assigned for an immediate response, except for when the child is eligible for inpatient admission and not medically ready for discharge.



DFCS must take physical custody of the child within six hours of receipt of the intake report.

- c. Stage progress the Intake Assessment to a Special Circumstance.

- d. Assign the Special Circumstance to the County Department’s CICC POC.
- 4. Screen-out the Intake Assessment when the information gathered does not meet the criteria for a Special Circumstance Safe Place for Newborns.



Intake Assessments that do not meet the criteria for a Special Circumstance Safe Place for Newborns must be processed and assessed in accordance with policies [3.1 Intake: Receiving Intake Reports](#) and [3.2 Intake: Making an Intake Decision](#).

Practice Guidance

Georgia’s safe haven law, the Safe Place for Newborns Act of 2002, provides an opportunity for mothers in crisis to safely relinquish their newborn babies to designated locations. The purpose of the law is to protect newborns from endangerment by providing mothers an alternative to abandonment. The Act shields the mother from prosecution for abandonment or neglect if the following requirements are met:

1. The newborn baby must be no more than 30 days old; and
2. The newborn is left in the physical custody of a paid or volunteer agent, employee, or member of the staff who is on duty at a medical facility, fire station, or police station.

The mother is not required to provide identification upon leaving the newborn at an approved safe haven location; however, if she is willing, the individual receiving the newborn should obtain her name and address. The Act also has provisions for the medical facility, fire station, and police station to notify DFCS at the time the newborn is left. Upon notification, DFCS shall take physical custody of the child within six hours. Upon taking physical custody, DFCS shall promptly bring the child before the juvenile court.

Forms and Tools

N/A

3.18 Special Circumstance Intakes Involving Prenatal Exposure (No Maltreatment)

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(3) Intake		
	Policy Title:	Special Circumstance Intakes Involving Prenatal Exposure (No Maltreatment)		
	Policy Number:	3.18	Previous Policy Number(s):	3.7
	Effective Date:	June 2023	Manual Transmittal:	2023-04

Codes/References

- O.C.G.A. §15-11-2 Definition
- O.C.G.A. §16-13-21 Controlled Substance

Requirements

The Division of Family and Children Services (DFCS) will:

1. Receive intake reports from healthcare providers involving infants prenatally exposed when the following criteria is met:
 - a. A newborn is affected by or displaying symptoms of withdrawal from the lawful use of any controlled substance as a result of medical treatment (including medication for a substance abuse disorder); and
 - b. The information is assessed to not include allegations of child abuse.
2. Gather from the reporting healthcare professional the circumstances surrounding the prenatal exposure.
3. Screen-in Intake Assessments that meet the criteria for a Special Circumstance Prenatal Exposure (No Maltreatment).
4. Screen-out Intake Assessments when the information gathered does not meet the criteria for a Special Circumstance Prenatal Exposure (No Maltreatment).



Intake Assessments that do not meet the criteria for a Special Circumstance Prenatal Exposure (No Maltreatment) shall be processed and assessed in accordance with policies [3.1 Intake: Receiving Intake Reports](#) and [3.2 Intake: Making an Intake Decision](#).

5. Notify the County Division of any assigned Special Circumstance Prenatal Exposure (No Maltreatment).



Intake Assessments with alleged substance use or abuse and/or prenatal abuse shall be assessed in accordance with policy [3.4 Intake: Intakes Involving Substance Use or Abuse, Prenatal Abuse or Fetal Alcohol Syndrome Disorder](#).

Procedures

Centralized Intake Specialist

1. Gather and document information from the reporter regarding the prenatal exposure:
 - a. Obtain the name, address, date of birth, demographics, and current location of all children.
 - b. Obtain the name, address, date of birth, demographics, and current location of all parents (mother(s) and father(s)) and legal guardians, regardless of where the child(ren) reside.
 - c. If the child and/or parent have or is believed to have, American Indian heritage (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).
 - d. Medical diagnoses of the mother, the type of medication used, frequency of use, and whether the mother is currently using the controlled substance.

- e. Whether the drug was prescribed or administered to the mother during labor and delivery.
 - f. Medical reports/test results. The level of the substance in the mother's and/or child's blood or urine. Is the level within normal limits of prescribed use?
 - g. Is there information that the mother is misusing prescribed medication, i.e., doctor shopping, higher levels than prescribed, etc.
 - h. Behavioral description of withdrawal symptoms the infant may be experiencing related to prenatal exposure to substances.
 - i. Whether the mother is functioning appropriately despite using substances.
 - j. Inform the reporter of the next steps in the intake process.
2. Conduct safety screenings in accordance with policy [19.9 Case Management: Safety Screenings](#).
 3. Thoroughly evaluate all information gathered:
 - a. Determine if the Intake Assessments meets the criteria for a Special Circumstance Prenatal Exposure (No Maltreatment).
 - b. Analyze DFCS history in accordance with policy [19.10 Case Management: Analyzing DFCS History](#).
 - c. Evaluate for indicators of child maltreatment and safety issues.
 4. Input the Intake Assessment into Georgia SHINES.
 - a. Classify as a Special Circumstance Prenatal Exposure (No Maltreatment).
 - b. Document the justification to support the case assignment recommendation.
 5. Recommend the Intake Assessment is:
 - a. Screened-in when the information gathered meets the criteria for a Special Circumstance Prenatal Exposure (No Maltreatment).
 - b. Screened-out when the information gathered does not meet the criteria for a Special Circumstance Prenatal Exposure (No Maltreatment).



Intake Assessments that do not meet the criteria for a Special Circumstance Prenatal Exposure (No Maltreatment) must be processed and assessed in accordance with policies [3.1 Intake: Receiving Intake Reports](#) and [3.2 Intake: Making an Intake Decision](#).

6. Participate in a supervisory staffing to discuss the intake disposition. Be prepared to discuss how the information gathered meets or does not meet the criteria for a Special Circumstance Prenatal Exposure (No Maltreatment).
7. Notify the County Division's CPS Intake Communication Center (CICC) Point of Contacts (POC) of any assigned Special Circumstance Prenatal Exposure (No Maltreatment).
8. Submit the Intake Assessment to the Centralized Intake Specialist Supervisor for approval.

Centralized Intake Specialist Supervisor

1. Thoroughly evaluate all information gathered and review the Intake Assessment in Georgia SHINES.
 - a. Determine if the circumstances meet the criteria for a Special Circumstance Prenatal Expo-

sure (No Maltreatment).

- b. Verify the Intake Assessment is classified as a Special Circumstance Prenatal Exposure (No Maltreatment).
 - c. Document a justification to support the case assignment decision.
2. Staff the Intake Assessment with the Centralized Intake Specialist in accordance with policy [19.6 Case Management: Supervisor Staffing](#).
 3. Screen-in the Intake Assessment when the information gathered meets the criteria for a Special Circumstance Prenatal Exposure (No Maltreatment).
 - a. Stage progress the Intake Assessment to a Special Circumstance.
 - b. Assign the Special Circumstance to the County Division's CICC POC.
 4. Screen-out the Intake Assessment when the information gathered does not meet the criteria for a Special Circumstance Prenatal Exposure (No Maltreatment).



Intake Assessments that do not meet the criteria for a Special Circumstance Prenatal Exposure (No Maltreatment) must be processed and assessed in accordance with policies [3.1 Intake: Receiving Intake Reports](#) and [3.2 Intake: Making an Intake Decision](#).

Practice Guidance

The Child Abuse Prevention and Treatment Act (CAPTA) includes provisions to address infants prenatally exposed to substances, requiring states to implement a Plan of Safe Care to address the infant's well-being needs once identified as affected. In 2016, the Comprehensive Addiction and Recovery Act (CARA) was also signed into law and reframed how states are required to deal with prenatal exposure to substances, ensuring infants exposed to any type of drug, legally prescribed or used illegally, are assessed and provided services through a Plan of Safe Care.

Intakes involving prenatal exposure (no maltreatment) deals exclusively with infants' prenatal exposure to substances that were legally prescribed and used as prescribed by the mother during pregnancy. Intake reports involving prenatal exposure (no maltreatment) do not contain allegations of prenatal abuse or child abuse.

Examples of Intakes Reports that Should be Assigned Special Circumstance Prenatal Exposure (No Maltreatment)

1. The infant is prenatally exposed resulting from the mother's use of prescribed medication for an illness. The mother is following her medication and treatment plan, as verified by her health-care provider.
2. The infant is prenatally exposed resulting from the mother being given prescribed medication during the delivery process.
3. The infant is prenatally exposed due to the mother's participation in a Medication Assisted Treatment (MAT) program for a substance use disorder. The mother is in compliance with her medication and treatment plan, as verified by the substance treatment provider and her health-care provider.

Examples of Intake Reports that Should Not be Assigned as Special Circumstance Prenatal Exposure (No Maltreatment)

1. The mother tested positive for an illegal substance (including marijuana) at the birth. The intake assessment should be assessed using policy [3.4 Intake: Intakes Involving Substance Use or Abuse, Prenatal Abuse or Fetal Alcohol Syndrome Disorder](#).
2. The mother tested positive for an illegal substance at the birth, but the infant tested negative for the presence of a substance or a metabolite thereof in his/her body, blood, urine or meconium. The intake assessment should be assessed using policy [3.4 Intake: Intakes Involving Substance Use or Abuse, Prenatal Abuse or Fetal Alcohol Syndrome Disorder](#).
3. The mother tested positive for an illegal substance during prenatal visits, but she tested negative at the birth. The infant's meconium test result is pending. The intake assessment should be assessed using policy [3.4 Intake: Intakes Involving Substance Use or Abuse, Prenatal Abuse or Fetal Alcohol Syndrome Disorder](#).

Affected

An infant "affected" by prenatal exposure to substance use means:

1. The infant is experiencing symptoms of withdrawal, or exhibiting harmful effects in his/her physical appearance or functioning due to exposure to substances (legal or illegal); or
2. The infant has tested positive for the presence of a substance or a metabolite thereof in his/her body, blood, urine or meconium; or
3. The infant has symptoms of a Fetal Alcohol Spectrum Disorder; or
4. The mother testing positive for illegal substances at the birth of the infant; or
5. The mother testing positive for prescription drugs due to misuse at the birth of the infant; or
6. The mother self-disclosed at the birth of the infant a substance or alcohol use problem and use during pregnancy.


Controlled Substance

A controlled substance is generally a drug or chemical whose manufacture, possession, or use is regulated by a government (federal or state law). This may include illegal drugs and prescription medications.

Forms and Tools

N/A

3.19 Special Circumstance Intakes Involving Voluntary Placement Agreements (VPA)

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(3) Intake		
	Policy Title:	Special Circumstance Intakes Involving Voluntary Placement Agreements (VPA)		
	Policy Number:	3.19	Previous Policy Number(s):	3.12
	Effective Date:	December 2021	Manual Transmittal:	2021-06

Codes/References

O.C.G.A. § 15-11-130 (a) Emergency Care and Supervision of Child Without Court Order
Title IV-E of the Social Security Act Sections 472 (a)(2)(A)(i)

Requirements

The Division of Family and Children Services (DFCS) will:

1. Receive intake reports involving a request for a voluntary placement agreement to place a child in foster care, when the following criteria is met:
 - a. The parent(s) has expressed their willingness to execute a voluntary placement agreement to place a child in DFCS custody;
 - b. The family is experiencing a short-term crisis with an anticipated end date within 90 calendar days; and
 - c. No safety issues or imminent risk of child abuse exist.
2. Gather the information surrounding the voluntary placement request from the reporter.
3. Screen-in Intake Assessments that meet the criteria for a Special Circumstance Voluntary Placement Agreement.
4. Screen-out Intake Assessments when the information gathered does not meet the criteria for Special Circumstance Voluntary Placement Agreement.




Intake Assessments that do not meet the criteria for a Special Circumstance Voluntary Placement Agreement must be processed and assessed in accordance with policies [3.1 Intake: Receiving Intake Reports](#) and [3.2 Intake: Making an Intake Decision](#).

5. Notify the County Department of the Special Circumstance within two hours of receipt of the Intake Report.

Procedures

Centralized Intake Specialist

1. Complete the Intake Assessment information gathering process with the reporter.
 - a. Obtain the name, address, date of birth, demographics, and current location of all children in need of voluntary placement;


- b. Obtain the name, address, date of birth, demographics, and current location of all parents (mother(s) and father(s)) and legal guardians, regardless of where the child(ren) reside;
 - c. If the child and/or parent have or is believed to have, American Indian heritage (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#));
 - d. Confirm the parent, guardian, or legal custodian's willingness to execute a voluntary agreement to place a child in DFCS custody.
 - e. Obtain the circumstance surrounding the need for voluntary placement.
 - f. Determine the estimated length of the short-term crisis.
 - g. Gather the names and contact information for any relatives, friends, or fictive kin.
 - h. Inform the reporter of the next steps in the intake process;
2. Conduct safety screenings in accordance with policy [19.9 Case Management: Safety Screenings](#).
 3. Thoroughly evaluate the information gathered:
 - a. Determine if the Intake Assessment meets the criteria for a Special Circumstance Voluntary Placement Agreement.
 - b. Analyze DFCS history in accordance with policy [19.10 Case Management: Analyzing DFCS History](#).
 - c. Evaluate for indicators of child maltreatment and safety issues.
 4. Input the Intake Assessment into Georgia SHINES:
 - a. Classify as a Special Circumstance Voluntary Placement Agreement.
 - b. Document the justification to support case assignment recommendation.
 5. Recommend the Intake Assessment is:
 - a. Screened-in when the information gathered meets the criteria for a Special Circumstance Voluntary Placement Agreement.
 - b. Screened-out when the information gathered does not meet the criteria for a Special Circumstance Voluntary Placement Agreement.
-  Intake Assessments that do not meet the criteria for a Special Circumstance Voluntary Placement Agreement must be processed and assessed in accordance with policies [3.1 Intake: Receiving Intake Reports](#) and [3.2 Intake: Making an Intake Decision](#).
6. Participate in a supervisory staffing to discuss the intake disposition. Be prepared to discuss how the information gathered meets or does not meet the criteria for a Special Circumstance Voluntary Placement Agreement.
 7. Notify the County Department's CICC POC(s) of any assigned Special Circumstance Voluntary Placement Agreement.
 8. Submit the Intake Assessment to the Centralized Intake Specialist Supervisor for approval.

Centralized Intake Specialist Supervisor

1. Thoroughly evaluate all information gathered and review the Intake Assessment in Georgia

SHINES.

- a. Determine if the circumstances meet the criteria for Special Circumstance Voluntary Placement Agreement.
 - b. Confirm the Intake Assessment is classified as a Special Circumstance Voluntary Placement.
 - c. Document a justification to support the case assignment decision.
2. Staff the Intake Assessment with the Centralized Intake Specialist in accordance with policy [19.6 Case Management: Supervisor Staffing](#).
 3. Screen-in the Intake Assessment when the information gathered meets the criteria for a Special Circumstance Voluntary Placement Agreement.
 - a. Stage progress the Intake Assessment to a Special Circumstance Voluntary Placement Agreement.
 - b. Assign the Special Circumstance to the County Department's CICC POC.
 4. Screen-out the Intake Assessment when the information gathered does not meet the criteria for a Special Circumstance Voluntary Placement Agreement.


 Intake Assessments that do not meet the criteria for a Special Circumstance Voluntary Placement Agreement must be processed and assessed in accordance with policies [3.1 Intake: Receiving Intake Reports](#) and [3.2 Intake: Making an Intake Decision](#).

Practice Guidance


In limited circumstances, DFCS may use a voluntary placement agreement to support families experiencing a short-term crisis that cannot be met by their own resources. An executed voluntary placement agreement allows DFCS to provide care and supervision of the child for a time-limited period without court action to help stabilize the short-term crisis. When a child enters foster care via a voluntary placement agreement, DFCS maintains the same rights and duties as if DFCS had a court order for temporary custody. The parent, guardian or legal custodian has the right to have the child returned upon submitting a written request.

DFCS is under no obligation to accept a voluntary placement agreement. DFCS may execute a Voluntary Agreement to place a child in foster care when:

1. The family is experiencing a short-term crisis with an anticipated end date within 90 calendar days.

 Voluntary placement agreement may be in effect a maximum of 90 calendar days with the possibility of one additional 90 calendar day extension.


2. No safety issues or imminent risk of child abuse exist.

 DFCS must not accept a Voluntary Placement Agreement if family circumstances clearly indicate that the child is in imminent danger of child abuse and/or court involvement is necessary.

Forms and Tools

N/A

3.20 Special Circumstance Intakes Involving Voluntary Surrender of Parental Rights

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(3) Intake		
	Policy Title:	Special Circumstance Intakes Involving Voluntary Surrender of Parental Rights		
	Policy Number:	3.20	Previous Policy Number(s):	3.12
	Effective Date:	December 2021	Manual Transmittal:	2021-06

Codes/References

O.C.G.A. § 19-8-4 Adoption Through the Department, Child-Placing Agency, or Out-of-state Licensed Agency

Requirements

The Division of Family and Children Services (DFCS) will:

1. Receive intake reports involving requests from a parent (biological or legal) to voluntarily surrender their parental rights, when the following criteria is met:
 - a. A biological and/or legal parent has expressed their willingness to execute a voluntary surrender of parental rights to a child; and
 - b. The information is assessed to not include allegations of child abuse.



A new intake report is not required when the biological and/or legal parent has an active child welfare case, a voluntary surrender of parental rights may be executed in an active case.

2. Gather the information surrounding the voluntary surrender of parental rights from the reporter.
3. Screen-in Intake Assessments that meet the criteria for a Special Circumstance Voluntary Surrender of Parental Rights.
4. Screen-out Intake Assessments when the information gathered does not meet the criteria for a Special Circumstance Voluntary Surrender of Parental Rights.




Intake Assessments that do not meet the criteria for a Special Circumstance Voluntary Surrender of Parental Rights must be processed and assessed in accordance with policies [3.1 Intake: Receiving Intake Reports](#) and [3.2 Intake: Making an Intake Decision](#).

5. Notify the County Department of any assigned Special Circumstance Investigation within two hours of receipt of the Intake Report.

Procedures

Centralized Intake Specialist

1. Gather and document information from the reporter regarding the voluntary surrender of parental rights request.
 - a. Obtain the name, address, date of birth, demographics, and current location of all children for whom the parent(s) wishes to voluntarily relinquish their parental rights.
 - b. Obtain the name, address, date of birth, demographics, and current location of all parents (mother(s) and father(s)) and legal guardians, regardless of where the child(ren) reside.
 - c. If the child and/or parent have or is believed to have American Indian heritage (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).
 - d. Confirm the parent, guardian, or legal custodian's willingness to execute a voluntary surrender parental rights to allow adoption for the child.
 - e. Inform the reporter of the next steps in the intake process.
2. Conduct safety screenings in accordance with policy [19.9 Case Management: Safety Screenings](#).
3. Thoroughly evaluate all information gathered:
 - a. Determine if the Intake Assessment meets the criteria for a Special Circumstance Voluntary Surrender of Parental Rights.
 - b. Analyze DFCS history in accordance with policy [19.10 Case Management: Analyzing DFCS History](#).
 - c. Evaluate for indicators of child maltreatment and safety issues.
4. Input the Intake Assessment into Georgia SHINES.
 - a. Classify as a Special Circumstance Voluntary Surrender.
 - b. Document the justification to support the case assignment recommendation.
5. Recommend the Intake Assessment is:
 - a. Screened-in when the information gathered meets the criteria for a Special Circumstance Voluntary Surrender of Parental Rights.
 - b. Screened-out when the information gathered does not meet the criteria for a Special Circumstance Voluntary Surrender of Parental Rights.

 Intake Assessments that do not meet the criteria for a Special Circumstance Voluntary Surrender of Parental Rights must be processed and assessed in accordance with policies [3.1 Intake: Receiving Intake Reports](#) and [3.2 Intake: Making an Intake Decision](#).
6. Participate in a supervisory staffing to discuss the intake disposition. Be prepared to discuss how the information gathered meets or does not meet the criteria for a Special Circumstance Voluntary Surrender of Parental Rights.

7. Notify the County Department's CPS Intake Communication Center (CICC) Point of Contact (POC) of any assigned Special Circumstance Voluntary Surrender of Parental Rights.
8. Submit the Intake Assessment to the Centralized Intake Specialist Supervisor for approval.

Centralized Intake Specialist Supervisor

1. Thoroughly evaluate all information gathered and review the Special Circumstance Intake Assessment in Georgia SHINES.
 - a. Determine if the circumstances meet the criteria for a Special Circumstance Voluntary Surrender of Parental Rights.
 - b. Verify the Intake Assessment is classified as a Special Circumstance Voluntary Surrender of Parental Rights.
 - c. Document a justification to support the case assignment decision.
2. Staff the Intake Assessment with the Centralized Intake Specialist in accordance with policy [19.6 Case Management: Supervisor Staffing](#).
3. Screen-in the Intake Assessment when the information gathered meets the criteria for a Special Circumstance Voluntary Surrender of Parental Rights.
 - a. Stage progress the Intake Assessment to a Special Circumstance Voluntary Surrender of Parental Rights.
 - b. Assign the Special Circumstance to the County Department's CICC POC.
4. Screen-out the Intake Assessment when the information gathered does not meet the criteria for a Special Circumstance Voluntary Surrender of Paternal Rights.



Intake Assessments that do not meet the criteria for a Special Circumstance Voluntary Surrender of Parental Rights must be processed and assessed in accordance with policies [3.1 Intake: Receiving Intake Reports](#) and [3.2 Intake: Making an Intake Decision](#).

Practice Guidance

A voluntary surrender of parental rights legally severs the parent-child relationship and allows the child to be adopted. CICC may initiate a Special Circumstance Voluntary Surrender of Parental Rights when the parent (biological or legal) does not have an active child welfare case and the intake is not assessed to include child abuse. A voluntary surrender of parental rights may be executed in an active case without opening a new Special Circumstance Intake Assessment.

When allegations of child abuse are present, the intake cannot be processed as a Special Circumstance and must be assessed in accordance with policy [3.1 Intake: Receiving Intake Reports](#).

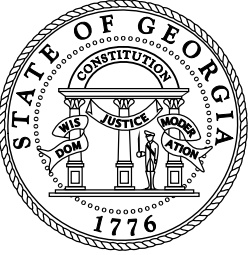
A voluntary surrender of parental rights differs from abandonment. Abandonment is present when a parent's conduct shows an intent to forgo or a desertion of parental rights, such as by leaving the child for six months or longer without communication, visitation or providing provisions for the child's support (food/clothing/shelter).

For more information on Voluntary Surrender of Parental Rights, see policy [17.12 Legal: Voluntary Surrender of Parental Rights](#).

Forms and Tools

N/A

3.21 Special Circumstance Intakes Involving Short Term Emergency Care (Emergency or Illness)

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(3) Intake		
	Policy Title:	Special Circumstance Intakes Involving Short Term Emergency Care (Emergency or Illness)		
	Policy Number:	3.21	Previous Policy Number(s):	3.12
	Effective Date:	December 2021	Manual Transmittal:	2021-06

Codes/References

O.C.G.A. § 15-11-130 (a) Emergency Care and Supervision of Child Without Court Order

O.C.G.A. § 19-7-5 Reporting of Child Abuse

Requirements

The Division of Family and Children Services (DFCS) will:

1. Receive intake reports involving requests for short term emergency care (STEC) when the following criteria is met:
 - a. As a result of an emergency or illness, the physical and legal custodian is unable to provide for the care and supervision of the child;
 - b. The circumstances are not expected to exceed seven calendar days;
 - c. The reporter is the physical and legal custodian, a law enforcement officer, emergency personnel employed by a licensed ambulance provider, fire rescue personnel, or a hospital administrator or their designee; and
 - d. The child is not at imminent risk of abuse or neglect, other than the risks arising from being without a caretaker.
2. Gather from the reporter the circumstances surrounding the STEC request.
3. Screen-in Intake Assessments that meet the criteria for Special Circumstance Short Term Emergency Care.
4. Screen-out Intake Assessments when the information gathered does not meet the criteria for STEC.



Intake Assessments that do not meet the criteria for a Special Circumstance Short Term Emergency Care (Emergency or Illness) must be processed and assessed in accordance with policies [3.1 Intake: Receiving Intake Reports](#) and [3.2 Intake: Making an Intake Deci-](#)

sion.

5. Notify the County Department of any assigned Special Circumstance STEC within two hours of receipt of the intake report.

Procedures

Centralized Intake Specialist

1. Gather information from the reporter regarding the STEC request:
 - a. The name, address, date of birth, demographics, and current location of all children in need of STEC;
 - b. The name, address, date of birth, demographics, and current location of all parents (mother(s) and father(s)) and legal guardians, regardless of where the child(ren) reside.
 - c. If the child and/or parents have or is believed to have, American Indian heritage (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#));
 - d. The circumstances surrounding the emergency or illness, including if the parent is incapacitated and unable to make decisions.
 - e. The estimated duration of the emergency or illness.
 - f. The names and contact information for any relatives or fictive kin.
 - g. Inform the reporter of the next steps in the intake process.
2. Thoroughly evaluate all information gathered:
 - a. Determine if the Intake Assessment meets the criteria for Special Circumstance Short Term Emergency Care (Emergency or Illness).
 - b. Analyze DFCS history in accordance with policy [19.10 Case Management: Analyzing DFCS History](#).
 - c. Evaluate for indicators of child maltreatment and safety issues.
3. Input the Intake Assessment in Georgia SHINES using the guidelines in the Georgia SHINES Job Aid Recording Safe Place for Newborns-Short-Term Emergency Care Intakes.
 - a. Classify the intake report as a Special Circumstance Short Term Emergency Care.
 - b. Document the justification to support case assignment recommendation.
4. Recommend the Intake Assessment is:
 - a. Screened-in when the information gathered meets the criteria for a STEC.
 - b. Screened-out when the information gathered does not meet the criteria for a STEC.



Intake Assessments that do not meet the criteria for a Special Circumstance Short Term Emergency Care (Emergency or Illness) must be processed and assessed in accordance with policies [3.1 Intake: Receiving Intake Reports](#) and [3.2 Intake: Making an Intake Decision](#).

5. Participate in a supervisory staffing to discuss the intake disposition. Be prepared to discuss

how the information gathered meets or does not meet the criteria for a Special Circumstance STEC.

6. Notify the County Department's CICC POC(s) of any assigned Special Circumstance STEC.
7. Submit the Intake Assessment to the Centralized Intake Specialist Supervisor for approval.

Centralized Intake Specialist Supervisor

1. Thoroughly evaluate all information gathered and review the Special Circumstance STEC Intake Assessment in Georgia SHINES.
 - a. Confirm the circumstances meets the criteria for Short Term Emergency Care (Emergency or Illness).
 - b. Verify the Intake Assessment is classified as a Special Circumstance Short Term Emergency Care (Emergency or Illness).
 - c. Document a justification to support the case assignment decision.
2. Staff the Intake Assessment with the Centralized Intake Specialist in accordance with policy [19.6 Case Management: Supervisor Staffing](#).
3. Screen-in the Intake Assessment when the information gathered meets the criteria for a STEC.
 - a. Stage progress the Intake Assessment to a Special Circumstance Short Term Emergency Care.
 - b. Assign the Special Circumstance to the County Department's CICC POC.
4. Screen-out the Intake Assessment when the information gathered does not meet the criteria for Special Circumstance Short Term Emergency Care (Emergency or Illness).



Intake Assessments that do not meet the criteria for a Special Circumstance Short Term Emergency Care (Emergency or Illness) must be processed and assessed in accordance with policies [3.1 Intake: Receiving Intake Reports](#) and [3.2 Intake: Making an Intake Decision](#).

Practice Guidance


DFCS may use a STEC to support families experiencing a short-term emergency or illness. When the child enters foster care through STEC, DFCS has the same rights and powers regarding the child(ren) as the parent, guardian, or legal custodian, including the authority to consent to medical care. DFCS must diligently search for relatives or fictive kin who can temporarily care for the child. The parent, guardian or legal custodian has the right to have the child returned at any point during the seven-day STEC period.

STEC requests due to the physical and legal custodian's emergency or illness assessed to indicate child abuse shall not be processed as Special Circumstance STEC and shall be assessed in accordance with policy [3.1 Intake: Receiving Intake Reports](#).

Forms and Tools

N/A

3.22 Special Circumstance Intakes Involving Short Term Emergency Care (Human Trafficking)

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(3) Intake		
	Policy Title:	Special Circumstance Intakes Involving Short Term Emergency Care (Human Trafficking)		
	Policy Number:	3.22	Previous Policy Number(s):	3.9, 3.12
	Effective Date:	December 2021	Manual Transmittal:	2021-06

Codes/References

- O.C.G.A. § 15-11-130 Emergency Care and Supervision of Child Without Court Order; Immunity
- O.C.G.A. § 15-11-130.1 Referral to Victim Assistance Organizations of Child Suspected of Being a Victim of Sexual Exploitation or Trafficking
- O.C.G.A. § 16-5-46 Trafficking of Persons for Labor or Sexual Servitude
- O.C.G.A. § 19-7-5 Reporting of Child Abuse
- The Federal Victims of Trafficking and Violence Protection Act of 2000 (P.L. 106-386)

Requirements

The Division of Family and Children Services (DFCS) will:

1. Receive intake reports of alleged child abuse involving requests for short term emergency care (STEC) when the child is a victim of human trafficking (labor or sexual servitude) and the circumstances are not expected to exceed seven calendar days and one of the following criteria is met:
 - a. The child’s legal residence is outside of Georgia and contact with the state’s child welfare agency will be initiated for transfer of custody or contact has been made with the parent/guardian/legal custodian to regain physical custody of the child; or
 - b. The child is a national of another country (someone other than a U.S. citizen or U.S. permanent or temporary legal resident alien) and contact will be initiated with the consulate where the child has citizenship to facilitate the child’s return to his/her country of origin; or
 - c. There is concern that the child will return to the human trafficking situation and a secure facility is required and will be available within seven calendar days.
2. Gather from the reporter the circumstances surrounding the STEC request.
3. Screen-in Intake Assessments that meet the criteria for Special Circumstance Short Term Emergency Care Human Trafficking.
4. Screen-out Intake Assessments when the information gathered does not meet the criteria for STEC Human Trafficking.



Intake Assessments that do not meet the criteria for a Special Circumstance Human Trafficking shall be processed and assessed in accordance with policies [3.1 Intake: Receiving](#)

5. Notify the County Department of any assigned Special Circumstance STEC within two hours of receipt of the intake report.




Intake Assessments involving sex trafficking/sexual servitude that do not involve a request for STEC should be processed in accordance with policy [3.7 Intake: Intakes Involving Human Trafficking](#).

Procedures

Centralized Intake Specialist

1. Complete the Intake Assessment information gathering process with the reporter as outlined in policy [3.1 Intake: Receiving Intake Reports](#). In addition, gather the following information from the reporter:
 - a. What gives the reporter reason to suspect sex or labor trafficking?
 - b. Does the child have an intimate relationship with someone around five years of age or older than the child? Are the child's caregivers aware of this?
 - c. Does the child have money or expensive new belongings the child claims are gifts?
 - d. Does the child have tattoos or branding? Description of the tattoos.
 - e. Are the child's caregivers aware of the gifts or tattoos?
 - f. Does the child have a history of runaway or truant behavior?
 - g. Does the child have a history of substance abuse, sexualized behavior, changes in behavior or association with a different group of friends (possibly older)?
 - h. Does the child lie about their identity or are they unable to provide evidence of a legal guardian?
 - i. Does the child live with an employer or other "employees"?
 - j. Is the child paid little or nothing for work or services provided?
 - k. Has the child mentioned that "pay" goes toward a debt to "employer," fees for travel, or housing provided by employer?
2. Refer to the Human Trafficking Case Management Statewide Protocol for additional guidelines for intake reports involving human trafficking.
3. Thoroughly evaluate all information gathered:
 - a. Determine if the Intake Assessment meets the criteria for Special Circumstance Short Term Emergency Care Human Trafficking.
 - b. Analyze DFCS history in accordance with policy [19.10 Case Management: Analyzing DFCS history](#).
4. Input the Intake Assessment in Georgia SHINES using the guidelines in Georgia SHINES Job Aid Recording Safe Place for Newborns-Short-Term Emergency Care Intakes.
 - a. Classify the Intake Assessment as a Special Circumstance Short Term Emergency Care Sexual Servitude/Human Trafficking.

- b. Indicate that a case involves known or suspected sex trafficking/sexual servitude by using the “Suspected Commercially Sexually Exploited” label on the Person Detail Page.
 - c. Document the justification to support case assignment recommendation.
5. Recommend the Intake Assessment is:
- a. Screened-in when the information gathered meets the criteria for a Special Circumstance Short Term Emergency Care Human Trafficking.
 - b. Screened-out when the information gathered does not meet the criteria for a Special Circumstance Short Term Emergency Care Human Trafficking.
-  Intake Assessments that do not meet the criteria for a Special Circumstance Human Trafficking shall be processed and assessed in accordance with policies [3.1 Intake: Receiving Intake Reports](#) and [3.2 Intake: Making an Intake Decision](#).
- 6. Participate in a supervisory staffing to discuss the intake disposition. Be prepared to discuss how the information gathered meets or does not meet the criteria for a Special Circumstance Short Term Emergency Care Human Trafficking.
 - 7. Notify the County Department’s CICC POC(s) of any assigned Special Circumstance Short Term Emergency Care Human Trafficking.
 - 8. Provide notification within 24 hours of the intake report of known or suspected victims of sex trafficking to:
 - a. Law enforcement
 - b. Care Coordination Treatment Unit (CCTU)
 - c. Children’s Advocacy Centers of Georgia (CACGA)
 - 9. Submit the Intake Assessment to the Centralized Intake Specialist Supervisor for approval.

Centralized Intake Specialist Supervisor

- 1. Thoroughly evaluate all information gathered and review the Intake Assessment in Georgia SHINES.
 - a. Determine if the circumstances meets the criteria for Special Circumstance Short Term Emergency Care Human Trafficking.
 - b. Verify the Intake Assessment is classified as a Special Circumstance Short Term Emergency Care Sexual Servitude/Human Trafficking.
 - c. Document a justification to support the case assignment decision.
- 2. Staff the Intake Assessment with the Centralized Intake Specialist in accordance with policy [19.6 Case Management: Supervisor Staffing](#).
- 3. Screen-in the Intake Assessment when the information gathered meets the criteria for a Special Circumstance Short Term Emergency Care Human Trafficking.
 - a. Stage progress the Intake Assessment to a Special Circumstance Short Term Emergency Care Sexual Servitude/Human Trafficking.
 - b. Assign the Special Circumstance to the County Department’s CICC POC.
- 4. Screen-out the Intake Assessment when the information gathered does not meet the criteria for



Intake Assessments that do not meet the criteria for a Special Circumstance Human Trafficking shall be processed and assessed in accordance with policies [3.1 Intake: Receiving Intake Reports](#) and [3.2 Intake: Making an Intake Decision](#).

Practice Guidance

DFCS may use a STEC to support families when the child is a victim of labor or sex trafficking. When the child enters foster care through STEC, DFCS has the same rights and powers regarding the child(ren) as the parent, guardian or legal custodian, including the authority to consent to medical care. The parent, guardian or legal custodian has the right to have the child returned at any point during the seven-day STEC period.

Human Trafficking

Human trafficking involves the exploitation of people through force, coercion, threat, and deception and includes human rights abuses such as debt bondage, deprivation of liberty, and lack of control over freedom and labor. Trafficking can be for purposes of sexual exploitation or labor exploitation.

Sex Trafficking

Federal law defines sex trafficking as the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a child for the purpose of a commercial sex act. “Severe form of [sex] trafficking in persons” means sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age.

Georgia law defines sexual servitude as any sexually explicit conduct or performance involving sexually explicit conduct for which anything of value is directly or indirectly given, promised to, or received by any individual, which conduct is induced or obtained:

1. By coercion or deception;
2. From an individual who is under the age of 18 years;
3. From an individual whom the accused believes to be under the age of 18 years;
4. From an individual who has a developmental disability; or
5. From an individual whom the accused believes to have a developmental disability.

Labor Trafficking

Federal defines a “severe form of [labor] trafficking in persons” as the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion in order to subject that person to involuntary servitude, peonage, debt bondage or slavery.

Georgia law states a person commits the offense of trafficking a person for labor servitude when that person knowingly subjects another person to or maintains another person in labor servitude

or knowingly recruits, entices, harbors, transports, provides, or obtains by any means another person for the purpose of labor servitude.

Georgia defines labor servitude as work or service of economic or financial value which is performed or provided by another individual and is induced or obtained by coercion or deception. Types of labor exploitation include domestic servitude, restaurant work, janitorial work, sweatshop factory work, and migrant agricultural work.

Coercion

Federal law defines coercion as:

1. Threats of serious harm to or physical restraint against any person;
2. Any scheme, plan, or pattern intended to cause a person to believe that failure to perform an act would result in serious harm to or physical restraint against any person; or
3. The abuse or threatened abuse of the legal process.

Georgia law defines coercion as:

1. Causing or threatening to cause bodily harm to any individual, physically restraining or confining any individual, or threatening to physically restrain or confine any individual;
2. Exposing or threatening to expose any fact or information or disseminating or threatening to disseminate any fact or information that would tend to subject an individual to criminal or immigration proceedings, hatred, contempt, or ridicule;
3. Destroying, concealing, removing, confiscating, or possessing any actual or purported passport or other immigration document, or any other actual or purported government identification document, of any individual;
4. Providing a controlled substance to such individual for the purpose of compelling such individual to engage in labor or sexual servitude against his or her will; or
5. Causing or threatening to cause financial harm to any individual or using financial control over any individual.

Deception

1. Creating or confirming another's impression of an existing fact or past event which is false and which the accused knows or believes to be false;
2. Maintaining the status or condition of an individual arising from a pledge by such individual of his or her personal services as security for a debt, if the value of those services as reasonably assessed is not applied toward the liquidation of the debt or the length and nature of those services are not respectively limited and defined, or preventing an individual from acquiring information pertinent to the disposition of such debt; or
3. Promising benefits or the performance of services which the accused does not intend to deliver or perform or knows will not be delivered or performed. Evidence of failure to deliver benefits or perform services standing alone shall not be sufficient to authorize a conviction under this Code section.

Commercial Sex Act

The term "commercial sex act" means any sex act on account of which anything of value is given to or received by any person.


Debt Bondage

The term "debt bondage" means the status or condition of a debtor arising from a pledge by the debtor of his or her personal services or of those of a person under his or her control as a security for debt, if the value of those services as reasonably assessed is not applied toward the liquidation of the debt or the length and nature of those services are not respectively limited and defined.

Forms and Tools

[Human Trafficking Case Management Statewide Protocol](#)

3.23 Special Circumstance Intakes Involving Temporary Protective Custody of a Child by Physician

 Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(3) Intake		
Policy Title:	Special Circumstance Intakes Involving Temporary Protective Custody of a Child by Physician		
Policy Number:	3.23	Previous Policy Number(s):	3.12
Effective Date:	December 2021	Manual Transmittal:	2021-06

Codes/References

O.C.G.A. §15-11-131 Temporary Protective Custody by Physician Without Court Order and Without Parental Consent; Immunity (Terrell Peterson Act of 2000)

Requirements

The Division of Family and Children Services (DFCS) will:

1. Receive intake reports of alleged child abuse from a physician, licensed in Georgia, who has taken a child under their medical care into protective custody without a court order and without parental consent.
2. Gather from the reporting physician or healthcare professional the circumstances surrounding the temporary protective custody of a child by a physician.
3. Screen-in Intake Assessments that meet the criteria for a Special Circumstance Physician Taking Child into Custody.
4. Assign the Special Circumstance Physician Taking Child into Custody for immediate response.




Special Circumstance Physician Taking Child into Custody may be assigned for a 24-hour

response when the child is eligible for inpatient admission and not medically ready for discharge.

5. Screen-out Intake Assessments when the information gathered does not meet the criteria for a Special Circumstance Physician Taking Child into Custody, and/or

- a. The Intake Assessment does not meet Georgia law and DFCS policy requirements for child abuse; and
- b. Juvenile court did not authorize the child to be placed in DFCS custody.

 Intake Assessments that do not meet the criteria for a Special Circumstance Physician Taking Child into Custody shall be assessed in accordance with policy [3.2 Intake: Making an Intake Decision](#) for screen-out eligibility.

6. Notify the County Department of any assigned Special Circumstance Physician Taking Child into Custody within two hours of receipt of the Intake Report.

Procedures




Centralized Intake Specialist

1. Complete the Intake Assessment information gathering process with the reporter as outlined in policy [3.1 Intake: Receiving Intake Reports](#). In addition, gather the following information from the reporter:

- a. The reporting physician's name, position, and contact information.


 If the reporter is a healthcare professional calling on behalf of the physician, such as the hospital social worker, obtain the physician's information.


- b. The circumstances that present imminent danger to the child, including the reason there was not sufficient time to obtain a court order.
- c. The date and time the physician took or retained temporary protective custody of the child without a court order.
- d. The child's status including:
 - i. The current location of child
 - ii. Medical and health status
 - iii. If the child was admitted to the hospital or institution and the anticipated date of discharge
- e. Whether the child's parents, guardian, or legal custodian were informed of the whereabouts of the child. If not, obtain the reason(s) for failing to notify the parents, guardian or legal custodian and advise the physician of the legal requirement to notify.
- f. Whether law enforcement or Juvenile Court was contacted for authorization to place the child into DFCS custody:
 - i. If Juvenile Court was contacted obtain:
 1. The date and time the juvenile court intake officer provided authorization; or

2. The reason for the denial of authorization.
 - ii. If law enforcement was contacted, inquire when law enforcement brought the child before a juvenile court intake officer.
 - iii. If Juvenile Court or law enforcement has not been contacted, advise physician of their requirement to contact Juvenile Court or law enforcement no later than 24 hours after the child is held in temporary custody.
2. Conduct safety screenings in accordance with policy [19.9 Case Management: Safety Screenings](#).
3. Thoroughly evaluate all information gathered in accordance with policy [3.2 Intake: Making an Intake Decision](#) and determine if the Intake Assessment meets the criteria for a Special Circumstance Physician Taking Child into Custody.
4. Input the Intake Assessment into Georgia SHINES:
 - a. Classify as a Special Circumstance Physician Taking Child into Custody.
 - b. Document the justification to support the case assignment recommendation.
5. Recommend the Intake Assessment is:
 - a. Screened-in when the information gathered meets the criteria for a Special Circumstance Physician Taking Child into Custody.
 -  Assign the Special Circumstance Physician Taking Child into Custody for immediate response. Except for when the child is eligible for inpatient admission and not medically ready for discharge it can be assigned for a 24-hour response.
 - b. Screened-out when:
 - i. The information gathered does not meet the criteria for a Special Circumstance Physician Taking Child into Custody; and/or
 - ii. Intake Assessment does not meet Georgia law and DFCS policy requirements for child abuse and Juvenile court did not authorize the child to be placed in DFCS custody.
 -  Intake Assessments that do not meet the criteria for a Special Circumstance Physician Taking Child into Custody shall be assessed in accordance with policy [3.2 Intake: Making an Intake Decision](#) for screen-out eligibility.
6. Participate in a supervisory staffing to discuss the intake disposition. Be prepared to discuss how the information gathered meets or does not meet the criteria for a Special Circumstance Physician Taking Child into Custody.
7. Notify the County Director(s) and the county department's CPS Intake Communication Center (CICC) Point of Contacts (POC) of any assigned Special Circumstance Physician Taking Child into Custody within two hours of receipt the intake report.
 - a. Provide the time the physician took custody of the child.
 -  If the child is medically ready for discharge, DFCS must take physical custody within six hours of receipt of the intake report.
 - b. Document in the Intake Assessment the notification to the County Director(s) and CICC POC(s).

8. Submit the Intake Assessment to the Centralized Intake Specialist Supervisor for approval.

Centralized Intake Specialist Supervisor

1. Verify the information is gathered from the reporter in accordance with policy [3.1 Intake: Receive Intakes](#).
2. Thoroughly evaluate information gathered to make an intake decision in accordance with policy [3.2 Intake: Making an Intake Decision](#):
 - a. Determine if the circumstances meet the criteria for a Special Circumstance Physician Taking Child into Custody.
 - b. Verify the Intake Assessment is classified as a Special Circumstance Physician Taking Child into Custody.
 - c. Document a justification to support the case assignment decision.
3. Staff the Intake Assessment with the Centralized Intake Specialist in accordance with policy [19.6 Case Management: Supervisor Staffing](#).
4. Screen-in the Intake Assessment when the information gathered meets the criteria for a Special Circumstance Physician Taking Child into Custody.
 - a. Verify the Centralized Intake Specialist notified the CICC POC(s) within two hours of receipt of the intake report.
 - b. Confirm the Special Circumstance is assigned for an immediate response, except for when the child is eligible for inpatient admission and not medically ready for discharge.
 -  DFCS must take physical custody within six hours of receipt of the intake report, if the child is medically ready for discharge.
 - c. Stage progress the Intake Assessment to a Special Circumstance Physician Taking Child into Custody.
 - d. Assign the Special Circumstance to the County Department's CICC POC.
5. Screen-out the Intake Assessment when:
 - a. The information gathered does not meet the criteria for a Special Circumstance Physician Taking Child into Custody; and/or
 - b. Intake Assessment does not meet Georgia law and DFCS policy requirements for child abuse and Juvenile court did not authorize the child to be placed in DFCS custody.

-  Intake Assessments that do not meet the criteria for a Special Circumstance Physician Taking Child into Custody shall be assessed in accordance with policy [3.2 Intake: Making an Intake Decision](#) for screen-out eligibility.

Practice Guidance

The Terrell Peterson Act gives a physician, licensed to practice medicine in the state of Georgia and who is treating a child, the authority to take or retain temporary protective custody of a child without a court order, without the consent of a parent, guardian, or legal custodian, if:


1. The physician has reasonable cause to believe that the child is in a circumstance or condition that presents an imminent danger to the child’s life or health as a result of suspected abuse; and
2. There is not sufficient time for a court order to be obtained for temporary custody of the child before the child may be removed from the presence of the physician.

The law requires a physician holding a child in temporary protective custody to make a report of the suspected child abuse; therefore, the reporter type must be a physician licensed to practice medicine in this state or a healthcare professional calling on behalf of the physician.

Forms and Tools

N/A

3.24 Mandated Reporters

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(3) Intake		
	Policy Title:	Mandated Reporters		
	Policy Number:	3.24	Previous Policy Number(s):	N/A
	Effective Date:	November 2023	Manual Transmittal:	2023-03

Codes/References

- O.C.G.A. §19-7-5 Reporting of Child Abuse
- O.C.G.A. §49-5-12 License and Inspection of Child Welfare Agencies; Standards; Penalties
- O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records
- Title IV-E of the Social Security Act Section 471(a) (9) (A)
- Child Abuse Prevention and Treatment Act (CAPTA)
- Public Law 114-198 Comprehensive Addiction and Recovery Act of 2016

Requirements


The Division of Family and Children Services (DFCS) will:

1. *Report to the Child Protective Services Intake Communication Center (CICC) immediately, but in no case later than 24 hours of known or suspected instances of child abuse and neglect including reports of physical or mental injury, sexual abuse or exploitation or negligent treatment or maltreatment of children including children receiving aid under Titles IV-B or IV-E, including children in the custody of DFCS.*



This includes physical injury or death, neglect or exploitation, emotional abuse, prenatal abuse, labor trafficking, sexual abuse, sexual exploitation, and an act or failure to act that presents an imminent risk of serious harm to the child’s physical, mental, or emotional health in accordance with Georgia law (see [Forms and Tools: Maltreatment Codes for definitions](#)).

2. Make available training regarding mandated reporters' legal obligation to report known or suspected child abuse to CICC, including if medical personnel:
 - a. Infants born-alive suspected of medical neglect under circumstances that indicate that the child's health or welfare is threatened; and
 - b. Infants born and identified as being affected by substance abuse (legal and illegal) or withdrawal symptoms resulting from prenatal drug exposure or a Fetal Alcohol Spectrum Disorder.
3. Inform mandated reporters of their obligation to report known or suspected instances of child abuse in accordance with the mandated reporter statute O.C.G.A. §19-7-5.
4. Inform all mandated reporters during the intake process in accordance with policy [3.1 Intake: Receiving Intake Reports](#):
 - a. Reporters are immune from any civil or criminal liability when a report is made in good faith.

 This includes any person or persons, partnership, firm, corporation, association, hospital, or other entity participating in the making of a report or causing a report to be made, and individuals who otherwise provide information or assistance, including, but not limited to, medical evaluations or consultations, in connection with a report.
 - b. Of the ability to request whether the investigation is ongoing or completed, and if completed whether child abuse was confirmed (substantiated) or unconfirmed (unsubstantiated) for the child concerning whom the report was made.
 - c. If school personnel, that DFCS shall provide written notification:
 - i. Within 24 hours of the receipt of an intake report to the school personnel who made the report to acknowledge receipt of the report; and
 - ii. Within five calendar days of completing the investigation to the school counselor from the school the child was attending at the time of the reported abuse, advising of the outcome (substantiated or unsubstantiated) of an intake report assigned as an investigation. If a school does not have a school counselor, this disclosure shall be made to the principal.
5. Provide notification of the receipt of the intake report to the mandated reporter by mail, email, or fax **within 24 hours** of the receipt of an intake report from a mandated reporter (see policy [3.1 Intake: Receiving Intake Reports](#)).
6. Provide to the mandated reporter notification of the investigation outcome, upon request, regarding the child concerning whom the report was made and shall disclose only whether the investigation of the reported abuse is ongoing or completed, if completed, was confirmed (substantiated) or unconfirmed (unsubstantiated) (see policy [5.4 Investigations: Notifications in Investigations](#), policy [6.9 Special Investigations: Notifications in Special Investigations](#)).

Procedures

Mandated Reporter Training

DFCS will make available mandated reporter training to educate mandated reporters on their

duties and responsibilities to report suspected child abuse as outlined in O.C.G.A. §19-7-5, Reporting Child Abuse:

1. Web-based training for all mandated reporters.
2. Specific training opportunities for medical personnel concerning:
 - a. Infants born-alive suspected of medical neglect under circumstances that indicate that the child's health or welfare is threatened; and
 - b. Infants born and identified as being affected by substance abuse (legal and illegal) or withdrawal symptoms resulting from prenatal drug exposure or a Fetal Alcohol Spectrum Disorder.
3. Mandated reporter training for DFCS staff.

Practice Guidance

Mandated Reporters in Georgia

Mandated reporters, in many instances, have long standing relationships and a unique perspective on the children and family for which they are reporting child abuse. Information based on this perspective is therefore vital to the intake decision-making process. Mandated Reporters per O.C.G.A. §19-7-5 Reporting Child Abuse are:

1. Physicians licensed to practice medicine, physician assistants, interns, residents
2. Hospital or medical personnel
3. Dentists
4. Licensed psychologists and persons participating in internships to obtain licensing pursuant to Chapter 39 of Title 43 of O.C.G.A.
5. Podiatrists
6. Registered professional nurses or licensed practical nurses licensed pursuant to Chapter 24 of Title 43 of O.C.G.A. or nurse's aides
7. Professional counselors, social workers, or marriage and family therapists licensed pursuant to Chapter 10A of Title 43 of O.C.G.A.
8. School teachers
9. School administrators
10. School counselors, visiting teachers, school social workers, or school psychologists certified pursuant to Chapter 2 of Title 20 of O.C.G.A.
11. Child welfare agency personnel, as that agency is defined pursuant to O.C.G.A. §49-5-12
12. Child counseling personnel
13. Child service organization personnel (defined as persons employed by or volunteering at a business or an organization, whether public, private, for profit, not for profit, or voluntary, that provides care, treatment, education, training, supervision, coaching, counseling, recreational programs, or shelter to children.)
14. Law enforcement personnel

15. Reproductive healthcare facility or pregnancy resource center personnel and volunteers
16. Clergy members when information is received outside the context of confession or other similar communication required to be kept confidential under church doctrine or practice. When information about child abuse is received from another source, the clergy member shall comply with reporting requirements, even if the child abuse information receipt occurs in conjunction with the confession of the perpetrator.

Some organizations use designated delegates to make CPS reports. If the organization uses a designated delegate, persons that are employees or volunteers at a hospital, school, social agency, or similar facility shall notify the person in charge of such hospital, school, agency, or facility, or the designated delegate, and the person notified shall make the report. DFCS does not use designated delegates.

Mandated Reporting Outside Professional Duties

The Georgia Supreme Court found in *May v. State* that the mandated reporter statute only required mandated reporters to report child abuse for children whom they “attend” in direct connection with their duties in the profession, occupation, employment or volunteer work by which the reporter is identified as a mandated reporter.

Requirements of a Mandated Reporter Per O.C.G.A. §19-7-5 Reporting of Child Abuse

Mandated reporters are required to report known or suspected instances of child abuse in the following manner:

1. Make an oral report by telephone or other oral communication or a written report by electronic submission or fax, immediately, but in no case later than 24 hours from the time there is reasonable cause to believe suspected child abuse has occurred, by telephone to 1-855-GA-CHILD or otherwise and followed by a report in writing, if requested by DFCS.
2. Ensure that reports contain the names and addresses of the child and the child’s parents or caregivers, if known, the child’s age, the nature and extent of the child’s injuries, including any evidence of previous injuries, and any other information that the reporting person believes might be helpful in establishing the cause of the injuries and the identity of the alleged maltreater.

Mandated Reporter Training

DFCS shall provide Mandated Reporters training related to their obligation to report known or suspected child abuse. Such trainings can be provided in person or available online at the following links:

1. [Mandated Reporter Training](#)
 - a. Select Course Menu;
 - b. Scroll to Health and Safety Section; and
 - c. Select Mandated Reporters: Critical Links in Protecting Children.
2. [Mandated Reporter Training for Medical Professionals](#)

Building Community Partnerships with Mandated Reporters

Mandated reporters within the local community are an important resource and can be a wealth of information for DFCS at any point during the life of a case, from intake through case closure. Increased collaboration with mandated reporters may result in more informed case decisions. Further, building partnerships with mandated reporters provides DFCS the opportunity to educate on their obligation to report suspected child abuse. Law enforcement, school personnel, medical and mental health professionals are some of the mandated reporters who may be involved with the families DFCS serves. They often have built relationships with the children and families, allowing them to provide unique perspectives and insights. It is important for DFCS to nurture and develop relationships with mandated reporters to foster collaborative work, mutual growth, and better outcomes for children and families. Examples of ways DFCS can cultivate this partnership include:


1. Conducting meet and greets with local law enforcement, including county sheriff's offices and local police departments, Department of Community Supervision staff or other related partners.
2. Participating in Back-to-School initiatives with county and city school systems to connect with local DFCS staff, educate on making a CPS referral and explain DFCS responses and track assignments.

Additionally, to better develop an understanding of each mandated reporter's role and responsibilities regarding child welfare in Georgia, DFCS should be providing training to mandated reporters on a regular basis and participating in other multi-disciplinary activities within the community.

Forms and Tools

[Maltreatment Codes](#)

3.25 Sharing Intake Reports with Law Enforcement, District Attorney or Military

Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(3) Intake	
	Policy Title:	Sharing Intake Reports with Law Enforcement, District Attorney or Military	
	Policy Number:	3.25	Previous Policy Number(s): N/A
	Effective Date:	July 2024	Manual Transmittal: 2024-06

Codes/References

O.C.G.A. § 19-7-5 Reporting of Child Abuse (e)(f)

O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records

Child Abuse and Prevention Treatment Act (CAPTA)

Requirements

The Division of Family and Children Services (DFCS) will:

1. Notify law enforcement or the district attorney immediately of intake assessments that contain an allegation of abuse or neglect, regardless of the intake disposition.
2. Notify military law enforcement and family advocacy programs immediately of intake assessments that contain an allegation of abuse or neglect, regardless of the intake disposition when the parent/guardian of the alleged victim child is on active duty in the armed forces of the United States. Include any pictures accompanying the report in the notification.



'Active duty' means full-time duty status in the Armed forces of the United States' or 'military' including the: United States Army, United States Navy, United States Marine Corps, United States Coast Guard, United States Air Force, United States Space Force, United States National Guard, Georgia Army National Guard, or Georgia Air National Guard, or a reserve component thereof.

Procedures

The CPS Intake Communications Center (CICC) will:

1. Launch the Notification to Law Enforcement Agency Abuse/Neglect Report from Georgia SHINES Intake Action page.
2. Submit the Notification to Law Enforcement Agency Abuse/Neglect Report to local law enforcement, and military (law enforcement and family advocacy program) as applicable via mail, secure email or fax (see Practice Guidance: Secure Email). Include any pictures that accompanied the intake report with the notification.
3. Document on the Georgia SHINES Intake Action page that law enforcement and the military (as applicable) were notified of the intake report.

Practice Guidance

Secure Email

State law allows DFCS to share information with the approved authorities via electronic methods. Federal law, Health Information Protection and Portability Act (HIPAA (Public Law 104-191) also allows electronic sharing but it must adhere to their Standards for Information Transactions and Data Elements, which requires that information is shared using a secured method. Standard email is not secure as it can be easily intercepted.

Military Law Enforcement

Military law enforcement means, for the particular branch, the police corps, division, branch, agency, or authority of the military responsible for law enforcement or force protection. To locate the military law enforcement at a particular military installation:

1. Go to the Military OneSource website at installations.militaryonesource.mil/, scroll down to the Installation Program Directory, select Family Advocacy Program from the drop down list, then

enter the name of the installation.

2. Contact the Family Advocacy Program and request information for the military installation's law enforcement appropriate contact to send the information.

Family Advocacy Programs

Family Advocacy Programs were established by the military for the particular branch of service for the prevention, education, prompt reporting, investigation, intervention, or treatment of spouse or child abuse.

To locate the military family advocacy programs at a particular military installation go to the Military OneSource website at installations.militaryonesource.mil/, scroll down to the Installation Program Directory, select Family Advocacy Program from the drop down list, then enter the name of the installation.

Forms and Tools


[DHS Encrypt Recipient Instructions](#)

[DHS Encrypt Sender Instructions](#)

[Guide for Secure Information Sharing](#)

[Guide for Secure Information Sharing with the Military](#)

3.26 Screen-Out Refer Process

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(3) Intake		
	Policy Title:	Screen-Out Refer Process		
	Policy Number:	3.26	Previous Policy Number(s):	N/A
	Effective Date:	November 2023	Manual Transmittal:	2023-03

Codes/References

Child Abuse Prevention and Treatment Act (CAPTA)

Requirements

The Division of Family and Children Services (DFCS) will:

1. Refer families to community-based prevention or early intervention services when the Intake Assessment does not meet Georgia statute and DFCS policy requirements for child abuse but indicates the family may have non-safety related needs and community resources could strengthen and support the family and/or child.
2. Assign screen out and refer Intake Assessments to the County Division to initiate the referral to a community-based prevention or early intervention service provider(s) to address the identified non-safety related need(s).

3. Notify the family of receipt of the intake report and engage the family in identifying service provisions prior to completing the referral to prevention or early intervention services.



To facilitate family engagement, the County Division should prioritize contacting the family by telephone, if a working contact number is provided.

4. Initiate a referral to the community-based prevention or early intervention service provider(s) on receipt of the screen out and refer Intake Assessment from the CPS Intake Communication Center (CICC).

Procedures

The CICC Centralized Intake Specialist Supervisor (CISS) will:

1. Verify the Intake Assessment includes the family's identified non-safety related need(s).
2. Assign the Intake Assessment to the County Division in Georgia SHINES to complete the referral to prevention or early intervention services.

The County Division will:

1. Upon receipt of a screen-out and refer Intake Assessment from the CICC within one business day, contact the family via telephone call or written notice:
 - a. Explain:
 - i. An Intake Assessment was received indicating that the family may be in need of assistance;
 - ii. The DFCS process to address screen-out and refer Intake Assessments;
 - iii. Reason(s) for concern and how the family may benefit from services;
 - b. Collaborate with the family to locate a community-based prevention or early intervention service provider to address the specified need.
2. Implement the identified community-based prevention or early intervention services to address the specified need in accordance with policy [19.17 Case Management: Service Provision](#).
3. Document in Georgia SHINES screen-out and refer activities within 72 hours of occurrence including uploading the referral and any service notes or reports into External Documentation.
4. Complete supervisor approval of the Intake Assessment in Georgia SHINES.

Practice Guidance

Prevention Services

Prevention services are community-based, prevention-focused designed to strengthen and support families in order to prevent child abuse. The type of services to address the prevention of child abuse include:

- Early childhood and childcare services
- Employment/job training

- Financial Assistance
- Home visiting programs
- Legal services
- Mental health services
- Parent education
- Parent support groups
- Respite care
- Sexual abuse prevention
- Substance abuse prevention
- Violence prevention


Early Intervention Services

Early intervention (EI) services are community-based services that build on and increase the strength and stability of families, increase parent confidence and competence in their parenting abilities and enhance family functioning to prevent or address child abuse. EI services are short term and are offered at no cost to the family. See policy [18.1 Support Services to Preserve or Reunify Families: Early Intervention](#) for additional information.

Forms and Tools

[Prevent Child Abuse Georgia](#)

3.27 Administrative Opening

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(3) Intake		
	Policy Title:	Administrative Opening		
	Policy Number:	3.27	Previous Policy Number(s):	4.1
	Effective Date:	March 2023	Manual Transmittal:	2023-01

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Use administrative openings to address child safety threats identified during a case review of a closed child welfare case, when it is unrelated to a new report of abuse or neglect.
2. Administratively open a case in Georgia SHINES upon the directive of State, Regional or County

Administration using the report date of the original intake.

Procedures

The CPS Intake Communications Center (CICC) will:

1. Input the Intake Assessment in Georgia SHINES, document:
 - a. All pertinent information from the original intake including the alleged maltreatment and the case ID number.
 - b. The name of the individual who provided the directive for the administrative open.
 - c. The safety threat identified during the case review.
 - d. The classification of the intake report as an administrative open



When conducting an administrative open on a special investigation, the rekey must remain classified as a special investigation.

2. Notify the legal and boarding (if applicable) County Director(s) and County Department's CICC Point of Contact(s) (POC) of an administrative open Intake Assessment.

Practice Guidance

Administrative openings should only be utilized in limited circumstances to immediately assure child safety. Families deserve the opportunity to raise their children without unwarranted DFCS oversight and intervention. The family expects DFCS involvement to end with case closure. While safety threats must be addressed during the open case, rare exceptions may occur when DFCS realizes unmitigated safety threats exist in a closed case. Administrative openings allow DFCS to re-engage the family for the safety threat identified in the prior case. The original intake date demonstrates the re-assessment of the previously closed case, and not the initiation of a new case/report.


An administrative opening is not appropriate when:

1. There is a new report of child maltreatment. This situation requires a new intake report.
2. A second level screen out review or other type of internal CICC review overturns the original disposition. This situation requires a rekey of the original intake report using the original report date.
3. A user accidentally closed an intake assessment or case in Georgia SHINES and the case needed to remain open.

Forms and Tools

N/A

3.28 Information and Referrals

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(3) Intake		
	Policy Title:	Information and Referrals		
	Policy Number:	3.28	Previous Policy Number(s):	3.17
	Effective Date:	December 2021	Manual Transmittal:	2021-06

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Receive Information and Referral (I&R) requests when the following criteria is met:
 - a. Information or a referral to community resources is requested; and
 - b. There is no intent to report child abuse and the information is assessed to not include an allegation of child abuse.
2. Input the I&R in Georgia SHINES.
3. Accept I&R requests when the information gathered meets the I&R criteria.
4. Reject I&R requests that do not meet the I&R criteria.



Intake Assessments with alleged child abuse shall not be processed as an I&R and shall be assessed in accordance with policy [3.1 Intake: Receiving Intake Reports](#).

Procedures

Centralized Intake Specialist

1. Gather information from the reporter.
2. Thoroughly evaluate all information gathered:
 - a. Assess for child maltreatment and safety issues or an intent to report child abuse.
 - b. Determine if the intake report meets the criteria for an I&R.
3. Provide the requested information, as appropriate, ensuring not to unlawfully disclose confidential information or protected health information (see policy [2.6 Information Management: Confidentiality/Safeguarding Information](#)).
4. Input the I&R in Georgia SHINES.
 - a. Classify as an I&R-Non-Incident Request Type.
 - b. Document on the I&R the information or resources provided to the reporter or if the information was unable to be provided and the reason(s) it was not provided.
 - c. Document the justification to support the I&R decision.

5. Notify the appropriate County Department's CICC Point of Contact (POC) and social services case manager (SSCM) of the I&R requests, if the family has an active case.
6. Submit the I&R to the Centralized Intake Specialist Supervisor for approval

Centralized Intake Specialist Supervisor

1. Thoroughly evaluate all information gathered and review the I&R Non-Incident Request in Georgia SHINES.
 - a. Verify the information meets the criteria for an I&R.
 - b. Confirm the Intake Assessment is classified as an I&R Non-Incident Request.
 - c. Verify the requested information was provided to the caller, as appropriate.
 - d. If the family has an active case, confirm notification to the POC was completed and documented.
 - e. Document the supervisor's justification to support the I&R decision.
2. Reject I&Rs containing allegations of child abuse and provide feedback to the CIS to immediately call the reporter to initiate an intake report (see policy [3.1 Intake: Receiving Intake Reports](#)).
3. Approve the I&R requests that meet the I&R criteria in Georgia SHINES.

Practice Guidance


I&Rs are a type of non-incident request that involve a caller seeking information without an intent to report child abuse, and the information is not assessed to contain child abuse. For example, a caller may request assistance locating a community resource, such as mental health services or a clothing bank. Callers may be referred to Prevent Child Abuse Georgia 1-800-CHILDREN to assist them with services in their area. Additionally, reporters may request assistance with DFCS services, such as reaching their assigned child welfare or Office of Family Independence (OFI) case manager, or they may need to be referred to a program within the Department of Human Services, such as Adult Protective Services (APS).

When the information gathered from the caller indicates allegations of maltreatment or an intent to make a CPS report, the case must be processed in accordance with policy [3.1 Intake: Receiving Intake Reports](#). For example, when a caller discusses a specific incident to determine if an intake report is warranted, the information should be processed in accordance with policy [3.1 Intake: Receiving Intake Reports](#).

Forms and Tools

N/A

3.29 Request for Courtesy Interviews

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(3) Intake		
	Policy Title:	Request for Courtesy Interviews		
	Policy Number:	3.29	Previous Policy Number(s):	3.28
	Effective Date:	December 2021	Manual Transmittal:	2021-06

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Receive requests for courtesy interviews when another state is requesting an interview of a child or other individual involved in an active child welfare case.



Requests made regarding a child in another state's custody must go thru the Interstate Compact on the Placement of Children (ICPC) unit in accordance with policy [15.3 ICPC: Placement of Children from Other States into Georgia \(Georgia as Receiving State\)](#).

2. Accept courtesy interview requests when the information gathered meets the courtesy interview criteria.
3. Reject courtesy interview request that do not meet the courtesy interview criteria.




Requests for courtesy interviews that do not meet the criteria for a Courtesy Interview must be assessed in accordance with policy [3.1 Intake: Receiving Intake Reports](#).

4. Assign the courtesy interview request to the County Department for completion.
5. Complete the courtesy interview request and provide the results to the requesting out-of-state child welfare agency within five calendar days of receipt.
6. Adhere to Health Insurance Portability and Accountability Act and confidentiality provisions outlined in policies [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#).
7. Document case management activities in Georgia SHINES Contact Summaries within 72 hours of occurrence.
8. Immediately report any new or suspected instances of child abuse to the CPS Intake Communications Center (CICC) as outlined in policy [3.24 Intake: Mandated Reporters](#).

Procedures


Centralized Intake Specialist

1. Gather the following information from the requesting state agency:

- a. Demographic information of the individual(s) requested to be interviewed, including their preferred language, and their current location.
 - b. Specific information or allegations to be addressed with the individual(s).
 - c. Is there an open case with the requesting state's child welfare agency?
 - d. If there's an open case, what is the status and plan for the case, such as the case remaining open pending courtesy interview information, case closing after filing a report in Georgia, etc.?
 - e. Any relevant documentation, such as the original intake report, case documentation, police reports, etc.,
 - f. Is there court involvement? If so, the type of court involvement (i.e.-protective order, custody, etc.)
 - g. Obtain the contact information (mobile phone number and email address) for the assigned case manager in the requesting state, including a secondary individual's contact information such as a supervisor.
2. Thoroughly evaluate all information gathered and verify the Intake Assessment meets the criteria for a Courtesy Interview.
 3. Conduct safety screenings in accordance with policy [19.9 Case Management: Safety Screenings](#).
 4. Input the Courtesy Interview into Georgia SHINES.
 - a. Classify as a Courtesy Interview- Non-Incident Request Type.
 - b. Upload to External Documentation any accompanying documentation from the requesting state
 - c. Document the justification to support the case assignment recommendation.
 5. Recommend the Courtesy Interview be:
 - a. Accepted: When the information gathered meets the criteria for a Courtesy Interview Non-Incident Request
 - b. Closed: When the information gathered does not meet the criteria for a Courtesy Interview Non-Incident Request.
-  Requests for courtesy interviews that do not meet the criteria for a Courtesy Interview must be assessed in accordance with policy [3.1 Intake: Receiving Intake Reports](#).
6. Participate in a supervisory staffing to discuss the intake disposition. Be prepared to discuss how the information gathered meets or does not meet the criteria for a Courtesy Interview.
 7. Notify the County Department's CICC POC of any assigned Courtesy Interviews.
 8. Submit the courtesy interview request to the Centralized Intake Specialist Supervisor for approval.

Centralized Intake Specialist Supervisor

1. Thoroughly evaluate all information gathered and review the Courtesy Interview Non-Incident Request in Georgia SHINES.

- a. Verify the requesting state has provided clear instructions on what specific information is requested and provided a location for the individual to be interviewed.
 - b. Confirm the Intake Assessment is classified as a Courtesy Interview Non-Incident Request.
 - c. Verify the Intake Assessment meets the criteria for a Courtesy Interview.
 - d. Document the supervisor's justification to support the case assignment decision.
2. Staff the courtesy interview request with the Centralized Intake Specialist in accordance with policy [19.6 Case Management: Supervisor Staffing](#).
 3. Accept courtesy interview requests for assignment when the information gathered meets the criteria for a Courtesy Interview.
 4. Close courtesy interview requests when the information gathered does not meet the criteria for a Courtesy Interview.
- 

Requests for courtesy interviews that do not meet the criteria for a Courtesy Interview must be assessed in accordance with policy [3.1 Intake: Receiving Intake Reports](#).
5. Assign the accepted Courtesy Interview request to the County Department's CICC POC in Georgia SHINES.

The County Department will:

1. Thoroughly review the courtesy interview request and any accompanying information.
2. Contact the requesting state agency to obtain any clarification and information related to the courtesy interview.
3. Review and analyze DFCS history in accordance with policy [19.10 Case Management: Analyzing DFCS History](#).
4. Conduct a private face-to-face purposeful contact with the individual(s) as provided by the requesting state.
 - a. Explain DFCS' obligation to maintain confidentiality and safeguard information to prevent unauthorized disclosure:
 - i. Personal information provided to DFCS will be kept confidential (see policy [2.6 Information Management: Confidentiality/Safeguarding Information](#)).
 - ii. DFCS cannot share protected health information (PHI) with any person, agency, or contractor without prior written authorization from the owner of the PHI, unless otherwise permitted by law. Provide a copy of the Notice of Privacy Practices and obtain signature(s). See policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#).
 - iii. The type of information that will be maintained in the DFCS case record and of the information that can and cannot be released to the parent(s) upon request. Provide a copy of the Notice of Case Record Information Available to Parents/Guardians and obtain signatures (see policy [2.10 Information Management: J.J. v. Ledbetter Parent or Guardian Request for Information](#)).
 - b. Gather the specific information and/or address the maltreatment allegations identified by the requesting state.

5. Document case management activities in Georgia SHINES.
6. Provide the results of the courtesy interview to the requesting child welfare agency within five calendar days of receipt.
7. Close out the courtesy request in Georgia SHINES.

Practice Guidance

When another state has an open CPS case and requests assistance interviewing individuals residing in Georgia, a courtesy interview may be conducted. The requesting state must provide the individuals name and location, along with the information to gather in the interview.

If another state requests to transfer their case to Georgia, a new intake report must be completed in accordance with policy [3.1 Intake: Receiving Intake Reports](#). Requests made regarding a child in another state’s custody must go thru the Interstate Compact on the Placement of Children (ICPC) unit in accordance with policy [15.3 ICPC: Placement of Children from Other States into Georgia \(Georgia as Receiving State\)](#).

Procedures in this policy do not apply to in-state courtesy interviews. When a Georgia DFCS County Department requests a courtesy interview on an active case by another Georgia DFCS County Department, the requesting County Department should directly contact the receiving County Department for assistance. Upon approval, the requesting county will add the receiving county case manager as a secondary worker in Georgia SHINES, in lieu of entering an intake report.

Forms and Tools


[Notice of Case Record Information Available to Parents/Guardians](#)

[Notice of Case Record Information Available to Parents/Guardians \(Spanish\)](#)

[Notice of Privacy Practices](#)

[Notice of Privacy Practices \(Spanish\)](#)

3.30 Non-Incident Request Types (DJJ, ICPC, PAD and PFC)

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(3) Intake		
	Policy Title:	Non-Incident Request Types (DJJ, ICPC, PAD and PFC)		
	Policy Number:	3.30	Previous Policy Number(s):	3.17, 3.28
	Effective Date:	December 2021	Manual Transmittal:	2021-06


Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:


1. Enter a non-incident request type in Georgia SHINES when the following circumstances exist:
 - a. Department of Juvenile Justice (DJJ): When a child who was previously in DFCS custody, exited to DJJ and is now returning to DFCS custody without interruption.

 If the child has exited DFCS and/or DJJ custody and there has been any amount of time in which the child was back in the legal custody of their caregiver, then a new intake assessment and stage progression to investigations must occur.
 - b. Interstate Compact on the Placement of Children (ICPC): Georgia receives an ICPC request from another state regarding a child.
 - c. Post Adoption (PAD): To process the Adoption Assistance Application when the child is not in DFCS custody.
 - d. Post Foster Care (PFC): To process subsidy (relative care or guardianship) or Extended Foster Care payments when the PFC stage was not created, and FCC stage is closed.
2. Stage process non-incident requests in Georgia SHINES to generate the stage.
3. Upload supporting documentation into Georgia SHINES External Documentation.

Procedures

The specialized unit or the County Department will:

1. Enter non-incident request types in Georgia SHINES. Select the appropriate non-incident request type:
 - a. DJJ: This request type is used by foster care to create a new FCC stage for a child who was previously in DFCS custody that exited to DJJ and is now returning to DFCS custody without interruption.

 If the child has exited DFCS and/or DJJ custody and there has been any amount of time in which the child was back in the legal custody of their caregiver, then a new intake report must be made to the Centralized Intake Communication Center (CICC).
 - b. ICPC: This request type is used by the ICPC unit upon receipt of incoming ICPC request.
 - c. PAD: This request type is used to process the Adoption Assistance application for:
 - i. Private/independent adoptions
 - ii. DFCS Transfer of Custody for the Purpose of Adoption
 - d. PFC: This request type is used for the following when the PFC stage was not created, and the FCC stage is closed:
 - i. Initiating subsidy payments (relative care or guardianship); or
 - ii. Reinstatement of terminated subsidy payments is authorized; or
 - iii. Payment is needed for placement and support services for youth receiving Extended Fos-

ter Care.

2. Upload supporting documentation into Georgia SHINES External Documentation.
3. Stage process non-incident requests in Georgia SHINES to generate the stage.


Practice Guidance

The specialized unit or the County Department will be responsible for entering DJJ, ICPC, PAD and PFC non-incident request types.

Forms and Tools

N/A

3.31 Intakes Involving a Child in Need of Services (Maltreatment)

 Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(3) Intake		
Policy Title:	Intakes Involving a Child in Need of Services (Maltreatment)		
Policy Number:	3.31	Previous Policy Number(s):	N/A
Effective Date:	July 2024	Manual Transmittal:	2024-06

Codes/References

- O.C.G.A. § 15-11-2 Definitions
- O.C.G.A. § 15-11-380 Purpose of Article
- O.C.G.A. § 15-11-381 Definitions
- O.C.G.A. § 15-11-390 Filing of Complaint
- O.C.G.A. § 15-11-420 Authority to File Petition
- O.C.G.A. § 15-11-422 Content of Petitions
- O.C.G.A. § 15-11-423 Issuance of Summons
- O.C.G.A. § 15-11-442.1 Placement of a Child in Need of Services
- O.C.G.A. § 15-11-450 Comprehensive Services Plan for Child Found Unrestorably Incompetent to Proceed; Plan Manager
- O.C.G.A. § 15-11-601.1 Role of Judiciary Prior to Placing Child In Custody of DFCS
- O.C.G.A. § 19-7-5 Reporting of Child Abuse and Neglect

Requirements

The Division of Family and Children Services (DFCS) will:

1. Receive intake reports from juvenile court of alleged child abuse involving a child in need of services (CHINS) when the following criteria is met:

- a. A complaint or petition has been filed with the court concerning a CHINS where services are to be provided by DFCS; and/or
- b. The court is considering placing a child adjudicated as a CHINS in the custody of DFCS.



Intakes involving a CHINS with no allegation of child abuse shall be processed as a Special Circumstance in accordance with policy [3.16 Intake: Special Circumstance: Intakes Involving Child in Need of Services \(No Maltreatment\)](#).

2. Complete the Intake Assessment gathering process with the reporter as outlined in policy [3.1 Intake: Receiving Intake Reports](#).
3. Thoroughly evaluate the Intake Assessment to make an intake decision in accordance with policy [3.2 Intake: Making an Intake Decision](#).
4. Notify the County Division within two hours of receipt of the intake report for any assigned intake involving CHINS when the court is considering placing the child in the custody of DFCS.

Procedures

Centralized Intake Specialist

1. Complete the Intake Assessment information gathering process with the reporter as outlined in policy [3.1 Intake: Receiving Intake Reports](#). In addition, gather the following information:
 - a. A description of the circumstances that resulted in the CHINS complaint or petition.
 - b. The individual's name who filed the CHINS complaint or petition and their relation to the child.
 - c. Any court hearings held and/or upcoming, including dates, types of hearings and their outcomes.
 - d. Services available/provided to the child and family;
 - i. Services provided to the child and family including their response and outcomes.
 - ii. Efforts made to secure placement of the child other than in the custody of DFCS.
 - iii. If the court is considering placing the child into the custody of DFCS, what services were stated on the record to be available to the child or family which could allow the child to remain in their home.
 - e. Any medical or mental health diagnosis for the child.
 - f. The child's current involvement, including any current charges, and history with the Department of Juvenile Justice (DJJ):
 - i. Outcomes and recommendations of any detention assessments completed.
 - ii. Whether the child has been ruled unrestorably incompetent and, if so, if a comprehensive plan has been developed and a plan manager assigned.
 - g. Inform the reporter of the next steps in the intake process.
2. Input the Intake Assessment in Georgia SHINES:
 - a. Upload the CHINS complaint and/or petition into External Documentation.

- b. Document the justification to support the case assignment recommendation.
3. Thoroughly evaluate all information gathered to make an intake decision in accordance with policy [3.2 Intake: Making an Intake Decision](#).



Intake Assessments involving CHINS with no allegation of child abuse shall be processed as a Special Circumstance in accordance with policy [3.16 Intake: Special Circumstance: Intakes Involving Child in Need of Services \(No Maltreatment\)](#).

4. Notify the County Division's CPS Intake Communication Center (CICC) Point of Contact (POC) within two hours of receipt of the intake report for any assigned intake involving CHINS when the court is considering placing the child in the custody of DFCS.

Centralized Intake Specialist Supervisor

1. Verify the information was gathered from the reporter in accordance with policy [3.1 Intake: Receiving Intake Reports](#), including gathering specific information on the CHINS, court hearings, services and efforts to secure placement other than DFCS custody.
2. Staff the Intake Assessment with the Centralized Intake Specialist in accordance with policy [19.6 Case Management: Supervisor Staffing](#).
3. Thoroughly evaluate information gathered to make an intake decision in accordance with policy [3.2 Intake: Making an Intake Decision](#).
 - a. Confirm a copy of the CHINS complaint or petition is uploaded to External Documentation.
 - b. Document a justification to support the case assignment decision.
 - c. Assign the intake report to the County Division's CICC POC.



Intake Assessments involving CHINS with no allegation of child abuse shall be processed as a Special Circumstance in accordance with policy [3.16 Intake: Special Circumstance: Intakes Involving Child in Need of Services \(No Maltreatment\)](#).

Practice Guidance

The CHINS law in Georgia was created in acknowledgement that certain behaviors or conditions occur within a family or school environment that indicate a child is experiencing serious difficulties. The goals of the law are to:

1. Intervene with services and corrective actions to protect the child from making choices that can have a negative impact on his/her future and protect the integrity of the child's family.
2. Make family members aware of their contributions to their family's problems and to encourage them to accept the responsibility and participate in any program of care ordered by the court.
3. Provide a child with a program of treatment, care, guidance, counseling, structure, supervision, and rehabilitation to assist in becoming a responsible and productive member of society.
4. Ensure the cooperation and coordination of all agencies having responsibility to supply services to any member of a family referred to the court.


A complaint alleging a child is a child in need of services may be made by any person, including a

law enforcement officer, who has knowledge of the facts alleged and believes them to be true. A prosecuting attorney may file a complaint alleging a child is in need of services or intervene in such a manner to present the interest of the state as a *parens patriae*.

The court will summons the child, their parent/legal custodian, DFCS and any other public service agency or institution requiring them to appear before the court to answer the allegations of the CHINS petition. A copy of the petition shall accompany the summons.

Children in Need of Services (CHINS) is:

1. A child adjudicated to be in need of care, guidance, counseling, structure, supervision, treatment, or rehabilitation and who is adjudicated to be:
 - a. Subject to compulsory school attendance and who is habitually and, without good and sufficient cause, truant (having ten or more days of unexcused absences in the current academic year) from school.
 - b. Habitually disobedient of the reasonable and lawful commands of his or her parent, guardian or legal custodian and is ungovernable or places himself or herself or others in unsafe circumstances.
 - c. A runaway defined as a child who without just cause and without the consent of his or her parent, guardian, or legal custodian is absent from his or her home or place of abode for at least 24 hours.
 - d. A child who has committed a status offense applicable only to a child.

 A status offense means an act prohibited by law, which would not be an offense if committed by an adult.
 - e. A child who wanders or loiters about the streets of any city or in or about any highway or any public place between the hours of 12:00 Midnight and 5:00 A.M.
 - f. A child who disobeys the terms of supervision contained in a court order which has been directed to such child who has been adjudicated a child in need of services; or
 - g. A child who patronizes any bar where alcoholic beverages are being sold unaccompanied by his or her parent, guardian or legal custodian or who possesses alcoholic beverages.
2. A child who has committed a delinquent act and is adjudicated to be in need of supervision but not in need of treatment or rehabilitation.

Forms and Tools


N/A

[1] ACTION for Child Protection Intake Assessment Collection

[2] The [McKinney-Vento Homeless Assistance Act](#) is the primary piece of federal legislation dealing with the education of children and youth experiencing homelessness. It was reauthorized as Title X, Part C, of the No Child Left Behind Act, which went into effect in January 2002.

Chapter 4 Initial Safety Assessment (ISA)

4.0 Introduction to Initial Safety Assessment

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(4) Initial Safety Assessment		
	Policy Title:	Introduction to Initial Safety Assessment		
	Policy Number:	4.0	Previous Policy Number(s):	N/A
	Effective Date:	November 2023	Manual Transmittal:	2023-03

Codes/References

O.C.G.A. § 19-7-5 Reporting of Child Abuse (e)(f)

O.C.G.A. § 20-1A-12 Definitions

O.C.G.A. § 49-5-8 Powers and Duties of Department of Human Services

O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records

O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records

Title IV-E of the Social Security Act Section 471(a) (9)

Child Abuse Prevention and Treatment Act (CAPTA)

Public Law 105-89 Adoption and Safe Families Act (ASFA) of 1997

Final Notice of Statewide Data Indicators and National Standards for Child and Family Services Reviews (CFSR)

National Child Abuse and Neglect Data System (NCANDS) Agency File and Child Codebooks

Discussion

As the designated child welfare agency in Georgia, the Division of Family and Children Services (DFCS) is legally mandated to respond to reports of known or suspected instances of child abuse; including physical or mental injury, sexual abuse or exploitation, or negligent treatment or maltreatment under circumstances that indicate that the child's health or welfare is threatened.

DFCS has a two-track differential response system to address accepted reports of known or suspected child abuse. The tenets of differential response systems as recognized by the Child Welfare League of America and the American Humane Association are incorporated into Georgia's practice model, which includes:

1. Response options (track assignments) established via state policy with two discrete response pathways for accepted child abuse reports. This includes Investigations and Family Support Services (FSS).
2. Pathway assignment based on an Initial Safety Assessment (ISA) and a determination that a child is safe or unsafe.
3. The initial non-investigative pathway assignment to the FSS program can change to Investigation at any time a safety threat (present or impending danger) is identified.

4. In the non-investigative, FSS pathway:
 - a. A family assessment is required; however, families may accept or refuse services so long as there are no safety concerns;
 - b. There is no formal determination of child maltreatment; and
 - c. No one is named as a maltreater.
5. In the Investigative pathway:
 - a. A full family functioning assessment is required, during which a determination is made regarding whether the parent(s) have sufficient caregiver protective capacities to protect a child and meet the child's well-being needs;
 - b. A determination regarding child safety and whether maltreatment occurred is made and a formal finding recorded;
 - c. Families are linked to formal or informal supports/services to strengthen them; however, the participation in these supports/services is not voluntary; and
 - d. When necessary, the removal of a child from the custody of the parent(s) may occur through court action when a child's safety and well-being is determined to be in danger, and in-home services are insufficient to control or eliminate the safety threat(s).

To determine the track assignment for an accepted report of maltreatment, an ISA is conducted. The ISA is designed to provide an initial response to the reported maltreatment within an assigned timeframe of immediate, 24 hours, or five weekdays of the intake report to assess the safety of the alleged victim child(ren). After the initial response, DFCS has up to an additional 72 hours from the expiration of the assigned response time to complete the ISA process. This includes seeing all household members, making a safety determination, and track assignment.

The ISA provides a more comprehensive method of determining the level of intervention that may be required as the initial assignment to FSS or Investigations is made based on a discussion with the alleged victim child and his or her family, instead of relying solely on the information received during an intake report. Once contact is made with the family and the information is discussed with the Supervisor if there is an indication of a safety threat(s) the case is assigned to the Investigations track. If there are no indications of a safety threat(s) the ISA is assigned to the FSS track. Best practice requires that the same Social Services Case Manager (SSCM) conducts the ISA and FSS assessment to facilitate continuity in information gathering, partnership and consensus building with the family.



There are exceptions to ISA's that are required to be assigned to the Investigations track regardless of the identification of safety threats.


DFCS utilizes a Solution-Based Casework (SBC) Practice Model. Grounded in a framework of safety, and wedded to full family engagement, the SBC practice model is best thought of as the architecture that holds our practice to a consistent focus on safety outcomes. At the heart of SBC is the belief that by building a partnership with the family, a true focus on developing pragmatic solutions to the everyday problems in life the family is facing can be developed. Documenting and celebrating the successes of the family are also acknowledged and provide a framework for the family to sustain positive change moving forward. By using the SBC model, the case manager is able to follow a conceptual map for family-centered practice from assessment through case closure.^[1]

DFCS believes in a family-centered approach to working with families. At the core of this family-centered practice is the belief that children have a right to be safe and secure, to be with their families, to be associated with their culture and to experience the least trauma or interference in their lives as is possible. Parent(s) and children have the right to family, integrity, privacy, and due process when their constitutional rights may be deprived by a government entity. Parent(s) also have the right to be informed and involved, have, and care for their children and receive prompt responses regarding their children.

The scope of DFCS intervention should be the least intrusive necessary and no greater than what is absolutely essential to assess child safety, to implement actions, services and controls that assure a child’s safety, and to make a determination regarding the need for ongoing or permanency services. To that end, the ability to engage the family during the ISA process prior to making a decision regarding the level of DFCS intervention provides an opportunity for a more consistent and informed decision concerning the level of response needed for the accepted report of child abuse.

Initiating the Assessment (ISA, Investigations, Special Investigations, or FSS)

Initiating the assessment is defined as making or attempting to contact the family or another person who can provide information essential to the disposition of the investigation or assessment.

 CPS Communication Center (CICC) contacting the family or another person during the intake assessment phase to determine the location of the alleged maltreated child does not constitute initiation of the assessment.


Response Time

Response time means the date and time from the receipt of an intake report to the time of making face-to-face contact with the alleged victim child(ren). Receipt of an intake report means the date and time a report alleging child abuse is received by DFCS from a reporter.

Parent(s)

Parent(s) is used to refer to person(s) legally obligated to provide or secure adequate care for a child including his/her parent, guardian, or legal custodian.

4.1 Preparing for the Initial Safety Assessment

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(4) Initial Safety Assessment		
	Policy Title:	Preparing for the Initial Safety Assessment		
	Policy Number:	4.1	Previous Policy Number(s):	N/A
	Effective Date:	July 2024	Manual Transmittal:	2024-06

Codes/References

O.C.G.A. § 19-7-5 Reporting of Child Abuse (e)(f)

O.C.G.A. § 19-15-2 Protocol Committee on Child Abuse; Written Protocol
O.C.G.A. § 49-5-8 Powers and Duties of Department of Human Services
O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records
O.C.G.A. § 15-11-442 Disposition hearing; Time Limitations; Disposition of a Child in Need of Services
Title IV-E of the Social Security Act §§ 471(a) (15) (D); 472(a) (1), 472(f), and 475 (9)
45 CFR Parts 1355.38(a) (5), 1356.21(b) (3) (i), 1356.21(d), 1356.21(k), and 1356.67
Child Abuse Prevention and Treatment Act (CAPTA)
Public Law (PL) 104-191 Health Insurance Portability and Accountability Act (HIPAA) of 1996
PL 105-89 Adoption and Safe Families Act (ASFA) of 1997
J.J. v. Ledbetter Consent Decree

Requirements

The Division of Family and Children Services (DFCS) will:

1. Read and analyze the Intake Assessment to ensure a clear understanding of the maltreatment allegations and any safety threats.
2. Review and analyze DFCS history.
3. Conduct a supervisor staffing with the Social Services Case Manager (SSCM).



The review of DFCS history and staffing may be delayed when an immediate response is required to ensure child safety.

4. Adhere to the local Child Abuse Protocol. This includes determining the need and manner of response with law enforcement and when a forensic interview is appropriate (see policy [1.15 Administration: Child Abuse Protocol](#)).
5. Provide notification to the military (law enforcement and family advocacy program) of the Intake Report when the parent or guardian of the alleged victim child(ren) is on active duty in the Armed Forces of the United States in accordance with policy [3.25 Intake: Sharing Intake Reports with Law Enforcement, District Attorney or Military](#) if notification was not provided by the CICC.
6. Document ISA activities in Georgia SHINES within 72 hours of occurrence.

Procedures


Social Services Supervisor

1. Review the Intake Assessment and any accompanying information and determine if the response time needs to be more immediate based on:
 - a. Allegations of maltreatment
 - b. Present or impending danger
 - c. Safety screenings results
 - d. Analysis of DFCS history (see policy [19.10 Case Management: Analyzing DFCS History](#))
2. Coordinate with other County Departments that are involved with the case.

3. Assign the case to a SSCM in Georgia SHINES.
4. Conduct a staffing with the assigned SSCM and discuss the strategy for initiating the ISA (see policy [19.6 Case Management: Supervisor Staffing](#)) including:
 - a. Having the SSCM identify the developmental stage(s) of the family (as applicable) and what specific task(s) the parent(s) may be having difficulty. See policy [19.2 Case Management: Family Developmental Stages and Tasks](#).
 - b. The analysis of DFCS history and how it affects the task(s) the parents(s) may be having difficulty with.
 - c. The need to contact another county/state to conduct the initial interview or observation of a child or adult within the response time when the child or adult is in another county/state.
 - d. The need for a joint initial response with law enforcement.
 - e. The plan to assess child safety, if law enforcement has requested DFCS refrain from interviewing the alleged maltreater.
 - f. The plan for the initial visit in accordance with policy [4.3 Initial Safety Assessment: Purposeful Contacts During Initial Safety Assessments](#).
 - g. Possible safety intervention strategies that can be used to control present danger when initial contact occurs, including resources and other professional services or supports.
 - h. When the court is considering placing a child adjudicated as a Child in Need of Services (CHINS) in DFCS custody, efforts made to secure placement of the child other than in the custody of DFCS, the child's behaviors or conditions, and the services available to the family which could allow the child to remain in their home.
 - i. Any effects or circumstances the child(ren) may be experiencing based on reported adult and/or child functioning.
 - j. Potential collateral contacts (see policy [19.16 Case Management: Collateral Contacts](#)).
5. Inform the SSCM of availability during the initial contact for consultation and guidance.


Social Services Case Manager

1. Thoroughly review the intake assessment and any accompanying information and analyze the following:
 - a. Allegations of maltreatment
 - b. Present or impending danger
 - c. Safety screenings results

 Complete any safety screenings not completed during the intake assessment in accordance with policy [19.9 Case Management: Safety Screenings](#).

 - d. The developmental stage(s) of the family, when applicable (see policy [19.2 Case Management: Family Developmental Stages and Tasks](#)).
2. Contact the reporter, if known, when clarification and/or additional information related to child safety and the allegations of maltreatment is needed.
3. Review and analyze DFCS history in accordance with policy [19.10 Case Management: Analyzing](#)

DFCS History.

4. When the court is considering placing a child adjudicated as a CHINS in DFCS custody, review efforts made to secure placement of the child other than in the custody of DFCS. Consider the services available to the family which could allow the child to remain in their home.
5. When a new report is received on an active case carefully review the safety plan, case plan or action plan(s) to be able to have an in-depth discussion with the family about what task(s) were supposed to occur and what tasks did and/or did not occur. Take a copy of the plan(s) to the initial visit with the family.
6. Identify the developmental stage(s) based on the information available and the specific task(s) the family is having difficulty with (see policy [19.2 Case Management: Family Developmental Stages and Tasks](#)).
7. Determine the need to contact another county/state to conduct the initial interview or observation of a child or adult within the response time when the child or adult is in another county/state.
8. Determine the need for interpretation services for non-English speaking individuals or auxiliary aids for sensory impaired individuals (see policy [1.5 Administration: Americans with Disabilities Act \(ADA\)/Section 504 and Reasonable Modifications](#)).
9. Determine the need for a joint initial response with law enforcement or forensic interview.
10. Develop a plan for the initial visit in accordance with policy [4.3 Initial Safety Assessment: Purposeful Contacts During Initial Safety Assessments](#).
 - a. Refer to the Intimate Partner Violence (Domestic Violence) Guidelines & Protocol in Forms and Tools for additional guidance if intimate partner violence/domestic violence (IPV/DV) is suspected or alleged.
 - b. Refer to policy [19.26 Case Management: Case Management Involving Substance Abuse or Use](#) for additional guidance if substance abuse is suspected or alleged.
 - c. Refer to policy [19.27 Case Management: Plan of Safe Care for Infants Prenatally Exposed to Substances or a Fetal Alcohol Spectrum Disorder \(FASD\)](#) for additional guidance if the report involves an infant identified by medical personnel as being affected by prenatal exposure to illegal substances or a Fetal Alcohol Spectrum Disorder (FASD).
 - d. Refer to Human Trafficking Case Management Statewide Protocol in Forms and Tools for additional guidance when human trafficking (sex or labor) is suspected or alleged.
11. Identify possible collateral contacts (see policy [19.16 Case Management: Collateral Contacts](#)).
 -  The reporter is not considered a collateral contact.
12. Based on the information available if the parent/guardian of the alleged victim child(ren) is on active duty in the Armed Forces of the United States:
 - a. Verify that CICC has provided notification of the intake report to military law enforcement and Family Advocacy Program.
 - b. If the notification was not completed by CICC, immediately provide notification to the military (law enforcement and Family Advocacy Program) in accordance with policy [3.25 Intake: Sharing Intake Reports with Law Enforcement, District Attorney or Military](#).

13. Participate in a supervisory staffing to discuss strategies for initiating the ISA.
14. Gather forms and other required materials (see policy [4.3 Initial Safety Assessment: Purposeful Contacts During Initial Safety Assessments](#) for documents required when making contact with the family).

Practice Guidance

Child Abuse Protocol

Georgia law (O.C.G.A. §19-15-2) requires that each county establish a written Child Abuse Protocol (CAP) to be used in investigating and prosecuting cases arising from alleged child abuse. The purpose of the CAP is to ensure cooperation and coordination of investigative activities between all agencies involved in a child abuse case so as to increase the efficiency of all agencies handling such cases, in an effort to minimize trauma for the allegedly abused child and ensure that treatment is provided for the child, family and perpetrator. The CAP includes but is not limited to the following:

1. Procedures to ensure that the protocols are followed by each agency in the county that handles child abuse cases.
2. Circumstances under which law enforcement officers shall and shall not be required to accompany DFCS investigator when investigating reports of child abuse.



In making this determination, the need to protect the alleged victim and to preserve the confidentiality of the report shall be considered.

3. Procedures to be used in investigating and prosecuting cases arising from alleged child abuse.
4. Procedures to be used when child abuse occurs in a household where there is family violence (e.g., between past or present spouses, persons who are parents of the same child, parents and children, or other persons living or formerly living in the same household).
5. Procedures to be used in investigating and prosecuting cases arising from sexual abuse and exploitation.
6. Methods used in coordinating treatment programs for the child, the family, and the perpetrator.
7. Procedures to be followed concerning the obtainment and payment for sexual assault examinations.

Joint Investigations with Law Enforcement

Law enforcement^[2] is the criminal investigative agency in the community and often must investigate the same incident, involving the same people, as DFCS. In many communities, this involves a parallel investigation where DFCS and law enforcement must work as a team and in collaboration with one another. The team approach to these investigations is more desirable as it allows both law enforcement and DFCS to avoid potential conflict and to improve investigative outcomes. Assistance or joint investigations with law enforcement is required for all serious and/or complex reports of abuse or neglect (including, but not limited to, sexual abuse, severe physical abuse, serious injury^[3], child death, near fatality^[4], and/or chronic, severe neglect) and should be conducted as outlined by the local Child Abuse Protocol. A joint investigation may include:

1. Developing a plan to complete the investigation.

2. Responding with law enforcement.
3. Frequent and open communication, particularly at the following critical communication points:
 - a. Completion of interviews;
 - b. Filing a dependency petition;
 - c. Prior to the return of the child victim to the home at any time during the life of a case;
 - d. Prior to the return of an alleged maltreater to the home at any time during the life of a case;
 - e. Reassessment of safety to include a change in the safety plan or change in placement; and
 - f. Disclosure of information about the criminal conduct.
4. Refraining or delaying an interview with the alleged maltreater due to a criminal case.

Requests by Law Enforcement to Refrain or Delay Interviewing Alleged Maltreaters

Law enforcement may request DFCS refrain or delay interviewing the alleged maltreater due to a criminal case. The SSCM still has a primary obligation to ensure child safety. In this situation open and clear communication with law enforcement is necessary so that each agency understands what is required.

When the alleged maltreater has access to the alleged victim child(ren) and a safety determination cannot be made without conducting an interview, communicate directly with law enforcement to coordinate the interview or to obtain a transcript of the interview conducted by law enforcement. When it is determined that the SSCM will not be conducting a separate interview with the alleged maltreater, a list of questions or information that is needed from the individual(s) can be provided to law enforcement to ask the during the interview. DFCS must initiate an assessment within the assigned response time. If law enforcement is not able to respond jointly within the response time established by DFCS, explain to the law enforcement agency that DFCS must proceed with assessing child safety.

Case Manager Safety

The SSCM should consider a request for law enforcement officers to go with them based on the location of the visit, the time of day/night, or the history of the subjects involved. Often the presence of law enforcement during a case manager's visit with a family has a stabilizing effect and thus helps to ensure the safety of all parties involved. Additionally, law enforcement's authority is more widely accepted than CPS authority. Law enforcement can also be called for assistance when it becomes necessary to remove children from their home. Law enforcement has the authority to take custody of children, when the legal requirements are met, without a court order.

Forms and Tools


[A Guide to Gathering Information During Investigations](#)

[Human Trafficking Case Management Statewide Protocol](#)

[Infant Safe to Sleep Guidelines and Protocol](#)

[Intimate Partner Violence \(Domestic Violence\) Guidelines & Protocol](#)

4.2 Conducting the Initial Safety Assessment

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(4) Initial Safety Assessment		
	Policy Title:	Conducting the Initial Safety Assessment		
	Policy Number:	4.2	Previous Policy Number(s):	N/A
	Effective Date:	November 2023	Manual Transmittal:	2023-03

Codes/References

O.C.G.A. § 15-11-30 Rights and Duties of Legal Custodian
 O.C.G.A. § 15-11-125 Venue
 O.C.G.A. § 15-11-133 Removal of Child from the Home; Protective Custody
 O.C.G.A. § 15-11-150 Authority to File Petition
 O.C.G.A. § 15-11-202 Reasonable Efforts by DFCS to Preserve or Reunify Families
 O.C.G.A. §16-12-100 Sexual Exploitation of Children; Reporting Violation; Forfeiture; Penalties
 O.C.G.A. § 19-7-5 (e)(f) Reporting of Child Abuse
 O.C.G.A. § 49-5-8 Powers and Duties of Department of Human Services
 O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records
 O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records
 Title IV-E of the Social Security Act Sections 471(a) (15) (D) and (a) (9) (c), and 475 (9)
 45 CFR Parts 1355.38(a) (5), 1356.21(b) (3) (i), 1356.21(k), and 1356.67
 Child Abuse Prevention and Treatment Act (CAPTA)
 Indian Child Welfare Act of 1978 Final Rule (25 CFR Part 23)
 Public Law (PL) 104-191 Health Insurance Portability and Accountability Act (HIPAA) of 1996
 PL 105-89 Adoption and Safe Families Act (ASFA) of 1997
 PL 113-183 Preventing Sex Trafficking and Strengthening Families Act of 2014
 J.J. v. Ledbetter-Release of Information of Confidential Records

Requirements

The Division of Family and Children Services (DFCS) will:

1. Prepare for the Initial Safety Assessment (ISA) to direct and focus case management activities.
 2. Complete the ISA within 72 hours of the assigned response time:
 - a. Conduct a private face-to-face purposeful contact with the alleged victim child(ren) within the response time to assess and address child safety.
- i** When a new intake report is received and screened in on an active case, a new ISA must be initiated within the assigned response time.
- b. Take action when present or impending danger is identified.
 - c. Begin an assessment of family functioning.
 - d. Make a safety determination.

- e. Determine track assignment to Family Support Services (FSS) or Investigations.
3. Adhere to Health Insurance Portability and Accountability Act and confidentiality provisions outlined in policies [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#).
4. Keep the identity of the reporting source confidential (see policy [2.6 Information Management: Confidentiality/Safeguarding Information](#)).
5. Analyze DFCS history to ensure a thorough assessment of safety and family functioning.



If the analysis of DFCS history reveals that a previous ISA, FSS or Investigations was closed due to the family being unable to be located and the previous allegations were not assessed, assess both the previous and current allegations of maltreatment.

6. Use court intervention and/or request support from law enforcement to interview or observe a child when prevented from doing so, and safety cannot be assured (see policy [17.1 Legal: The Juvenile Court Process](#)).
7. Engage each household member face-to-face and privately to discuss the maltreatment allegations and assess child safety and family functioning. This includes the following individuals:
 - a. Alleged victim child(ren)
 - b. Each parent
 - c. All adult household members
 - d. Other children in the home
 - e. Alleged maltreater(s)



This includes alleged maltreaters identified as a person responsible for the care of a child, but do not reside in the home. In such instances, if the alleged maltreater does not have access to the child, the interview with him/her may be conducted upon track assignment.

8. Inform the individual subject to a child abuse report (alleged maltreater) of the allegations made against him/her at the time of initial contact, whether face-to-face or by telephone.



The Social Services Case Manager (SSCM) must be certain he/she is speaking to the alleged maltreater. To protect the confidentiality of the family, if the identity of the alleged maltreater cannot be confirmed, do not discuss specific allegations.

9. Conduct a visual assessment of all children to determine if any injuries or signs maltreatment exist.
10. Observe the physical home environment, including every room in the home to determine if it is safe and appropriate to meet the needs of each child.
11. Assess and discuss safe sleep practices with any parent who has an infant (up to one year of age) in the home. Take action to remedy unsafe sleeping situations prior to leaving the home (see [Forms and Tools: Infant Safe to Sleep Guidelines and Protocol](#)).
12. Make a safety determination in consultation with the Social Services Supervisor (SSS) prior to concluding each purposeful contact with the child, parent custodian, adult household member,

and/or alleged maltreater; and take immediate action to control the identified safety threats if the child is unsafe.

13. Engage any child(ren) in the legal custody of the parent(s) in a face-to-face purposeful contact(s) who do not reside in the home concerning child safety and family functioning.
14. Engage collateral contacts who can provide relevant information for assessing maltreatment allegations, child safety, and family functioning.
15. Request state criminal history record information of adult household members when criminal history may impact child safety, in accordance with policy [19.8 Case Management: Criminal Records Checks](#).
16. Afford all rights under the Indian Child Welfare Act (ICWA) to any child who is a member of a federally recognized Indian Tribe, or eligible for membership and has a biological parent who is an enrolled member and is subject to removal, placement and/or any other legal action involving DFCS to promote the stability and security of Indian Tribes and their families (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).
17. Report to law enforcement immediately (no later than 24 hours) and refer the child to an available victim assistance organization, as certified by the Criminal Justice Coordinating Council when a child identifies as being a known or is a suspected victim of sex trafficking/sexual servitude. See [Forms and Tools: Human Trafficking Case Management Statewide Protocol](#).
18. Immediately report any new, known, or suspected instances of child abuse to the CPS Intake Communications Center (CICC) as outlined in policy [3.24 Intake: Mandated Reporters](#).
19. Conduct efforts to locate a family when they cannot be located or have moved to an unknown location in accordance with policy [19.21 Case Management: Unable to Locate](#).
20. Make reasonable efforts to maintain the family unit and prevent the unnecessary removal of a child from his/her home, as long as the child's safety is assured (see policy [9.5 Eligibility: Reasonable Efforts](#)).
21. Make a track assignment determination in consultation with the SSS using the following criteria:
 - a. Family Support Services (FSS) when no present or impending danger is identified.
 - b. Investigations:
 - i. Present or impending danger is identified.
 - ii. The following circumstances regardless of the existence of present or impending danger:
 1. When a new report is received on an active case: Investigation (INV), Family Preservation (FPS), or Foster Care (FCC/FCF) or Adoption (ADO).
 2. Any injury to a child including but not limited to bruising, cuts, welts, abrasions, lacerations, fractures, dislocations, sprains, punctures, burns and scalding as well as internal injuries.
 3. Chronic/severe neglect indicating failure to thrive, malnourishment, severely underweight, starvation, confinement, life-threatening living environment, withholding medically indicated treatment or other circumstances which may significantly impair child health, well-being or functioning.



This includes alleged child maltreatment involving infants that are born alive in which there is suspected medical neglect, including the withholding of medically indicated treatment from disabled infants with life-threatening conditions.

4. Prenatal abuse
5. Trafficking a child for labor servitude (labor trafficking)
6. Sexual abuse and sexual exploitation
7. Unaccompanied homeless youth
8. When the family cannot be located, moved to an unknown location, or contact cannot be established with an essential family/household member.

22. Document case activities in Georgia SHINES within 72 hours of occurrence.



It is critical to obtain as much complete and thorough information as possible when conducting the ISA in order to make an appropriate safety decision. When information is insufficient, unknown, or unavailable during the ISA, concern for child safety increases.

Procedures

Social Services Case Manager

1. Prepare for the ISA in accordance with policy [4.1 Initial Safety Assessment: Preparing for the Initial Safety Assessment](#).
2. Analyze DFCS history involving parent and all children in the home in accordance with policy [19.10 Case Management: Analyzing DFCS History](#).
3. Contact the reporter, if known, when clarification and/or additional information related to child safety and the allegations of maltreatment is needed.
4. Complete attempts to locate the alleged child victim(s) to assess child safety including but not limited to:
 - a. Visiting the location where the child is believed to be; and/or
 - b. Contacting persons that could help verify or help locate the child or family, including but not limited to family members, neighbors, childcare agencies, school system, law enforcement, and other agencies that may be involved with the family.
5. Conduct a private face-to-face purposeful contact with each alleged victim child within the assigned response time to assess child safety (see policy [4.3 Initial Safety Assessment: Purposeful Contacts During the Initial Safety Assessment](#)).
6. Inform the alleged maltreater of the child abuse allegations during the initial contact with him/her via telephone or through face-to-face contact.
7. Engage each household member face-to-face and privately to discuss the maltreatment allegations and assess child safety and family functioning in accordance with policy [4.3 Initial Safety Assessment: Purposeful Contacts During the Initial Safety Assessment](#). This includes the following individuals:
 - a. Alleged victim child(ren)

- b. Each parent
 - c. All adult household members
 - d. Other children in the home
 - e. The alleged maltreater(s)
8. Conduct a visual assessment of all children to determine if any injury or signs of maltreatment exist as outlined in policy [4.3 Initial Safety Assessment: Purposeful Contacts During the Initial Safety Assessment](#).
 9. Observe the physical home environment, including every room in the home to determine if it is safe and appropriate to meet the needs of each child in accordance with policy [4.3 Initial Safety Assessment: Purposeful Contacts During the Initial Safety Assessment](#).
 10. Make a safety determination in consultation with the SSS prior to concluding each purposeful contact with the child, parent, adult household member, and/or the alleged maltreater in accordance with policy [19.11 Case Management: Safety Assessment](#). Take immediate action to control the identified safety threats if the child is unsafe:
 - a. Develop and implement with the caregiver(s) a safety plan in accordance with policy [19.12 Case Management: Safety Plan & Management](#); and/or
 - b. Initiate court/legal intervention in accordance with policy [17.1 Legal: The Juvenile Court Process](#).
 11. Engage any child(ren) in the legal custody of the parent in a face-to-face purposeful contact(s) who do not reside in the home concerning child safety and family functioning (see policy [4.3 Initial Safety Assessment: Purposeful Contacts During the Initial Safety Assessment](#)).
 12. Engage collateral contacts that are knowledgeable about the allegations of child abuse, child safety, and family functioning in accordance with policy [19.16 Case Management: Collateral Contacts](#) when a safety determination cannot be made based on the information gathered.
 13. Make a track assignment determination in consultation with the SSS.
 14. Upon SSS approval of the track assignment determination, engage the family in a discussion of:
 - a. The safety determination and what to expect during the FSS assessment or Investigation
 - b. Any safety plan to address safety concerns
 15. Submit the ISA to the SSS for approval within 72 hours of the expiration of the assigned response time.

Social Services Supervisor

1. Assist the SSCM in preparing for the ISA in accordance with policy [4.1 Initial Safety Assessment: Preparing for the Initial Safety Assessment](#).
2. Consult with the SSCM after each purposeful contact with child, parent, adult household member, and/or the alleged maltreater to:
 - a. Make a safety determination in accordance with policy [19.11 Case Management: Safety Assessment](#);
 - b. Discuss safety interventions to control any identified safety threats including safety planning in accordance with policy [19.12 Case Management: Safety Plan & Management](#); and

- c. Discuss any inconsistencies identified and follow up needed.
3. Review the sufficiency of any safety plan for controlling or mitigating the present or impending danger in accordance with policy [19.12 Case Management: Safety Plan and Management](#).
4. Review documentation to provide guidance regarding the ISA.
5. Make a track assignment determination in consultation with the SSCM.
6. Review the submitted ISA and make an approval decision within 72 hours of the expiration of the assigned response time.

Practice Guidance

Initial Safety Assessment Completion Timeframes

Assigned Response	ISA Completion Timeframe
Immediate	24 hours + 72 hours
24 hours	24 hours +72 hours
5 weekdays	5 weekdays +72 hours

Caregiver

Caregiver means any person providing a residence for a child or any person legally obligated to provide or secure adequate care for a child, including his or her parent, guardian, or legal custodian. In addition, a caregiver may be a foster parent, day care provider or facility staff for the purposes of a special investigation.

1. **Primary** caregiver: The person living in the household who assumes the most responsibility for childcare.
2. **Secondary** caregiver: A parent or other person living in or frequently in the household who shares with the primary caregiver the routine responsibilities for childcare. A significant other residing in the home may be a secondary caregiver even though this person has limited childcare responsibility and may not have any legal relationship or obligation to do so.
3. **Person Responsible for the Care of a Child** means:
 - a. An adult member of a child’s household;
 - b. A person exercising supervision over a child for any part of the 24-hour day; or
 - c. Any adult who based on his or her relationship to the parent, guardian or legal custodian or a member of a child’s household has access to such child.

Safe Sleeping Recommendations for Infants up to One Year of Age

Caregivers of infants (birth to 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)/Sudden Unexpected Infant Death (SUID), also known as “crib death”. At minimum, caregivers should be advised of the three primary safe sleep recommendations of the American Academy of Pediatrics (AAP) commonly referred to as the ‘ABCs’ of safe sleep:

Alone – The baby’s sleep area should be close to, but separate from, where caregivers and others

sleep. The sleeping area should be free of soft objects, toys, and loose bedding.

Back – Infants should always be placed on their back to sleep for naps and at night.

Crib – Place infants on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet.

Further additional information and guidance regarding safe sleeping and SIDS/SUIDS see Infant Safe to Sleep Guidelines and Protocol in [Forms and Tools](#).


Forms and Tools

[Human Trafficking Case Management Statewide Protocol](#)

[Infant Safe to Sleep Guidelines and Protocol](#)

[Intimate Partner Violence \(Domestic Violence\) Guidelines & Protocol](#)

4.3 Purposeful Contacts During Initial Safety Assessments

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(4) Initial Safety Assessment		
	Policy Title:	Purposeful Contacts During Initial Safety Assessments		
	Policy Number:	4.3	Previous Policy Number(s):	N/A
	Effective Date:	June 2021	Manual Transmittal:	2021-02

Codes/References

O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records

O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records

Child and Family Services Improvement Act of 2006 (P.L. 109-288)

Child Abuse Prevention and Treatment Act (CAPTA)

Health Insurance Portability and Accountability Act (HIPAA) of 1996: P.L. 104-191

J.J. v. Ledbetter Consent Decree

Requirements

The Division of Family and Children Services (DFCS) will:

1. Prepare for each contact to ensure it is planned and has a clear purpose.
2. Engage the family in a manner that is beneficial to establishing a partnership by:
 - a. Engaging from the viewpoint that families go through developmental stages and encounter common challenges;
 - b. Normalizing the challenges, the family identifies as difficult situations in their everyday life routine; and

c. Separating their intent from their actions.

3. Make purposeful private face-to-face contact to discuss maltreatment allegations and family functioning to assess child safety with:

- a. Every alleged victim child subject to allegations of maltreatment within the assigned response time;
- b. All other children who reside in the home or have direct access to the alleged maltreating caregiver;
- c. Caregiver(s) and other adult household members;
- d. Each alleged maltreater, unless law enforcement has requested DFCS refrain from interviewing the alleged maltreater; and



If the alleged maltreater(s) does not reside in the home and he/she does not have access to the child, the interview with him/her may be conducted upon track assignment.

- e. Any child with an active ISA that is seriously injured or has attempted self-injury or suicide within 24 hours of notification to assess for maltreatment, the child's current condition, and future treatment needs.

4. Observe all children for physical signs of maltreatment. If the child is four years old and under or if there is cause to believe any child may have been harmed, observe areas of the child's body that may be covered by clothing. Such observation shall occur in the least invasive manner possible, and every effort should be made to ensure that children are not fully unclothed during the observation.



Physical signs of maltreatment may include suspicious injuries, marks, cuts, bruises, areas of swelling, protruding limbs, damaged skin, malnourishment, lethargy, severe tooth decay, matted hair, pungent body odor, etc.

5. Observe parent/children interaction and the interaction of all household members to assess family functioning around everyday life task including the caregiver's ability to meet the needs of the child(ren) under his/her care.

6. Assess the physical home environment to confirm that it is safe and appropriate to meet the needs of each child, including examination of every room in the home and sleep arrangements for all household members.


7. Adhere to Health Insurance Portability and Accountability Act and confidentiality provisions outlined in policies [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#).

8. Assess and discuss infant safe sleep practices with any caregiver who has an infant (birth to 12 months of age) in the home and address any unsafe sleeping situations prior to leaving the home.

9. If intimate partner violence/domestic violence (IPV/DV) is suspected or alleged, refer to the Intimate Partner Violence (Domestic Violence) Guidelines & Protocol in Forms and Tools for additional guidance.

10. Discuss motor vehicle safety recommendations including hot care safety when conducting pur-

purposeful contacts.

11. Adhere to policy [19.26 Case Management: Case Management Involving Substance Abuse or Use](#) when caregiver substance use/abuse is confirmed, suspected, or alleged.
12. Request law enforcement assistance:
 - a. To interview or observe a child when the caregiver denies access and child safety cannot be ensured;
 - b. For serious and/or complex reports of abuse or neglect, including, but not limited to sexual abuse, severe physical abuse, child death, near fatality or serious injury;
 - c. When performing a removal of the child from the home; or
 - d. When out of control situations exist.
13. Make a safety determination, in consultation with the Social Services Supervisor (SSS), prior to concluding each purposeful contact with the caregiver(s), child, or alleged maltreater. If it is determined that the child is unsafe, prior to leaving the home, take immediate and appropriate action to control the safety threats to ensure child safety by:
 - a. Developing and Implementing with the caregiver in-home or out-of-home safety plan; and/or
 - b. Initiating court/legal intervention.
14. Immediately report any new known or suspected instances of child abuse/neglect or violations of Foster Care policy to the CPS Intake Communications Center (CICC) as outlined in policy [3.24 Intake: Mandated Reporters](#).
15. Immediately report to the Georgia Bureau of Investigation (GBI) (no later than 24 hours) any child or youth who the agency identifies as being a known or suspected victim of sex trafficking/sexual servitude; or red flags exist that suggest a child might be a sex trafficking/sexual servitude victim and follow the procedures outlined in the Commercial Sexual Exploitation/Domestic Minor/Sex Trafficking Case Management Protocol in Forms and Tools.
 If the GBI was notified at the time of intake, a second report is not required.
16. Document purposeful contacts in Georgia SHINES within 72 hours of the occurrence including uploading any pictures to External Documentation.

Procedures

Child/Youth

The SSCM will:

1. Engage the child in a private face-to-face conversation as part of the assessment of child safety, permanency, and well-being. Use age and developmentally appropriate language and questions to assess and discuss:
 - a. Each maltreatment allegation;
 - b. The extent and circumstances of the maltreatment including the sequence of events that led up to and followed the incident that everyone is concerned (maltreatment) about, and including but not limited to the following:

- i. Who was present during the incident;
 - ii. How the destructive behavior (i.e., child left home alone, the child was disciplined with an extension cord, etc.) occurred;
 - iii. When does this problem occur;
 - iv. Who was involved; Who was not involved;
 - v. Who did what and when;
 - vi. What usually occurs prior to the problem;
 - vii. What did the maltreater say about the problem after it occurred; what did others say about the problem after it occurred;
 - viii. How did he/she feel leading up to, during and following the problematic issue/event; and/or
 - ix. Have there been similar situations or events when the caregiver(s) or alleged maltreater(s) were able to manage without destructive behavior?
- c. Any needs, concerns, or fears of the child;
 - d. Extracurricular activities or interests of the child;
 - e. Involvement with absent parent(s)/non-custodial parent(s) and their families;
 - f. Child's current living arrangement, including who resides in the home;
 - g. Family relationships and role of each household member;
 - h. Physical, educational, medical, and mental health needs; and any services the child is receiving; and
 - i. If the youth is identified as an Unaccompanied Homeless Youth:
 - i. Reason(s) for the homelessness and potential solutions;
 - ii. Level of parental care and supervision, and length of time without parental care and supervision;
 - iii. Other persons that may be providing support to the youth; and
 - iv. Youth's access to education.
2. Observe all children for physical signs maltreatment. If the child is four years old and under, or there is cause to believe that any child has been harmed:
- a. In the least invasive manner possible, observe areas of the body that may be clothed.
 - i. Explain to the caregiver and child the reason for observing areas of the body that may be covered by clothing.
 - ii. Arrange for the caregiver or other adult to be present when possible (e.g., caregiver, non-offending parent or legal guardian, relative, foster parent, school nurse, daycare staff, etc.).
 - iii. If the child is four years old and under, ask the caregiver to adjust one area at a time (e.g., raising a shirt sleeve, pant leg, raise the shirt to view their back, etc.), ask them to replace the clothing before proceeding to the next area of the body. Take pictures of any injuries noted.

iv. If the child is older than four and is capable, ask the child to adjust their own clothing as outlined above.

 If a full examination is needed, a medical provider may be used.

b. If observation of the child uncovers injuries or other signs of maltreatment:

- i. Determine whether there are any additional injuries that are not immediately apparent. Is there bruising or is the area sensitive to the touch? Does the child complain of discomfort or pain;
- ii. Gather information around the circumstances surrounding the injury and the parent's knowledge and response to the injury by asking who, what, when, where and how. What was used to cause the injury (ex: hand, fist, belt, bat, extension cord)? Describe the object that was used to cause the injury? Where did the incident that resulted in the injury occur (ex: bedroom, bathroom, grandma's kitchen);
- iii. Evaluate and determine whether injuries to the child, or the condition of the child requires an immediate medical or psychological evaluation or medical treatment;
 1. Whenever there is a question of whether or not a child needs to be examined by a medical professional, have the caregiver seek a medical consultation (e.g., 24-hour nurse helpline, poison control center).
 2. If medical treatment is recommended from the consult, insist the caregiver take the child to be examined by a medical professional within a specific timeframe.
- iv. Obtain medical or psychological evaluation or treatment as indicated; and
- v. Document any observed injuries or physical signs of maltreatment by taking quality pictures and/or a detailed written description.

 Pictures can also be used to document a lack of maltreatment, injury, or condition.

3. Make a safety determination, in consultation with the SSS, prior to concluding each purposeful contact with the child (see policy [19.11 Case Management: Safety Assessment](#)). If it is determined that the child is unsafe take immediate and appropriate action to control the safety threats to ensure child safety by:
 - a. Developing and implementing an in-home or out-of-home safety plan with the caregiver (see policy [19.12 Case Management: Safety Plan & Management](#)); and/or
 - b. Initiating court/legal intervention (see policy [17.1 Legal: The Juvenile Court Process](#)).
4. Notify the caregiver when an interview with a child has been completed without prior caregiver permission immediately upon completion of the interview. It is not the responsibility of the child to notify the caregiver.

Parent (Custodial/Non-Custodial), Caregiver, Adult Household Member or Alleged Maltreater


The SSCM will:

1. Engage each parent (custodial or non-custodial), caregiver, adult household member and alleged maltreater in a private face-to-face conversation to assess child safety, permanency, and well-being.

- a. Describe the ISA process. Answer any questions he/she may have and provide a copy of the Caregiver's Guide to a Child Protective Services (CPS) Investigation.
- b. Explain DFCS' obligation to maintain confidentiality and safeguard information to prevent unauthorized disclosure:
 - i. Personal information provided during the completion of the ISA will be kept confidential (see policy [2.6 Information Management: Confidentiality/Safeguarding Information](#)).
 - ii. DFCS cannot share protected health information (PHI) with any person, agency, or contractor without prior written authorization from the owner of the PHI, unless otherwise permitted by law. Provide a copy of the Notice of Privacy Practices and obtain signature(s). See policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#).
 - iii. The type of information that will be maintained in the DFCS case record and of the information that can and cannot be released to the parent(s) upon request. Provide a copy of the Notice of Case Record Information Available to Parents/Guardians and obtain signatures (see policy [2.10 Information Management: J.J. v. Ledbetter Parent or Guardian Request for Information](#)).
- c. Obtain demographic information regarding caregivers, household members, alleged maltreaters and absent/non-custodial parents. This information can be used to start the genogram.
- d. Assess and discuss with each parent, caregiver, adult household member and alleged maltreater:
 - i. Each maltreatment allegation;
 - ii. The extent and circumstances of the maltreatment including the sequence of events that led up to and following the problematic family incident:
 1. Who was present during the incident;
 2. When does this problem occur;
 3. Who was involved? Who was not involved;
 4. Who did what and when;
 5. What occurs prior to the problem;
 6. What did the maltreater(s) say about the problem after it occurred? What did others say about the problem after it occurred;
 7. How did he/she feel leading up to, during and following the problematic issue/event;
 8. What was he/she thinking leading up to, during and following the problematic issue/event;
 9. What was he/she doing leading up to, during and following the problematic issue/event; and
 10. What solutions were tried in the past to resolve the problem? Why does he/she believe those solutions have not been successful?
 - iii. Situations when the family was able to manage the challenges, they identified within their everyday life routines and how they were able to successfully manage these chal-

- lenges without leading to an unsafe situation or maltreatment;
 - iv. Family developmental stages and tasks, including any cultural or health issues that are impacting the tasks the family must carry out on a day to day basis;
 - v. Family's pattern of disciplining their children;
 - vi. Adult functioning/physical adult patterns of behavior, including parents absent from the home and their involvement and role in the family;
 - vii. Child/youth development and functioning;
 - viii. Family support system and resources, including information on non-custodial parents, maternal and paternal relatives and other persons who have demonstrated an ongoing commitment to the child(ren);
 - ix. The whereabouts of household members not present during the visit and arrange for them to be interviewed prior to the conclusion of the ISA; and
 - x. What specifically went wrong if the ISA is on an active CPS or Permanency case? Refer to the action plan(s), what tasks were supposed to occur and what tasks did and/or did not occur.
- e. When injuries or signs of maltreatment are discovered during the observation of the child discuss with the caregiver(s), alleged maltreater(s), and other adult household members:
- i. When did the injury take place? Who was present during the incident that resulted in the injury;
 - ii. Was an object used to cause the injury (ex: hand, fist, belt, bat, extension cord)? Describe the object that was used to cause the injury (example: black belt with studs)? Observe the object used to cause the injury;
 - iii. Where did the incident that resulted in the injury occur (ex: bedroom, bathroom, hallway, etc.)? Observe the specific location in the home where the incident occurred;
 - iv. Document the observation of the object or location of where the incident and/or injury occurred by taking quality pictures and/or a detailed written description.
 - v. What was the caregiver's response to the injury or being notified of the injury? Was medical treatment sought;
 - vi. Has the child suffered any other injuries or does the child have a history of injuries; and
 - vii. Whenever there is a question of whether or not a child needs to be examined by a medical professional have the caregiver seek a medical consultation (e.g., 24-hour nurse helpline or poison control center). If medical treatment is recommended from the consult, insist the caregiver take the child to be examined by a medical professional within a specific timeframe.
- f. Identify with the family the everyday life situation(s) that are challenging to manage and that make the child unsafe or put the child at risk for maltreatment.
- g. Identify with the caregiver the personal issue(s) one or more caregiver has that makes caring for the children difficult as it relates to child safety and risk. Identify skills that the individual possesses that help to manage unwanted behavior.

2. Observe the family functioning and interactions around everyday tasks:

- a. Parent/caregiver-child interaction:
 - i. How the caregiver(s) relates to the child;
 - ii. Whether the caregiver(s) appears to be calm, gentle, relaxed, and confident about parenting or if the caregiver appears anxious, easily frustrated, inattentive, indifferent, or detached; and
 - iii. What the caregiver(s) communicates to the child non-verbally (e.g., looks, touches, and gestures).
 - b. Interactions of all household members; and
 - c. The caregiver's ability to meet the needs of all children under their care and supervision.
3. Assess the physical home environment to determine if it is safe and appropriate to meet the needs of each child:
- a. Examine every room in the home for present or potential environmental concerns or hazards. Take appropriate action to remedy environmental concerns or hazards (i.e., loose wires or cords, alcohol or beer bottles, any drug paraphernalia, broken glass or windows, medications or toxic cleaning items that are in reach of small children) prior to leaving the home;
 - b. Review the sleeping arrangements for all household members;
 - c. When an infant under one year of age is in the home assess and discuss safe sleep practices with the caregiver(s). Take appropriate action to remedy unsafe sleep situations prior to leaving the home such as helping a caregiver to prepare a safe sleeping area for an infant (see [Infant Safe to Sleep Guidelines and Protocol in Forms and Tools](#));
 -  A caregiver's willingness or unwillingness to address a safe sleep environment must be considered when evaluating caregiver protective capacities and documented in Georgia SHINES.
 - d. Take pictures and/or document in writing the condition of the home when concerns or hazards are identified, this may include taking pictures on inside or outside the home, such as the yard, porch area, etc.
4. Discuss motor vehicle safety recommendations including hot car safety.
5. Build a consensus with the caregiver(s) regarding the family and individual problem by summarizing how the old plan does not seem to be working very well and how it seems we need to help develop a new plan.
6. Request an Authorization for Release of Information (ROI) be signed when it is necessary to obtain information about family members and/or initiate referrals. Obtain the signature of the subject of whom you are requesting information or the custodian or guardian of the child whom you are requesting information. Blank ROIs should not be requested. ROIs should be completed related to a specific request for information at the time signatures are obtained.
7. Make a safety determination, in consultation with the SSS, prior to concluding each purposeful contact with the parent, caregiver, adult household member or alleged maltreater (see [policy 19.11 Case Management: Safety Assessment](#)). If it is determined that the child is unsafe, take immediate and appropriate action to control the safety threats to ensure child safety by:
- a. Developing and implementing an in-home or out-of-home safety plan with the caregiver (see

policy [19.12 Case Management: Safety Plan & Management](#)); and/or

- b. Initiating court/legal intervention (see policy [17.1 Legal: The Juvenile Court Process](#)).
8. Thoroughly explain what will happen next and answer any questions he/she may have in relation to the ISA process.

Analyzing Information

Upon the completion of each purposeful contact with the child, caregiver(s), or another household member the SSCM will:

1. Immediately report to the CICC any new known or suspected instances of child abuse, neglect and/or exploitation using the guidelines outlined in policy [3.24 Intake: Mandated Reporters](#).
2. If the information gathered indicates a child/youth is a known victim of sex trafficking, or red flags are indicated suggesting a child might be a sex trafficking victim:
 - a. Contact the Georgia Bureau of Investigation (GBI) immediately to within 24 hours to provide notification and to discuss next steps, if the information was not previously known or reported at Intake;
 - b. Follow the procedures outlined in the Commercial Sexual Exploitation/Domestic Minor/Sex Trafficking Case Management Protocol in Forms and Tools; and
 - c. Obtain sex trafficking specific services (see policy [19.17 Case Management: Service Provision](#)).
3. Review and analyze the information gathered during the interview(s). Identify inconsistencies or discrepancies.
4. Make necessary safety decisions in response to information gathered during interviews and the visit to the home in consultation with the SSS.
5. Consult with the SSS and/or other subject matter experts (i.e., Permanency Consultants, Regional Adoption Coordinator, Field Program Specialist) for assistance as needed.
6. If a present danger situation was noted during a home visit, obtain the SSS signature of approval on the safety plan developed with the family.
7. Document purposeful contacts in Georgia SHINES within 72 hours of occurrence, including updating the Person Detail Page and uploading any pictures, safety plans or documents to External Documentation.
8. Conduct safety screenings on additional household members or caregivers revealed during purposeful contacts who were not identified at intake (see policy [19.9 Case Management: Safety Screenings](#)).
9. Engage individuals identified as collateral contacts when necessary, to obtain pertinent and purposeful information for:
 - a. Determining child safety, well-being, and permanency;
 - b. Assessing caregiver protective capacities, and family functioning; and
 - c. Monitoring progress, and managing the safety plan; and when applicable, satisfying the Conditions for Return (see policy [19.16 Case Management: Collateral Contacts](#)).
10. Make appropriate referrals necessary to implement needed services (see policy [19.17 Case Man-](#)

agement: [Service Provision](#)).

11. Follow up on commitments made during the visit.
12. Identify areas for discussion and follow up during the next visit.

Supervisor's Role

1. Ensure purposeful contacts are occurring according to policy or as frequently as necessary to assess and ensure safety and determine family functioning.
2. Use the following reports to track purposeful contacts:
 - a. Investigation Response Time Report (Georgia SHINES); and/or
 - b. Log of Contacts (Georgia SHINES).
3. Assist the SSCM in preparing an agenda to ensure purposeful contacts are focused on the everyday life situations the family is having difficulty managing and safety, permanency, and well-being.
4. Ensure he/she is accessible to provide guidance and consult with the SSCM in “real time” to discuss:
 - a. Information gathered concerning areas of family functioning (extent and circumstances concerning maltreatment, child development, and functioning, adult functioning and patterns of behavior, family choice of discipline, and family support system and resources);
 - b. Present danger situations or impending danger safety threats identified;
 - c. A safety determination (safe or unsafe);
 - d. The development of an in-home or out-of-home safety plan to control the present danger situation or impending danger safety threats; and/or
 - e. The sufficiency of the safety plan to manage safety threats.
5. Document the supervisory staffing in Georgia SHINES within 72 hours of occurrence.
6. Ensure purposeful contacts are documented timely in Georgia SHINES within 72 hours of the occurrence, including pictures and observations.
7. Determine the sufficiency of the purposeful contacts through a Georgia SHINES documentation review, considering the following:
 - a. Documentation meets guidelines as outlined in [Documenting Purposeful Contacts](#) in Practice Guidance;
 - b. Does the documentation support the purposeful contact(s) conducted provides sufficient information to assess child safety and current family functioning;
 - c. Is the information gathered sufficient to support the safety decision;
 - d. Was the family engaged in manner that is conducive to building a partnership;
 - e. Was the discussion with the family focused on the everyday life tasks the family is struggling with;
 - f. Are inconsistencies documented that need to be resolved; and
 - g. Are there any services that have been identified that need to be linked to the family?

8. When inconsistencies or follow up is needed based on the review of documentation provide feedback and guidance to the SSCM in order to resolve the inconsistencies and ensure service provision, as necessary.

Practice Guidance

All contacts made with parents and their children provide an opportunity to build a trusting and supportive partnership. Contacts should be well planned and have a clear purpose. In order to thoroughly assess a child's safety, permanency, and well-being, it is important to assess the functioning of the family that is caring for the child. Some key principles to consider when conducting purposeful contacts include:

1. Recognizing the family providing care as a system
Each member of the family, including the child, has a role and responsibilities within the family. If any one person is unable to fulfill their responsibilities, then the whole family is impacted.
2. Engagement and partnership building
Purposeful contacts are not only about engaging and building a relationship with the caregiver, but also about engaging and building a relationship with the entire family including absent parents.
3. Involvement of families and youth
Because each member of a family has a role and responsibilities, it is essential to obtain input from all family members when assessing family functioning. When family members are engaged, this will re-affirm their significance in ensuring the success of the family system.
4. Recognizing all members are individuals
Each family member will adjust differently to challenges to everyday life tasks. It is important to recognize the individuality of each family member and the impact DFCS involvement has on their lives.
5. Cultural awareness
Each family has their own culture. Culture impacts family rituals and traditions. As family functioning is assessed, being respectful of all cultures involved and how they impact the functioning of the family is important for engaging families and developing partnerships.
6. Empathy, authenticity, and transparency
During purposeful contact with family, be mindful of empathy, authenticity, and transparency. When engaging families, it is important to identify their thoughts and feelings even if we may not always agree. Be genuine and open in communicating with all family members and recognize your accountability regarding the success or failure of the family. Purposeful contacts are also a time for the family to hold us accountable for what we may or may not be doing on behalf of the family who has joined in partnership with us.
7. Remaining focused on safety, permanency, and well-being throughout the process.

Observing Children for Physical Signs of Maltreatment

Observing children for physical signs of maltreatment is an important part of ensuring child safety. To determine if there is cause to believe a child has been physically harmed, consider the following:

1. Non-verbal cues from the child or the caregiver that raise concern.

2. The age and special needs of the child. Young children and those with certain special needs are especially vulnerable and may not be able to verbalize when they are being abused or neglected. Therefore, the SSCM cannot depend on the child to say how they are feeling and must be keenly aware of non-verbal cues. For instance, if the child is wincing or drawing back slightly, it may be an indication of pain.
3. Statements made by the child, other children/household members/collaterals, etc. that indicate him/her may have been subjected to physical harm or neglect, etc.
4. Physical indicators of maltreatment such as suspicious injuries, marks, cuts, bruises, areas of swelling, protruding limbs, damaged skin, malnourishment, unexplained weight loss, lethargy, severe tooth decay, matted hair, pungent body odor, etc.
5. The child resides with the caregiver or other individual that harmed the child or another child.
6. The child indicates that physical discipline is being used; or that inappropriate methods of discipline is utilized by the caregiver or others in the home.

The SSCM may need to view areas of a child's body that are covered by clothing to observe for signs of maltreatment and determine if the child needs medical treatment. This may require that the child (or caregiver for younger children) adjust their clothing. This can be embarrassing and anxiety provoking for the child. SSCMs must be sensitive to the child's level of comfort and make every effort to reduce their discomfort. This can be accomplished by having an adult present that the child knows and trusts, and by asking the child or the caregiver (for children four years and under or those with special needs) to adjust one area of a child's clothing at a time. Asking the child or the caregiver to raise a child's pant leg or shirt sleeve one at a time, is less invasive, while allowing the SSCM to observe for signs of maltreatment. The child should never be fully unclothed. When possible, arrange for a staff person of the same sex as the child to conduct the observation.

Assessing Injuries

Some characteristics of injuries are considered red flags and warrant further scrutiny, these include but are not limited to:

1. Injuries on children who are not mobile, especially infants.
2. Injuries on protected surfaces of the body, such as the back and buttocks, ears, inside the mouth, the neck, arms or legs, and underarms.
3. Multiple injuries in various stages of healing (i.e., skin injuries, lesions of varying ages, bruises).
4. Patterned trauma, even if the object used to commit the abuse cannot be determined.
5. Injuries that routine, age-appropriate supervision of the child should have prevented.
6. Significant injury with either no explanation or an explanation that is not plausible.

The SSCM may also need to observe the scene of the injury, to ascertain whether the caregiver and/or child's statement of what happened is plausible.

1. Ask the caregiver and/or child to show him/her exactly what happened, and where.
2. Note anything about the physical environment that refutes the statement(s) provided. For example, if the caregiver claims that the child fell out of bed and hit their head on the floor, causing a severe bruise, the SSCM should look at the bed, the floor, and height from the bed to the floor. Is

the floor carpeted? Is it plausible that the injury occurred on the carpeted floor?

3. Obtain a detailed, precise timeline of events surrounding the incident or track the sequence of events. The more detailed the history, the more likely the assessment of the injury will be accurate. This can be helpful when communicating with medical staff to determine if the injury could have been caused in the manner described by the caregiver and/or child.

Deliberate Information Gathering (DIG)

Seek to understand the caregiver, his/her point of view, story, and experience. That means to dig deeper for the information needed in order to understand the person, the situation and how these help explain both threats to child safety and caregiver protective capacities. The DIG^[5] idea is to be very deliberate in gathering information and seeking to understand while behaving very naturally. The following interpersonal techniques can be used while gathering information:

1. Attending Behavior

Attending behavior refers to focusing attention on the caregiver rather than the SSCM's agenda or line of questioning. Attending behavior involves "matching" a caregiver's nonverbal behavior by consciously manipulating and controlling the SSCM's own nonverbal skills and responses. Primary attending behaviors include eye contact, facial expressions, body language, posturing and gesturing, following, reflecting and vocal qualities-tone and pace.

2. Open Questions

Open questions help to remove the SSCM from the responsibility of "carrying" the interview by establishing a conversational quality to the interaction. Open questions cannot be answered "yes" or "no" or in just a few words. Open questions require the caregiver to elaborate with a wider range of responses. Open questions are the "what" and "how" type questions.

3. Closed Questions

Closed questions should be used to restrict or narrow the focus of a caregiver's response. Closed questions should be used purposefully when precise detail and greater clarity is needed from the caregiver. As an exception, closed questions may be used more frequently when there are time constraints or when the SSCM is interviewing a caregiver who is very concrete or is not very verbal.

4. Paraphrasing

The primary intent of paraphrasing is to facilitate the clarification of statements, issues, and concerns. Paraphrasing may involve the SSCM selecting and using a caregiver's own keywords. Paraphrasing involves formulating the essential message that the caregiver is conveying and then stating that message back to the caregiver in the SSCM's own words. When paraphrasing, check for accuracy of the statement by concluding the paraphrase with a simple question such as, "Is that correct?" or "Does that sound accurate?"

5. Encouraging

This technique serves to keep people talking about a particular topic, issue, or concern. Encouraging may be as simple as using a slight verbal prompt, such as "uh-huh", "I see", "go on", or "then what?"

6. Conversational Looping

Conversational looping is a skill for gathering information that first involves the SSCM identifying some key general topic or area for discussion with a caregiver (e.g., approach to parenting, problem-solving, dealing with stress, etc.). Once a topic has been identified, begin the conversa-

tion with a broad non-threatening open question. As the conversation progresses related to the identified topic, continue with a line of questioning (primarily open-ended) based on previous caregiver responses that progressively moves the discussion toward a more specific and intimate inquiry. A key to effective conversational looping is the ability of the interviewer to maintain a caregiver's focus on a particular topic, which will then enable the interviewer to gather more detailed information from the caregiver about the issue, concern, or topic inquiry.

Example: Parenting Approach

“So, how would you describe yourself as a parent?”

“Where do you learn parenting skills from?”

“What brings you the most satisfaction as a parent?”

“How does what you're saying relate to your feelings about being a single parent?”

The content areas that are explored through conversational looping or for any technique are the six family functioning areas.

7. Reflective Listening Statements

Reflective listening statements involve the SSCM's attempts to interpret what a caregiver believes, thinks and/or feels, and then state the SSCM's interpretation back to the caregiver. The interpretation of what the caregiver is communicating is based on both verbal responses and nonverbal cues from the caregiver. A statement is used rather than a question because the statement is less likely to produce caregiver resistance, and, further, a statement triggers the caregiver to re-examine the accuracy of his/her perceptions and thoughts.

Example:

Caregiver: “I may have a couple of beers every once in a while, with my friends, but I don't have a drinking problem.”

SSCM: “For you, drinking is no big deal...it's just something you do socially with your friends?”

Separating Intentions from Actions

An individual can experience differing even conflicting feelings about any given situation. It is not uncommon to have two thoughts on the same subject “I would like to..., but I am scared”. Individuals who may have caused harm to a child also experiences these conflicting feelings. “He deserved to be punished for not following the rules..., but I didn't mean to hurt him. “He just would not stop crying, I was exhausted and wanted to sleep..., but I didn't mean to shake him that hard.”

Separating intentions from actions means joining in partnership with the part of the person's thoughts (intentions) related to not wanting this event to occur again, while helping them to acknowledge their unacceptable actions. Two methods used to help separate intentions from actions are:

1. Normalizing Family Struggles

Normalizing is a form of empathy (understanding) that acknowledges the family's problems is part of the struggle of negotiating difficult life cycle stages, as well as strengths and efforts in coping with the problems. It also helps families learn that many others are in the same situation. It does not downplay or dismiss the problem. It also does not condone or endorse the harmful behavior.

For example, can you remember failing a test in college to only find out the majority of the class

failed the test too? It does not remove the failing grade, but deep down it does make you feel a little better that others are in the same situation. Sometimes knowing others failed too provides confirmation that the test was difficult.

It is not unusual for families to start off defensively in their relationship with the case manager. Sometimes a simple introduction can evoke a defensive response from the family. Normalizing can enable an assessment to be more complete by minimizing the possibility of the family or individual becoming defensive and refusing to engage with the case manager. When a partnership is not established, information is not being shared openly, therefore obstructing the gathering information process (assessment). Normalizing a family’s struggles can reduce the risk of defensive behavior by the family by attributing the family’s problems to struggles associated with difficult life cycle stages.

Problem	Normalizing Language
Father who locked his teenage daughter in the basement to prevent her from leaving the house during the night while he sleeps.	“Teenagers today sometimes fail to understand the dangerous out in the world and the struggles to keep them away from harm. I found it so difficult when dealing with my teenage daughter, particularly if I knew she was hanging with the wrong crowd. You must feel horrible, how did the evening start?”
A mother who has neglected her children due to drug use (previous sex abuse victim by the biological father).	”Single mothers say all the time how hard it is raising children alone; I can only imagine how difficult it is to focus on the constant demands of raising two children while simultaneously trying to overcome the abuse you sustained as a child. It must be so hard. Tell me when you noticed things were more than you could handle?”
A mother who (education) neglects her children.	“As a parent, I found mornings extremely stressful. It took all I had to get the children up and out of the house to catch the school bus on time. I am sure it is especially difficult for you when your child makes up illnesses to avoid going to school and you do not have a car to transport him to school if he misses the bus. Tell me when this began.”
Foster mother spans a child in foster care in her home. (policy violation assessment)	“A lot of foster parents have expressed how challenging it is to integrate a child into their home when the child may have come from a home with different rules or values. How did this all get started?”
Relative placement resource who spanked a child in foster care placed in their home who is diagnosed ADHD.	“Relatives who agree to be a placement resource for the child often experience problems adhering to the no spanking guidelines required by DFCS, especially when they have cared for the child before the child went into foster care and was able to use physical discipline with the child. Tell what behaviors you were trying to deter?”
Adolescent in foster care who is experiencing problems adjusting to the school environment after being brought into foster care.	“I understand you are trying to focus on school, but it is hard to focus after being removed from your family and placed into foster care. Teenagers have told me how difficult it is returning to school after being brought into foster care and everyone at school is aware of the situation. Tell me about that.”
Adolescent in foster care who is having a problem establishing his career objectives for the creation of the WTLF.	“Teenagers often have trouble pinpointing their career path, it seems so far off and not like a big deal at this age. Let’s talk about it, what things are you good at?”
Adoptive parents who are experiencing doubts about adopting a child.	“This is not uncommon, several adoptive parents have expressed their apprehension to adopting a child following the adoptive placement, you are not alone, and adding a member to your family is a difficult process. Tell me about your concerns.”

Problem	Normalizing Language
A non-custodial parent who has a limited bond with the child wants to be a relative placement. (Relative care assessment)	“Parents who do not live with their child and only see the child sporadically, say it is very challenging to establish and maintain a bond with the child, particularly when the relationship with the caregiver who is caring for the child each day is strained. Tell me about that.”
A non-custodial parent who has a limited interaction with the child wants to be a relative placement. (Relative care assessment)	“I understand you were trying to get yourself financially established before engaging in your child’s life because you wanted to have something to offer your child. Parents who are not involved in their child’s life or have limited interactions with their child often say it is difficult to just show up when you have nothing tangible to offer. Tell me about this.”

2. Externalizing the Problem Pattern

Externalizing the problem allows the family or individual to detach themselves from their problem. Externalizing the problem does not mean minimizing the personal responsibility or shifting blame, rather, it allows the individual to view the problem as something that is separate from their identity as a person. In short, the person is not the problem, the problem is the problem. Language that externalizes the problem can reduce criticism, blame, and guilt. If one of the family members has an “anger” problem, externalizing the problem will free up the family to work on the problem rather than exhausting energy opposing each other or defending themselves. This opens up the opportunity for the SSCM to work with the family to address the problem.

For example, asking the individual, “How long have you struggled with the problem of controlling your temper?” “Has the anxiety problem been around for a while?” “Can you see how anxiety has limited your family from engaging in fun activities?” “If your family wasn’t plagued with the anxiety problem, what kind of activities would your family enjoy?”

Problem	Externalizing Language
Mother who beats her child (prior abuse victim)	“Maybe you would like to put an end to this cycle of violence that has been passed on to you; would you like to be one to defeat this monster and keep it from hurting future generations.”
Stepfather who slapped his teenage stepdaughter	“When you described those episodes when everybody gets into it and you end up losing it, you seemed to be saying that you hate these episodes because they keep you from being the father you really want to be to your stepdaughter.”
Mother who neglects her children due to depression	“This dark curtain that you mentioned, tell me about a time when you fought back, or slipped by, or fooled this dark curtain that descends on you.”
A mother who neglected her child due to drug use.	“When you said you vowed not to be like your mom and use drugs and not care for your children, you seemed to be saying the drug use keeps you from being the mother you really want to be to your children.”

Engagement of the Noncustodial Parent

Engagement of noncustodial parents is more than contacting them inquiring as to their interest in being involved with the child(ren). It requires trying to understand their situation and why they may feel the way they do. It is important to be aware of certain dynamics that may come into play in this process. Their behavior may be in response to previous negative experiences they have had with the custodial parent, preconceived notions about how they are perceived by others regarding

the status of their parental involvement, or they may be reluctant because of their views about the child welfare system. Engagement of noncustodial parents can be facilitated by educating them on the process and exploring with them their possible role and how they can be a resource for the child(ren). The discussions with the custodial parent surrounding the involvement of the non-custodial parent need to occur during the development of the case plan. Engagement should revolve around the noncustodial parent's presence/engagement in the child's life, caregiving abilities, cooperative parenting, and emotional contributions to the child. A determination must be made about the non-custodial parent involvement with the child and their ability to contribute the outcomes of the case plan prior to establishing contact standards for the non-custodial parent.

Observing Parent/Guardian and Child Interaction

Direct observation of parent and child interactions: What is the quality of the parent and child bonding? Does the parent engage the child in developmentally stimulating activities? Does the parent handle the child roughly or is there an apparent comfort level in providing for the child's needs? Does the parent identify the child's needs and respond to them in a nurturing way? Does the child seem fearful of the parent? Parent-child interaction in the parents' home should be observed prior to reunification.

Hearing and seeing how the parent and child communicate: Is communication verbal, non-verbal, physical, positive, negative, passive, more negative than positive?

Determine if progress on the specified steps of the case plan are met: What changes in the parent's interaction with a child are observed since the previous meeting and/or the implementation of service provisions (i.e., counseling, parenting skills training)? Is the parent learning and practicing better ways of parenting? Are they utilizing their action plan to avoid, interrupt or escape situations that would usually lead to high-risk behaviors? Does the parent redirect the child when unwanted behaviors are noticed? If service provision is effective, there should be evidence of enhanced parenting skills.

These are only a few of the many insights that may be gained from direct observation of parent and child interactions. Using what is directly observed as a major component of case decision making is vital. A case decision based only on what is reported by the parent is never sufficient.

Why to Make Contacts in the Home

It is important to visit children in the home environment to assess safety and gain an understanding of the child's living conditions. It is recommended that contacts be made in the home as often as possible. There is helpful information that may be gathered when interacting with parents and children in their home environment and it is important to make firsthand observations of the home environment to which the child may be returning.

Announced or Unannounced Home Visits

The nature of the reported allegations and the initial indication of the existence of a present danger situation or impending danger safety threat must be the first consideration when determining whether to make an announced or unannounced visit.^[6] If there is a present danger situation, this requires an immediate response, regardless of where the child is located. When a present danger situation is not apparent initially, the nature of the allegations and DFCS history, as well as the con-

sideration of whether an interview could be tainted by an adult are important considerations when determining whether to do an announced or unannounced visit. Making an unannounced visit should be associated with timeliness, immediacy, or emergency situations. Unannounced visits are not discouraged when they are appropriate, but they should be necessary and justified based upon the individual circumstances of the case and its history. Supervisory consultation and guidance are an integral part of the discussion when preparing to engage a family during CPS intervention. A family needs to know that CPS is not there to “catch them doing something”, but to take action to protect a child. Therefore, there needs to be a specific, immediate, and clearly observable reason that a case manager makes an unannounced visit.

When a case manager is trying to build a partnership and consensus with a family, he/she must remember that courtesy and mutual respect are core components of building effective and sustainable solutions to the difficult tasks or situations identified by a family. When possible, a scheduled visit with a family can be an effective, convenient, and efficient process for all parties. The visit can be set to a time that is mutually convenient and include all household members. This alleviates the need to make multiple visits to complete interviews; saving time and effort for the case manager and caregiver(s) and shows an effort to be courteous and respectful of the family and their time.

Purposeful Contacts When the Caregiver or Child Resides in Another County

County A may request County B to conduct a purposeful visit with a caregiver or child who is residing or temporarily living in County B if County A cannot conduct the visit. Both counties should have a discussion prior to the visit to address case plan goals, the purpose of the visit and frequency of the visits. The assigned SSCM in County B should be added as a secondary SSCM in Georgia SHINES so that they may document the visit.

Safe Sleeping Recommendations for Infants up to One Year of Age

Caregivers of infants (birth to 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)/Sudden Unexpected Infant Death (SUID), also known as “crib death”. At minimum, caregivers should be advised of the three primary safe sleep recommendations of the American Academy of Pediatrics (AAP) commonly referred to as the ‘ABCs’ of safe sleep:

Alone – The baby’s sleep area should be close to, but separate from, where caregivers and others sleep. The sleeping area should be free of soft objects, toys, and loose bedding.

Back – Infants should always be placed on their back to sleep for naps and at night.

Crib – Place infants on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet.

Further additional information and guidance regarding safe sleeping and SIDS/SUIDS see Infant Safe to Sleep Guidelines and Protocol in [Forms and Tools](#).

Motor Vehicle Safety Recommendations

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. 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.

1. 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;
2. Make a habit of looking in the vehicle – front and back – before locking the door and walking away;
3. Ask the childcare provider to call if the child does not show up for care as expected;
4. 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;
5. 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;
6. A child in distress due to heat should be removed from the vehicle as quickly as possible and rapidly cooled.

Pictures

Pictures are useful for documenting injuries and/or the condition of the home environment; and may be used as evidence in an investigation or in court.

1. When taking pictures to document injuries, ensure the following:
 - a. The caregiver and the child are informed of the need for taking the pictures.
 - b. Each photograph should have one identifier present (i.e., piece of the child’s clothing), at least one photograph should include the child’s face and the clothing, to assure that the evidence collected demonstrates the series of pictures of the same child.
 - c. Use measurable objects (i.e., ruler, coin, pencil) to depict the size of the injury. Photograph the object that caused the injury (whether the injury was accidental or not).
2. When taking pictures of the condition of the home related to safety hazards to the children, include all the areas that demonstrate a safety hazard, such as inside and outside the home, including the yard, when applicable.



If the safety hazard is an infant unsafe sleep situation, take a picture of the area in which the infant currently sleeps.

3. All pictures should be identified with the following information: the individuals who took the photo, the date it was taken, name and date of birth of the alleged child victim, and if applicable the address where the injury occurred or the home with the safety hazards.

Documenting Purposeful Contacts

All visits must be documented on the Contact Detail page in Georgia SHINES within 72 hours of the contact. A narrative must be completed for each Contact Detail. At a minimum, the documentation entry must include:

1. The type of contact (e.g., face-to-face, announced, unannounced, etc.).
2. The date the contact occurred.

3. Person(s) present at the visit.
4. The purpose of the visit.
5. What was discussed.
6. Where the visit occurred.
7. Whether the caregiver or child was interviewed privately. If the child was not interviewed privately document the reason(s) why this did not occur.
8. Summary of information (What happened at the visit):
 - a. The developmental stage of the family and the everyday life task in which the family is struggling;
 - b. Sequencing of the event/situation that is causing concern;
 - c. Safety, permanency, and well-being issues discussed;
 - d. Consensus developed with the caregivers;
 - e. Child and parent's involvement in safety planning;
 - f. Safety determination (safe or unsafe);
 - g. Safety plan management; and
 - h. Change that was noticed and celebrated with the caregiver(s).
9. Observations of the home environment, children for injuries or signs of maltreatment and interactions of family members.
10. Any concerns or red flags identified.
11. Next steps and the plan for addressing identified issues or concerns, as well as documentation of issue resolution.

Forms and Tools

[Authorization for Release of Information](#)

[Authorization for Release of Information \(Spanish\)](#)

[A Caregiver's Guide to a Child Protective Services \(CPS\) Investigation](#)

[A Caregiver's Guide to a Child Protective Services \(CPS\) Investigation \(Spanish\)](#)

[Notice of Case Record Information Available to Parents/Guardians](#)

[Notice of Case Record Information Available to Parents/Guardians \(Spanish\)](#)

[Commercial Sexual Exploitation of Children \(CSEC\) Referral Form](#)

[Human Trafficking Case Management Statewide Protocol](#)

[Infant Safe to Sleep Guidelines and Protocol](#)

[Intimate Partner Violence \(Domestic Violence\) Guidelines & Protocol](#)

[Notice of Privacy Practices](#)

[Notice of Privacy Practices \(Spanish\)](#)

[1] Solution Based Casework TM Training: SSA, L.L.C. © Dana N. Christensen PhD; 2013

[2] The Role of Law Enforcement in the Response to Child Abuse and Neglect, U.S. Department of Health, and Human Services, 1992.

[3] Serious Injury means an injury such as bodily injury that involves substantial risk of death, extreme physical pain, disfigurement or prolonged loss or impairment of the function of a body part, organ, or mental capability. Examples include burns, head trauma, blunt trauma, internal bleeding, multiple bruising and contusions, lacerations of organs, broken bones, and amputation.


[4] Near Fatality means an act that, as certified by a physician, places the child in serious or critical condition in accordance with CAPTA regulations. Once the child meets this criterion, then the allegation of “near fatality” should be marked along with any other type(s) of maltreatment.

[5] Deliberate Information Gathering, November 2006 ACTION for Child Protection, Inc.

[6] Developed from the Administration for Children and Families; Unannounced Home Visits – Critical Assessment Tool or Barrier to Family Engagement? Centennial Topical Webinar Series September 26, 2012, Theresa Costello, Presenter

Chapter 5 Investigations

5.0 Introduction to Investigations

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(5) Investigations		
	Policy Title:	Introduction to Investigations		
	Policy Number:	5.0	Previous Policy Number(s):	N/A
	Effective Date:	November 2023	Manual Transmittal:	2023-03

Codes/References

O.C.G.A. § 19-7-5 Reporting of Child Abuse (e)(f)

O.C.G.A. § 49-5-8 Powers and Duties of Department of Human Services

O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records

O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records

O.C.G.A. § 20-1A-12 Definitions

Title IV-E of the Social Security Act Section 471(a) (9)

Child Abuse Prevention and Treatment Act (CAPTA)

Public Law 105-89 Adoption and Safe Families Act (ASFA) of 1997

McKinney-Vento Homeless Assistance Act Section 106(b) (2) (F)

Final Notice of Statewide Data Indicators and National Standards for Child and Family Services Reviews (CFSR)

National Child Abuse and Neglect Data System (NCANDS) Agency File and Child Codebooks

Discussion

As the designated child welfare agency in Georgia, the Division of Family and Children Services (DFCS) is legally mandated to investigate reports of known or suspected instances of child abuse and neglect, including physical or mental injury, sexual abuse or exploitation, or negligent treatment or maltreatment under circumstances that indicate that the child's health or welfare is threatened.

The Investigation track is utilized when an Initial Safety Assessment (ISA) indicates a present danger situation, an impending danger safety threat, or the reported maltreatment allegations fall into specific categories requiring the assignment of the report to investigation. Investigations is a non-voluntary intervention with families with the following goals:

1. Assess and determine if children are safe.
2. Assess and determine if maltreatment occurred.
3. Assess and determine if the parent(s) have sufficient caregiver protective capacities to protect a child.
4. Assess and determine the need for formal or informal supports/services to strengthen caregiver

protective capacities.

5. Intervene to protect children when parent(s) are unable or unwilling to do so through:
 - a. Seeking court action.
 - b. Developing an in-home or out-of-home safety plan.

During the investigation, families are engaged using DFCS' Practice Model as informed by Solution-Based Casework (SBC). SBC is best thought of as the architecture that holds our practice to a consistent focus on safety outcomes. At the heart of SBC is the belief that by building a partnership with the family, a true focus on developing pragmatic solutions to the family's everyday problems can be achieved. Documenting and celebrating the successes of the family are also acknowledged and provide a framework for the family to sustain positive change moving forward. By using the SBC model, the case manager is able to follow a conceptual map for family-centered practice from assessment through case closure.^[1]

Objectives of Investigation

1. Continue the assessment of child safety by interviewing and observing all children that live in the home and/or have access to the alleged maltreater.
2. Engage all household members in order to gather information related to how the family functions on a day-to-day basis.
3. Engage individuals subject to the child abuse or neglect allegations to gather information regarding child safety and maltreatment.
4. Develop and manage an in-home or out-of-home safety plan when present danger situations or impending danger safety threats are identified.
5. Meet the emergency needs of the family that are apparent at the onset or during the course of the investigative process.
6. Conduct a structured, thorough collection and analysis of information which includes a review of the family's DFCS history, response to prior intervention, and engagement of individuals who are knowledgeable about the family.
7. Keep parent(s) informed and appropriately involved throughout the decision-making process.
8. Determine the existence of child maltreatment consistent with Georgia statutes and DFCS policy.
9. Link the family to community resources that will strengthen the family, or initiate ongoing DFCS case management, including Family Preservation Services or Foster Care, when applicable.

Parent(s) Children's and Rights During Investigation

1. Children have a right to be safe and secure, to be with their families, to be associated with their culture and to experience the least trauma or interference in their lives as is possible.
2. Parent(s) and children have the right to family, integrity, privacy, and due process.
3. Parent(s) also have the right to be informed and involved, have, and care for their children and receive prompt responses regarding their children.

Initiating the Assessment (ISA, Investigations, Special Investigations, or FSS)

Initiating the assessment is defined as making or attempting to contact the family or another person who can provide information essential to the disposition of the investigation or assessment.




CPS Communication Center (CICC) contacting the family or another person during the intake assessment phase to determine the location of the alleged maltreated child does not constitute initiation of the assessment.

Parent(s)

Parent(s) is used to refer to person(s) legally obligated to provide or secure adequate care for a child including his/her parent, guardian, or legal custodian.

5.1 Conducting an Investigation

			
Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(5) Investigations		
Policy Title:	Conducting an Investigation		
Policy Number:	5.1	Previous Policy Number(s):	N/A
Effective Date:	December 2020	Manual Transmittal:	2020-10

Codes/References

O.C.G.A. § 15-11-30 Rights and Duties of Legal Custodian

O.C.G.A. § 15-11-101 Medical and Psychological Evaluation Orders When Investigating Child Abuse and Neglect

O.C.G.A. § 15-11-125 Venue

O.C.G.A. § 15-11-133 Removal of Child from the Home; Protective Custody

O.C.G.A. § 15-11-150 Authority to File Petition

O.C.G.A. § 15-11-202 Reasonable Efforts by DFCS to Preserve or Reunify Families

O.C.G.A. § 15-11-390 Filing of Complaint

O.C.G.A. §16-12-100 Sexual Exploitation of Children; Reporting Violation; Forfeiture; Penalties

O.C.G.A. §19-7-5 Reporting of Child Abuse (e)(f)

O .C.G.A. § 49-5-8 Powers and Duties of Department of Human Services

O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records

O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records

45 CFR Parts 1355.38(a) (5), 1356.21(b) (3) (i), 1356.21(k), and 1356.67

Title IV-E of the Social Security Act Sections 471(a) (15) (D) and (a) (9) (c), and 475 (9)

Child Abuse Prevention and Treatment Act (CAPTA)

Adoption and Safe Families Act (ASFA) P.L. 105-89

Health Insurance Portability and Accountability Act (HIPAA) of 1996: P.L. 104-191

Indian Child Welfare Act of 1978 Final Rule (25 CFR Part 23)

Preventing Sex Trafficking and Strengthening Families Act

Requirements

The Division of Family and Children Services (DFCS) will:

1. Prepare for the investigation to direct and focus case management activities.
2. Complete an investigation within 45 calendar days of the receipt of the intake report to:
 - a. Conduct a comprehensive assessment of the allegations of child abuse, including assessing child safety;
 - b. Take action when present or impending danger is identified;
 - c. Conduct an assessment of family functioning; and
 - d. Determine whether child maltreatment is substantiated or unsubstantiated.
3. Conduct a joint investigation with law enforcement on all serious and/or complex reports of abuse as outlined by the local Child Abuse Protocol.
4. When the investigation involves a child death, near fatality or serious Injury (CD/NF/SI) also adhere to policy [6.7 Special Investigations: Conducting Special Investigations of Child Death, Near Fatality or Serious Injury](#).
5. Adhere to Health Insurance Portability and Accountability Act and confidentiality provisions outlined in policies [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#).
6. Keep the identity of the reporting source confidential (see policy [2.6 Information Management: Confidentiality/Safeguarding Information](#)).
7. Analyze DFCS history to ensure a thorough assessment of safety and family functioning.



If the analysis of DFCS history reveals that a previous ISA, Family Support Services (FSS) or Investigations (INV) was closed due to the family being unable to be located and the previous allegations were not assessed, assess both the previous and current allegations of maltreatment.

8. Use court intervention and/or request support from law enforcement to interview/observe a child when prevented from doing so, and safety cannot be assured (see policy [17.1 Legal: The Juvenile Court Process](#)).
9. Engage each household member face-to-face and privately to discuss the maltreatment allegations and assess child safety and family functioning. This includes the following individuals:
 - a. Alleged victim child(ren)
 - b. Each parent
 - c. All adult household members
 - d. Other children in the home
 - e. Alleged maltreater(s)
10. Inform the individual subject to a child abuse report (alleged maltreater) of the allegations made against him/her at the time of initial contact, whether face-to-face or by telephone.



The Social Services Case Manager (SSCM) must be certain he/she is speaking to the alleged

maltreater. To protect the confidentiality of the family, if the identity of the alleged maltreater cannot be confirmed, do not discuss specific allegations.

11. When caregiver substance use/abuse is suspected or alleged, refer to policy [19.26 Case Management: Case Management Involving Substance Abuse or Use](#) for guidance on engaging and assessing the needs of the child, parent/guardian/legal custodian and other household members.
12. Conduct a visual assessment of all children to determine if any injuries or signs maltreatment exist.
13. Observe the physical home environment, including every room in the home to determine if it is safe and appropriate to meet the needs of each child.
14. Assess and discuss safe sleep practices with any parent who has an infant (up to one year of age) in the home. Take action to remedy unsafe sleeping situations prior to leaving the home (see [Forms and Tools](#): Infant Safe to Sleep Guidelines and Protocol).
15. Make a safety determination in consultation with the Social Services Supervisor (SSS) prior to concluding each purposeful contact with the child, parent, adult household member, and/or alleged maltreater; and take immediate action to control the identified safety threats if the child is unsafe.
16. Engage any child(ren) in the legal custody of the parent(s) in a face-to-face purposeful contact(s) who do not reside in the home concerning child safety and family functioning.
17. Engage individuals identified as collateral contacts who can provide relevant information for assessing maltreatment allegations, child safety, family functioning.
18. Obtain, review, and analyze reports, professional evaluations and assessments, pictures and other physical evidence gathered during the investigation.
19. Request state criminal history record information of adult household members when criminal history may impact child safety, in accordance with policy [19.8 Case Management: Criminal Records Checks](#).
20. Conduct a purposeful contact with the parent(s) and all children in the household every 30 calendar days that the investigation remains open.
21. Afford all rights under the Indian Child Welfare Act (ICWA) to any child who is a member of a federally recognized Indian Tribe, or eligible for membership and has a biological parent who is an enrolled member and is subject to removal, placement and/or any other legal action involving DFCS to promote the stability and security of Indian Tribes and their families (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).
22. Report to law enforcement immediately (no later than 24 hours) and refer the child to an available victim assistance organization, as certified by the Criminal Justice Coordinating Council when a child identifies as being a known or is a suspected victim of sex trafficking/sexual servitude. See [Forms and Tools](#): Human Trafficking Case Management Statewide Protocol.
23. Immediately report any new, known, or suspected instances of child abuse to the CPS Intake Communications Center (CICC) as outlined in policy [3.24 Intake: Mandated Reporters](#).



When making a new Intake Report on the family that is the subject of the investigation, the new case can be merged with the current case and investigated simultaneously.

24. Conduct efforts to locate a family when they cannot be located or have moved to an unknown location in accordance with policy [19.21 Case Management: Unable to Locate](#).
25. Make reasonable efforts to maintain the family unit and prevent the unnecessary removal of a child from his/her home, as long as the child's safety is assured (see policy [9.5 Eligibility: Reasonable Efforts](#)).
26. Complete the Family Functioning Assessment (FFA) in Georgia SHINES to analyze and organize the information gathered to understand the significant factors affecting a child's safety, permanency, and well-being.
27. Make an investigation determination in consultation with the SSS at the conclusion of the investigation.
28. Arrange individualized services for the family, when a need is identified, to address the developmental challenges they are experiencing in their everyday life.
29. Discuss the investigation determination with the alleged maltreater and parent(s) of the alleged victim child(ren), inform:
 - a. A written notice of the investigation outcome will be sent by mail; and
 - b. When the investigation is substantiated, the notice to the maltreater will also include procedures for appeal if he/she disagrees with the decision.
30. Provide written notification of the investigation outcome to the required individuals.
31. Document case activities in Georgia SHINES within 72 hours of occurrence.

Procedures

Social Services Case Manager

1. When case responsibility transfers from a different SSCM:
 - a. Prepare for the investigation to direct and focus case management activities.
 - b. Participate in the case transfer process in accordance with policy [19.4 Case Management: Case Transfer](#).
2. Complete the Safety Plan tab in Georgia SHINES when safety concerns were identified, and a Safety Plan implemented with the family, during the ISA.
3. Complete the Allegation Detail page in Georgia SHINES to add any allegations, victim children or alleged maltreaters identified during the ISA that relates to the current report.
4. Contact the reporter, if known, when clarification and/or additional information related to child safety and the allegations of maltreatment is needed.
5. Conduct a joint investigation with law enforcement on all serious and/or complex reports of abuse as outlined by the local Child Abuse Protocol. For additional information see Practice Guidance: [Joint Investigations with Law Enforcement](#).
6. Complete attempts to locate the alleged child victim(s) to assess child safety including but not limited to:
 - a. Visiting the location where the child is believed to be; and/or
 - b. Contacting persons that could help verify or help locate the child or family, including but not

limited to family members, neighbors, childcare agencies, school system, law enforcement, and other agencies that may be involved with the family.

7. Inform the alleged maltreater of the child abuse allegations during the initial contact with him/her via telephone or through face-to-face contact (when applicable).
8. Engage each household member face-to-face and privately to discuss the maltreatment allegations and assess child safety and family functioning in accordance with policy [5.2 Investigations: Purposeful Contacts During Investigations](#). This includes the following individuals:
 - a. Alleged victim child(ren)
 - b. Each parent
 - c. All adult household members
 - d. Other children in the home
 - e. The alleged maltreater(s)
9. Conduct a visual assessment of all children to determine if any injury or signs of maltreatment exist as outlined in policy [5.2 Investigations: Purposeful Contacts During Investigations](#).
10. Observe the physical home environment, including every room in the home to determine if it is safe and appropriate to meet the needs of each child in accordance with policy [5.2 Investigations: Purposeful Contacts During Investigations](#).
11. Make a safety determination in consultation with the SSS prior to concluding each purposeful contact with the child, parent, adult household member, and/or the alleged maltreater in accordance with policy [19.11 Case Management: Safety Assessment](#). Take immediate action to control the identified safety threats if the child is unsafe:
 - a. Develop and implement with the parent(s) a safety plan in accordance with policy [19.12 Case Management: Safety Plan & Management](#); and/or
 - b. Initiate court/legal intervention in accordance with policy [17.1 Legal: The Juvenile Court Process](#).
12. Engage any child(ren) in the legal custody of the parent(s) in a face-to-face purposeful contact(s) who do not reside in the home concerning child safety and family functioning (see policy [5.2 Investigations: Purposeful Contacts During Investigations](#)).
13. Engage collateral contacts that are knowledgeable about the allegations of child abuse, child safety, and family functioning in accordance with policy [19.16 Case Management: Collateral Contacts](#).
14. Obtain, review, and analyze reports, professional evaluations and assessments, collateral statements, pictures, and other physical evidence gathered during the investigation.
15. Consult with subject matter experts as necessary (medical, behavioral health, DFCS staff, children's advocacy center, etc.).
16. Complete the FFA in Georgia SHINES in accordance policy [19.13 Case Management: Family Functioning Assessment](#).
17. Make an investigation determination in consultation with the SSS in accordance with policy [5.3 Investigation: Making an Investigation Determination](#).
18. Upon SSS approval of the investigation determination:

- a. Engage the parent(s) of any alleged victim child(ren) to discuss:
 - i. Investigation disposition (safety and maltreatment determination).
 - ii. Any safety plan to address safety concerns.
 - iii. A written notice of the investigation outcome will be sent by mail.
 - iv. When the investigation is substantiated the notice to the maltreater will also include procedures for appeal if he/she disagrees with the decision.
 - v. Service provision (see policy [19.17 Case Management: Service Provision](#)).
- b. Engage the alleged maltreater to discuss:
 - i. Investigation disposition (safety and maltreatment determination).
 - ii. A written notice of the investigation outcome will be sent by mail.
 - iii. When the investigation is substantiated the notice to the maltreater will also include procedures for appeal if he/she disagrees with the decision.
 - iv. Service provision (see policy [19.17 Case Management: Service Provision](#)).



When the alleged maltreater is a minor and the alleged victim child is not the minor's biological child, have this discussion in the presence of the minor's parent(s).

19. Prepare the written notifications of the investigation outcome in accordance with policy [5.4 Investigations: Notifications in Investigations](#).
20. Submit the investigation to the SSS for approval within 45 calendar days of the receipt of the intake report.

Social Services Supervisor

1. Participate in a transfer staffing with the newly assigned SSCM, if the SSCM who conducted the ISA is not completing the Investigation (see policy [19.4 Case Management: Case Transfer](#)).
2. Consult with the SSCM after each purposeful contact with the child, parent, adult household member, and/or the alleged maltreater to:
 - a. Make a safety determination in accordance with policy [19.11 Case Management: Safety Assessment](#);
 - b. Discuss safety interventions to control any identified safety threats including safety planning in accordance with policy [19.12 Case Management: Safety Plan & Management](#); and
 - c. Discuss any inconsistencies identified and follow up needed.
3. Review the sufficiency of any safety plan for controlling or mitigating present or impending danger in accordance with policy [19.12 Case Management: Safety Plan and Management](#).
4. Assess the sufficiency of services recommended, when a need is identified in accordance with policy [19.17 Case Management: Service Provision](#).
5. Review documentation and professional assessments to provide guidance regarding the investigation.
6. Make the investigation determination in consultation with the SSCM in accordance with policy [5.3 Investigations: Making an Investigation Determination](#).

7. Review the FFA and make an approval decision in accordance with policy [19.13 Case Management: Family Functioning Assessment](#).
8. Review the submitted investigation and make an approval decision in Georgia SHINES within 45 calendar days of receipt of the intake report.
9. Review and approve the investigations outcome notifications in accordance with policy [5.4 Investigations: Notifications in Investigations](#).

Practice Guidance

Joint Investigations with Law Enforcement

Law enforcement is the criminal investigative agency in the community and is often investigating the same allegation as DFCS. When this is the case, CPS and law enforcement must work as a team to coordinate investigative activities. The team approach is desirable as it allows both law enforcement and DFCS to avoid potential conflict and to improve investigative outcomes. Joint investigations with law enforcement may be requested for all serious and/or complex reports of abuse or neglect (including, but not limited to, sexual abuse, severe physical abuse, serious injury, child death, near fatality, and/or chronic, severe neglect) and should be conducted as outlined by the local Child Abuse Protocol. A joint investigation may include:

1. Developing a plan to complete the investigation;
2. Responding with law enforcement;
3. Frequent and open communication to discuss the status of the case; and
4. Obtaining and sharing information in a timely manner, particularly following critical communication points:
 - a. Completion of interviews;
 - b. Filing a dependency petition;
 - c. Prior to the return of the child victim to the home at any time during the life of a case;
 - d. Prior to the return of an alleged maltreater to the home at any time during the life of a case;
 - e. Reassessment of safety to include a possible change in the safety plan or change in placement; and
 - f. Disclosure of information about the criminal conduct.

In addition to joint investigations, DFCS also engages law enforcement when case managers must visit a potentially dangerous location and situation. Case managers should consider a request for law enforcement officers to accompany them based on the location of the visit being made, the time of day/night, or the history of the subjects involved. The presence of law enforcement during a case manager's visit with a family has a stabilizing effect and thus helps to ensure the safety of all parties involved. When it is necessary to remove children from their home, law enforcement officers are often called upon for assistance. Law enforcement has general authority to take custody of children if the legal requirements are met.

Resolving Discrepancies or Conflicting Information

Often, during an Investigation, there are discrepancies in information collected or there are conflicting accounts regarding the allegations of child abuse. It is important to resolve discrepancies or conflicts to ensure that the information gathered accurately supports the investigation determination. Some ways to address these situations include but are not limited to:

1. Reviewing the information gathered again to determine what information is needed to resolve the issue(s).
2. Seeking supervisory assistance to review the information or develop a plan to resolve the issue(s).
3. Conducting additional interviews with the family members, reporter, collaterals, etc.
4. Engaging subject matter experts to assist in the review of evidence or to discuss the information via a staffing or consultation.
5. Requesting additional professional assessments or evaluations for the child(ren) or caregiver(s).

Requesting Criminal History Record Information

There are times when a criminal history check must be conducted for each adult in the household, such as during an emergency removal of a child placed the legal custody of DFCS but remaining in a placement household such as a relative, pending full approval. In these situations, a GCIC/NCIC criminal history records check must be conducted for each adult person in the placement household. Other instances when a criminal history check is warranted is when there is an indication that an individual who has a caregiving role for a child(ren) may have criminal history that impacts child safety; or when an individual's behavior indicates he or she may be, or have been, involved in criminal activity that could impact child safety.

When a criminal history record check is requested, it is critical that DFCS follow guidelines established by the Office of Inspector General (OIG) and Georgia statutes. Pursuant to O.C.G.A. § 49-2-14, DFCS may receive from any law enforcement agency criminal history information, including arrest and conviction data and any and all other information which may be provided pursuant to state or federal law which is relevant to any adult person who resides in a home where children in the custody of DFCS have been or may be placed or which is the subject of a CPS referral, complaint or investigation.

When Is a New Intake Report Required Versus Adding a New Maltreatment Code

When an intake report is received, an allegation code that corresponds to a maltreatment definition is assigned. This code is tied to the alleged victim, and should correspond to the specific allegations of maltreatment that are captured in the intake assessment. Sometimes, however, during the course of Investigation or Family Support Services (INV or FSS), new information is obtained that may or may not require a new intake report.

When completing an investigation, if the SSCM determines that the original maltreatment code that was assigned at intake is incorrect, then at the conclusion of the investigation, the original code should be unsubstantiated and the correct maltreatment code added on the allegation detail page in Georgia SHINES. A new intake report is not required in this situation, as the new maltreatment code that was added is applicable to the originally alleged victim child, the original person identi-

fied as the alleged maltreater, and the original allegations of maltreatment. If additional maltreatment codes need to be added that are related to the original incident that was reported, these codes may be added on the allegation detail page at the conclusion of the INV without making a new intake report.

EXAMPLE: At intake allegations of substance abuse were received concerning a mother and her baby. The allegation code of N3 was assigned based on the mother's use of the illegal drugs and lack of supervision. During the course of the Investigation, the SSCM determined that the child tested positive at birth for illegal substances and was classified as affected by medical personnel. This was not known at intake. The allegations are related to the original report of substance abuse, and since the child tested positive at birth, now the maltreatment code of CE4-Prenatal Exposure applies and should be added along with the N3 code that was originally captured in the intake report.

During an FSS case, maltreatment determinations are not applicable, therefore, no maltreatment code adjustments need to be completed in Georgia SHINES. Documentation should denote the specific issues that the SSCM was working with the family on resolving related to the original maltreatment allegations made in the intake report.

In both FSS and INV when there is a new event or incident of maltreatment, then a new intake report must be made to the CPS Intake Communications Center (CICC) to capture the information. This also applies when a new or different child is determined to be a victim of a maltreatment regarding a different incident than was originally reported in the intake. This new report must occur so that the child is captured as a victim of abuse or neglect and a record of the incident captured. The new case that is created in Georgia SHINES can be merged upon the immediate safety of the new victim child being assured through the ISA process.

The same is true when a new maltreater is identified during the course of a CPS assessment (ISA, FSS or INV) related to a different maltreatment incident. The new CPS Intake will provide the record of the alleged maltreatment event, and the new malteater identified, and can also subsequently be merged into the existing case in Georgia SHINES.

EXAMPLE: A father is identified in an intake assessment as the alleged maltreater. The allegations reported from the school stated that the father is beating his child, leaving marks and bruises. During the course of the investigation, it is also discovered that the mother is using drugs and leaving all the children in the home unsupervised. A new intake report should be completed to capture the new allegations of N3-inadequate supervision and the different alleged maltreater (the mother). The two investigations can subsequently be merged in Georgia SHINES. In this situation simply adding a new maltreatment code cannot suffice due to the new/different "event" or "incident" that occurred. The allegations of inadequate supervision are completely independent of what was originally reported and they contain not only new allegations of maltreatment from a different reporter (the SSCM), there are also new victims (other children in the home) and a different maltreater (the mother), therefore a new intake report is required.

Requests by Law Enforcement to Refrain or Delay Interviewing Alleged Maltreaters

Law enforcement may request DFCS refrain or delay interviewing the alleged maltreater due to a criminal case. The SSCM still has a primary obligation to ensure child safety. In this situation open and clear communication with law enforcement is necessary so that each agency understands what is required.

When the alleged maltreater has access to the alleged victim child(ren) and a safety determination cannot be made without conducting an interview, communicate directly with law enforcement to coordinate the interview or to obtain a transcript of the interview conducted by law enforcement. When it is determined that the SSCM will not be conducting a separate interview with the alleged maltreater, a list of questions or information that is needed from the individual(s) can be provided to law enforcement to ask the during the interview.

Forms and Tools

[A Guide to Gathering Information During an Investigations](#)


[Human Trafficking Case Management Statewide Protocol](#)

[Infant Safe to Sleep Guidelines and Protocol](#)

[Intimate Partner Violence \(Domestic Violence\) Guidelines & Protocol](#)

[Maltreatment Codes](#)

5.2 Purposeful Contacts During an Investigation

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(5) Investigations		
	Policy Title:	Purposeful Contacts During an Investigation		
	Policy Number:	5.2	Previous Policy Number(s):	N/A
	Effective Date:	June 2021	Manual Transmittal:	2021-02

Codes/References

O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records

O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records

Child and Family Services Improvement Act of 2006 (P.L. 109-288)

Child Abuse Prevention and Treatment Act (CAPTA)

Health Insurance Portability and Accountability Act (HIPAA) of 1996: P.L. 104-191

J.J. v. Ledbetter Consent Decree

Requirements

The Division of Family and Children Services (DFCS) will:

1. Prepare for each contact to ensure it has a clear purpose.
2. Engage the family in a manner that is beneficial in establishing a partnership by:
 - a. Engaging from the viewpoint that families go through developmental stages and encounter common challenges;
 - b. Normalizing the tasks or situations the family identifies as challenging in their everyday life routine; and
 - c. Separating their intent from actions.

3. Conduct private face-to-face purposeful contact(s) with household members to discuss maltreatment allegations and assess safety and family functioning by building consensus around situations in their everyday life they are having difficulty managing (see policy [5.1 Investigations: Conducting an Investigation](#)).



In addition to private interviews, caregivers may be engaged together, and the family members as a group, as needed to build consensus and develop solutions. Consider the type of allegations and safety concerns when deciding who should be engaged together.


4. Adhere to Health Insurance Portability and Accountability Act and confidentiality provisions outlined in policies [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#).
5. Conduct a purposeful contact every 30 calendar days that the Investigation remains open.
6. Interview the alleged maltreater regarding the allegations of maltreatment, if not interviewed during the ISA, and/or additional information if needed to assess child safety and family functioning or make an investigation determination.
7. Observe all children for physical signs of maltreatment. If the child is four years old and under or if there is cause to believe any child may have been harmed, observe areas of the child's body that may be covered by clothing. Such observation shall occur in the least invasive manner possible, and every effort should be made to ensure children are not fully unclothed during the observation.



Physical signs of maltreatment may include suspicious injuries, marks, cuts, bruises, areas of swelling, protruding limbs, damaged skin, malnourishment, lethargy, severe tooth decay, matted hair, pungent body odor, etc.

8. Observe and assess family functioning including parent/children interaction, interaction of all household members, and the caregiver's ability to meet the needs of the child(ren) under his/her care.
9. Assess the physical home environment, including examination of every room in the home and sleeping arrangements for all household members to confirm that it is safe and appropriate to meet the needs of each child.
10. Assess and discuss infant safe sleep practices with any caregiver who has an infant (birth to 12 months of age) in the home and address any unsafe sleeping situations prior to leaving the home.
11. Discuss motor vehicle safety precautions including not leaving children unattended in cars).
12. Request law enforcement assistance:
 - a. To interview or observe a child when the caregiver denies access and child safety cannot be ensured;
 - b. For serious and/or complex reports of abuse or neglect, including, but not limited to sexual abuse, severe physical abuse, child death, near fatality or serious injury;
 - c. When performing a removal of the child from the home; or
 - d. When out of control situations exist.
13. Immediately report any new known or suspected instances of child abuse/neglect or violations

of Foster Care policy to the CPS Intake Communications Center (CICC) as outlined in policy [3.24 Intake: Mandated Reporters](#).

14. Assess and address the needs of youth identified as an unaccompanied homeless youth.
15. Refer to policy [19.26 Case Management: Case Management Involving Substance Abuse or Use](#) when caregiver substance use/abuse is suspected or alleged.
16. Make a safety determination, in consultation with the Social Services Supervisor (SSS), prior to concluding each purposeful contact with the caregiver(s), child, or alleged maltreater. If it is determined that the child is unsafe, prior to leaving the home, take immediate and appropriate action to control the safety threats to ensure child safety by:
 - a. Developing and implementing with the caregiver an in-home or out-of-home safety plan; and/or
 - b. Initiating court/legal intervention.
17. Immediately report to the Georgia Bureau of Investigation (GBI) (no later than 24 hours) any child or youth who the agency identifies as being a known or suspected victim of sex trafficking/sexual servitude; or red flags exist that suggest a child might be a sex trafficking/sexual servitude victim and follow the procedures outlined in the Commercial Sexual Exploitation/Domestic Minor/Sex Trafficking Case Management Protocol in Forms and Tools.
 If the GBI was notified at the time of intake or during the ISA, a second report is not required.
18. Conduct private face-to-face purposeful contacts at a minimum of every 14 calendar days when there is an out-of-home safety plan (temporary alternative to foster care (TAFC) or voluntary kinship arrangement) and the child remains in the home of the kinship caregiver(s) to evaluate conditions of return, caregiver capacity and family functioning to assess child safety in accordance with policy [8.2 Family Preservation Services: Purposeful Contacts With Families Receiving Family Preservation Services](#).
19. Document purposeful contacts in Georgia SHINES within 72 hours of the occurrence including uploading any pictures to External Documentation.

Procedures

Preparation

The Social Services Case Manager (SSCM) will:

1. Thoroughly review the intake assessment and the Initial Safety Assessment (ISA) documentation and analyze the following information:
 - a. Allegations of maltreatment;
 - b. Analysis of DFCS history from Intake and ISA;
 - c. Results of safety screenings;



If all safety screenings were not completed during the Intake or ISA, conduct required screenings (see policy [19.9 Case Management: Safety Screenings](#)).

- d. The developmental stage(s) of the family. What developmental issues might the family be facing based upon their developmental stage? What specific task(s) is the family having difficulty with (see policy [19.2 Case Management: Family Developmental Stages and Tasks](#)).
 - e. If intimate partner violence/domestic violence (IPV/DV) is suspected or alleged, refer to the [IPV/DV Guidelines and Protocol](#) in Forms and Tools for additional guidance;
 - f. If substance abuse is suspected or alleged, also see policy [19.26 Case Management: Cases Involving Substance Abuse or Use](#).
2. Verify confidentiality and safeguarding of information was shared with the parents and signed copies of the following uploaded to Georgia SHINES External Documentation:
 - a. HIPAA Notice of Privacy Practices; and
 - b. Notice of Case Record Information Available to Parents/Guardians
 3. Contact the reporter if not done during the ISA to fill in any gaps and/or to obtain any additional relevant, clarifying information related to the reported maltreatment allegations if the reporter is known. The reporter is not considered a collateral contact. Confidentiality must be maintained.
 4. When a new report is received on an active FSS case, carefully review the new intake report to be able to have an in-depth discussion with the family about what task(s) were supposed to occur and what tasks did and/or did not occur.
 5. Develop a plan for the visit:
 - a. Determine strategies for engaging the family members separately as well as a group. Discuss information gathering approaches, including persons to be engaged, order, and when purposeful contact will occur. Consider factors such as subject matter, DV/IPV, child safety, etc., when determining how or whether to convene the family together.
 - b. Prepare a list of questions to ensure all issues/concerns are addressed.
 - c. Determine the need to contact another county/state to conduct the interview or observation of a child or adult when the child or adult is located in another county; and
 - d. Identify potential child safety and family service needs.
 6. Determine the need for interpretation services for non-English speaking individuals or auxiliary aids for sensory impaired individuals. If required, Limited English Proficiency and Sensory Impaired Customer Services (LEP/SI) is used to assist DFCS in providing meaningful language access to customers. Contact LEP/SI via lepsi@dhs.ga.gov. The use of family members as interpreters is not appropriate.
 7. Identify possible collaterals (see policy [19.16 Case Management: Collateral Contacts](#)).
 8. Participate in a staffing with the SSS to present and discuss strategies for continuing the assessment, and reconfirm what was determined regarding the challenges the family was facing in their everyday life during the ISA.
 9. Gather forms and other required material, including but not limited to:
 - a. A Caregiver's Guide to a Child Protection Services (CPS) Investigation (Brochure)
 - b. Authorization for Release of Information
 - c. Notice of Case Record Information Available to Parents/Guardians

- d. HIPAA Notice of Privacy Practices
 - e. Safe Sleep for Your Baby educational resources
 - f. Suggestions for Parents/Tip Sheet
10. Document the analysis of DFCS history and any preparation activities in Georgia SHINES Contact/Summaries as early as possible, but no later than within 72 hours of the occurrence.

Child/Youth

The SSCM will:

1. Engage the child in a private face-to-face conversation as part of the assessment of child safety, permanency, and well-being. Use age and developmentally appropriate language and questions to assess and discuss:
 - a. Each maltreatment allegation;
 - b. The extent and circumstances of the maltreatment including the sequence of events that led up to and followed the incident (maltreatment) that everyone is concerned about, and including but not limited to the following:
 - i. Who was present during the incident;
 - ii. How the destructive behavior (i.e., child left home alone, the child was disciplined with an extension cord, etc.) occurred;
 - iii. When does this problem occur;
 - iv. Who was involved; Who was not involved;
 - v. Who did what and when;
 - vi. What usually occurs prior to the problem;
 - vii. What did the maltreater say about the problem after it occurred; What did others say about the problem after it occurred;
 - viii. How did he/she feel leading up to, during and following the problematic issue/event; and/or
 - ix. Have there been similar situations or events when the caregiver(s) or alleged maltreater(s) were able to manage without destructive behavior?
 - c. Any needs, concerns, or fears of the child;
 - d. Extracurricular activities or interests of the child;
 - e. Involvement with absent parent(s)/non-custodial parent(s) and their families;
 - f. Child's current living arrangement, including who resides in the home;
 - g. Family relationships and role of each household member;
 - h. Physical, educational, medical, and mental health needs; and any services the child is receiving; and
 - i. If the youth is identified as an Unaccompanied Homeless Youth:
 - i. Reason(s) for the homelessness and potential solutions;

- ii. Level of parental care and supervision, and length of time without parental care and supervision;
 - iii. Other persons that may be providing support to the youth;
 - iv. Youth's access to education.
2. Observe all children for physical signs maltreatment. If the child is four years old and under, or there is cause to believe any child has been harmed:
 - a. In the least invasive manner possible, observe areas of the body that may be clothed.
 - i. Explain to the caregiver and child the reason for observing areas of the body that may be covered by clothing.
 - ii. Arrange for an adult to be present when possible (e.g., caregiver, non-offending parent or legal guardian, relative, foster parent, school nurse, daycare staff, etc.).
 - iii. If the child is four years old and under, ask the caregiver to adjust one area at a time (e.g., raising a shirt sleeve, pant leg, raise the shirt to view their back, etc.), ask them to replace the clothing before proceeding to the next area of the body. Take pictures of any injuries noted.
 - iv. If the child is older than four and is capable, ask the child to adjust their own clothing as outlined above.

 If a full examination is needed, a medical provider may be used.

3. If observation of the child uncovers injuries or other signs of maltreatment:
 - a. Determine whether there are any additional injuries that are not immediately apparent. Is there bruising or is the area sensitive to the touch? Does the child complain of discomfort or pain;
 - b. Gather information around the circumstances surrounding the injury and the parent's knowledge and response to the injury by asking who, what, when, where and how. What was used to cause the injury (ex: hand, fist, belt, bat, extension cord)? Describe the object that was used to cause the injury. Where did the incident that resulted in the injury occur (ex: bedroom, bathroom, grandma's kitchen?);
 - c. Evaluate and determine whether injuries to the child, or the condition of the child requires an immediate medical or psychological evaluation or medical treatment;
 - i. Whenever there is a question of whether or not a child needs to be examined by a medical professional, have the caregiver seek a medical consultation (e.g., 24-hour nurse helpline, poison control center).
 - ii. If medical treatment is recommended from the consult, insist the caregiver take the child to be examined by a medical professional within a specific timeframe.
 - d. Document any observed injuries or physical signs of maltreatment by taking quality pictures and/or a detailed written description.

 Pictures can also be used to document a lack of maltreatment, injury, or condition.

4. Make a safety determination, in consultation with the SSS, prior to concluding each purposeful contact with the child (see policy [19.11 Case Management: Safety Assessment](#)). If it is deter-

mined that the child is unsafe take immediate and appropriate action to control the safety threats to ensure child safety by:

- a. Developing and implementing with the caregiver an in-home or out-of-home safety plan ([19.12 Case Management: Safety Plan & Management](#)); and/or
 - b. Initiating court/legal intervention (see policy [17.1 Legal: The Juvenile Court Process](#)).
5. Notify the caregiver when an interview with a child has been completed without prior caregiver permission immediately upon completion of the interview. It is not the responsibility of the child to notify the caregiver.

Parent (Custodial/Non-Custodial), Caregiver, Adult Household Member or Alleged Maltreater


The SSCM will:

1. Engage each parent (custodial or non-custodial), caregiver, adult household member and alleged maltreater in a private face-to-face conversation to assess child safety, permanency, and well-being.
 - a. Describe the investigation process. Answer any questions he/she may have and provide a copy of the Caregiver's Guide to a Child Protective Services (CPS) Investigation.
 - b. Explain DFCS' obligation to maintain confidentiality and safeguard information to prevent unauthorized disclosure:
 - i. Personal information provided during the completion of the investigation will be kept confidential (see policy [2.6 Information Management: Confidentiality/Safeguarding Information](#)).
 - ii. DFCS cannot share protected health information (PHI) with any person, agency, or contractor without prior written authorization from the owner of the PHI, unless otherwise permitted by law. Provide a copy of the HIPAA Notice of Privacy Practices and obtain signature(s). See policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#).
 - iii. The type of information that will be maintained in the DFCS case record and of the information that can and cannot be released to the parent(s) upon request. Provide a copy of the Notice of Case Record Information Available to Parents/Guardians and obtain signatures (see policy [2.10 Information Management: J.J. v. Ledbetter Parent or Guardian Request for Information](#)).
 - c. Obtain demographic information regarding caregivers, household members, alleged maltreaters and absent/non-custodial parents, if not completed in the ISA. This information can be used to complete the genogram.
 - d. Assess and discuss with each caregiver, adult household member, and alleged maltreater:
 - i. Each maltreatment allegation;
 - ii. The extent and circumstances of the maltreatment including the sequence of events that led up to and following the challenging family incident:
 1. Who was present during the incident;
 2. When does this problem occur;

3. Who was involved? Who was not involved;
 4. Who did what and when;
 5. What occurred prior to the problem;
 6. What did the maltreater(s) say about the problem after it occurred? What did others say about the problem after it occurred;
 7. How did he/she feel leading up to, during and following the problematic issue/event;
 8. What was he/she thinking leading up to, during and following the problematic issue/event;
 9. What was he/she doing leading up to, during and following the problematic issue/event; and
 10. What solutions were tried in the past to resolve the problem? Why does he/she believe those solutions have not been successful?
- iii. The everyday life situation(s) that are challenging to manage that make the child unsafe or put the child at risk for maltreatment.
 - iv. Circumstances in which the family was able to manage the challenges they identified within their everyday life routines and how they were able to successfully manage these challenges without leading to an unsafe situation or maltreatment;
 - v. Family developmental stages and tasks, including any cultural or health issues that are impacting the tasks the family must carry out on a day to day basis;
 - vi. Family's pattern of disciplining their children;
 - vii. Adult functioning/physical adult patterns of behavior, including parents absent from the home and their involvement and role in the family;
 - viii. Child/youth development and functioning;
 - ix. Family support system and resources, including information on non-custodial parents, maternal and paternal relatives and other persons who have demonstrated an ongoing commitment to the child(ren);
 - x. The whereabouts of household members not present during the visit. Arrange for them to be interviewed prior to the conclusion of the assessment.
- e. Discuss with the caregiver(s), alleged maltreater(s), and other household members when injuries or signs of maltreatment were discovered during the observation of the child:
 - i. When did the injury take place? Who was present during the incident that resulted in the injury?
 - ii. Was an object used to cause the injury (ex: hand, fist, belt, bat, extension cord)? Describe the object that was used to cause the injury (example: black belt with studs). Observe the object used to cause the injury.
 - iii. Where did the incident that resulted in the injury occur (ex: bedroom, bathroom, hallway, etc.)? Observe the specific location in the home where the incident occurred.
 - iv. Document the observation of the object or location of where the incident and/or injury occurred by taking quality pictures and/or a detailed written description.
 - v. What was the caregiver's response to the injury or being notified of the injury? Was

medical treatment sought?

- vi. Has the child suffered any other injuries or does the child have a history of injuries; and
 - vii. Whenever there is a question of whether a child needs to be examined by a medical professional, have the caregiver seek a medical consultation (e.g., 24-hour nurse helpline or poison control center). If medical treatment is recommended from the consult, insist the caregiver take the child to be examined by a medical professional within a specific time-frame.
 - f. Identify with the caregiver the personal issue(s) one or more caregiver has that makes caring for the children difficult as it relates to child safety and risk. Identify skills that the individual possesses that help to manage unwanted behavior.
2. Observe the family functioning and interactions around everyday tasks:
 - a. Parent/caregiver-child interaction:
 - i. How the caregiver(s) relates to the child;
 - ii. Whether the caregiver(s) appears to be calm, gentle, relaxed, and confident about parenting or if the caregiver appears anxious, easily frustrated, inattentive, indifferent, or detached; and
 - iii. What the caregiver(s) communicates to the child non-verbally (e.g., looks, touches, and gestures).
 - b. Interactions of all household members; and
 - c. The caregiver's ability to meet the needs of all children under their care and supervision.
 3. Assess the physical home environment to determine if it is safe and appropriate to meet the needs of each child:
 - a. Examine every room in the home for present or potential environmental concerns or hazards. Take appropriate action to remedy environmental concerns or hazards (i.e., loose wires or cords, alcohol or beer bottles, any drug paraphernalia, broken glass or windows, medications or toxic cleaning items that are in reach of small children) prior to leaving the home;
 - b. Review the sleeping arrangements for all household members;
 - c. When an infant under one year of age is in the home, assess and discuss safe sleep practices with the caregiver(s). Take appropriate action to remedy unsafe sleep situations prior to leaving the home such as helping a caregiver to prepare a safe sleeping area for an infant (see [Infant Safe to Sleep Guidelines and Protocol in Forms and Tools](#));

 A caregiver's willingness or unwillingness to address a safe sleep environment must be considered when evaluating caregiver protective capacities and documented in Georgia SHINES.
 - d. Take pictures and/or document in writing the condition of the home when concerns or hazards are identified, this includes inside and outside of the home, including the yard, porch, etc.
 4. Discuss motor vehicle safety precautions including not leaving children unattended in cars (see [Practice Guidance: Motor Vehicle Safety Recommendations](#)).

5. Build a consensus with the caregiver(s) regarding the family and individual problems identified by summarizing how the old plan does not seem to be working very well and how it seems a new plan needs to be developed to address the identified problems.



Family level challenges are not applicable in cases involving sexual abuse or domestic violence.

6. Request an Authorization for Release of Information (ROI) be signed when it is necessary to obtain information about family members and/or initiate referrals. Obtain the signature of the subject of whom you are requesting information or the custodian or guardian of the child whom you are requesting information. Blank ROIs should not be requested. ROIs should be completed related to a specific request for information at the time signatures are obtained.
7. Notice and celebrate the caregiver(s) positive behavioral change.
8. Make a safety determination, in consultation with the SSS, prior to concluding each purposeful contact with the parent, caregiver, adult household member or alleged maltreater (see policy [19.11 Case Management: Safety Assessment](#)). If it is determined that the child is unsafe, prior to leaving the home, take immediate and appropriate action to control the safety threats to ensure child safety by:
 - a. Developing and implementing an in-home or out-of-home safety plan with the caregiver (see policy [19.12 Case Management: Safety Plan & Management](#)); and/or
 - b. Initiating court/legal intervention (see policy [17.1 Legal: The Juvenile Court Process](#)).
9. Thoroughly explain what will happen next and answer any questions he/she may have in relation to the Investigation process.

Analyzing Information

Upon the completion of each purposeful contact, the SSCM will:

1. Immediately report to the CICC any new known or suspected instances of child abuse, neglect and/or exploitation using the guidelines outlined in policy [3.24 Intake: Mandated Reporters](#).
2. Review and analyze the information gathered during the interview(s). Identify inconsistencies or discrepancies and develop a plan for resolving them. Follow up on inconsistencies and document when and how resolved.
3. Make necessary safety decisions in response to information gathered during interviews and the visit to the home in consultation with the SSS.
4. Consult with the SSS and/or other subject matter experts (i.e., Permanency Consultants, Regional Adoption Coordinator, Field Program Specialist) for assistance as needed.
5. Obtain the SSS signature of approval on the safety plan developed with the family, if applicable during contact with the child/family.
6. Document purposeful contacts in Georgia SHINES within 72 hours of occurrence, including updating the Person Detail Page and uploading any pictures, safety plans or documents to External Documentation.
7. Conduct safety screenings on additional household members or caregivers revealed during purposeful contacts who were not identified at intake or ISA (see policy [19.9 Case Management:](#)

Safety Screenings).

8. Engage individuals identified as collateral contacts to obtain pertinent and purposeful information for:
 - a. Determining child safety, well-being, and permanency;
 - b. Assessing caregiver protective capacities, and family functioning; and
 - c. Monitoring progress, and managing the safety plan; and when applicable, satisfying the Conditions for Return (see policy [19.16 Case Management: Collateral Contacts](#)).
9. Make appropriate referrals necessary to implement needed services (see policy [19.17 Case Management: Service Provision](#)).
10. Follow up on commitments made during the visit.
11. Identify areas for discussion and follow up during the next visit.

Supervisor's Role

1. Ensure purposeful contacts are occurring according to policy or as frequently as necessary to assess and ensure safety and determine family functioning.
2. Use the following reports to track purposeful contacts:
 - a. Investigations Response Time Report (Georgia SHINES); and
 - b. Log of Contacts (Georgia SHINES).
3. Assist the SSCM in preparing an agenda to ensure purposeful contacts are focused on the everyday life situations the family is having difficulty managing that makes the child(ren) unsafe or at risk.
4. Ensure he/she is accessible to provide guidance and consult with the SSCM to discuss:
 - a. Information gathered concerning areas of family functioning;
 - b. Present danger situations or impending danger safety threats identified;
 - c. A safety determination (safe or unsafe);
 - d. The development of an in-home or out-of-home safety plan to control the present danger situation or impending danger safety threats; and/or
 - e. The sufficiency of the safety plan to mitigate safety threats.
5. Document the supervisory staffing in Georgia SHINES within 72 hours of occurrence.
6. Ensure purposeful contacts are documented timely in Georgia SHINES within 72 hours of the occurrence, including pictures and observations.
7. Determine the sufficiency of the purposeful contacts through a Georgia SHINES documentation review, considering the following:
 - a. Does the documentation support the purposeful contact(s) conducted and provide sufficient information to assess child safety and current family functioning;
 - b. Is the information gathered sufficient to support the safety decision;
 - c. Was the family engaged in manner that is conducive to building a partnership;
 - d. Was the discussion with the family focused on the everyday life tasks the family is struggling

with;

- e. Are inconsistencies documented that need to be resolved; and
 - f. Are there any services that have been identified that need to be linked to the family?
8. When inconsistencies or follow up is needed based on the review of documentation provide feedback and guidance to the SSCM in order to resolve the inconsistencies and ensure service provision as necessary and document when resolution has occurred.

Practice Guidance

All contacts made with parents and their children provide an opportunity to build a trusting and supportive partnership. Contacts should be well planned and have a clear purpose. In order to thoroughly assess a child's safety, permanency, and well-being, it is important to assess the functioning of the family that is caring for the child. Some key principles to consider when conducting purposeful contacts include:

1. Recognizing the family providing care as a system
Each member of the family, including the child, has a role and responsibilities within the family. If any one person is unable to fulfill their responsibilities, then the whole family is impacted.
2. Engagement and partnership building
Purposeful contacts are not only about engaging and building a relationship with the caregiver, but also about engaging and building a relationship with the entire family including absent parents.
3. Involvement of families and youth
Because each member of a family has a role and responsibilities, it is essential to obtain input from all family members when assessing family functioning. When family members are engaged, this will re-affirm their significance in ensuring the success of the family system.
4. Recognizing all members are individuals
Each family member will adjust differently to challenges to everyday life tasks. It is important to recognize the individuality of each family member and the impact DFCS involvement has on their lives.
5. Cultural awareness
Each family has their own culture. Culture impacts family rituals and traditions. As family functioning is assessed, being respectful of all cultures involved and how they impact the functioning of the family is important for engaging families and developing partnerships.
6. Empathy, authenticity, and transparency
During purposeful contact with family, be mindful of empathy, authenticity, and transparency. When engaging families, it is important to identify their thoughts and feelings even if we may not always agree. Be genuine and open in communicating with all family members and recognize your accountability regarding the success or failure of the family. Purposeful contacts are also a time for the family to hold us accountable for what we may or may not be doing on behalf of the family who has joined in partnership with us.
7. Remaining focused on safety, permanency, and well-being throughout the process.

Observing Children for Physical Signs of Maltreatment

Observing children for physical signs of maltreatment is an important part of ensuring child safety. To determine if there is cause to believe a child has been physically harmed, consider the following:

1. Non-verbal cues from the child or the caregiver that raise concern.
2. The age and special needs of the child. Young children and those with certain special needs are especially vulnerable and may not be able to verbalize when they are being abused or neglected. Therefore, the SSCM cannot depend on the child to say how they are feeling and must be keenly aware of non-verbal cues. For instance, if the child is wincing or drawing back slightly, it may be an indication of pain.
3. Statements made by the child, other children/household members/collaterals, etc. that indicate him/her may have been subjected to physical harm or neglect, etc.
4. Physical indicators of maltreatment such as suspicious injuries, marks, cuts, bruises, areas of swelling, protruding limbs, damaged skin, malnourishment, unexplained weight loss, lethargy, severe tooth decay, matted hair, pungent body odor, etc.
5. The child resides with the caregiver or other individual that harmed the child or another child.
6. The child indicates that physical discipline is being used; or that inappropriate methods of discipline is utilized by the caregiver or others in the home.

The SSCM may need to view areas of a child's body that are covered by clothing to observe for signs of maltreatment and determine if the child needs medical treatment. This may require that the child (or caregiver for younger children) adjust their clothing. This can be embarrassing and anxiety provoking for the child. SSCMs must be sensitive to the child's level of comfort and make every effort to reduce their discomfort. This can be accomplished by having an adult present that the child knows and trusts, and by asking the child or the caregiver (for children four years and under or those with special needs) to adjust one area of a child's clothing at a time. Asking the child or the caregiver to raise a child's pant leg or shirt sleeve one at a time, is less invasive, while allowing the SSCM to observe for signs of maltreatment. The child should never be fully unclothed. When possible, arrange for a staff person of the same sex as the child to conduct the observation.

Assessing Injuries

Some characteristics of injuries are considered red flags and warrant further scrutiny, these include but are not limited to:

1. Injuries on children who are not mobile, especially infants.
2. Injuries on protected surfaces of the body, such as the back and buttocks, ears, inside the mouth, the neck, arms or legs, and underarms.
3. Multiple injuries in various stages of healing (i.e., skin injuries, lesions of varying ages, bruises).
4. Patterned trauma, even if the object used to commit the abuse cannot be determined.
5. Injuries that routine, age-appropriate supervision of the child should have prevented.
6. Significant injury with either no explanation or an explanation that is not plausible.

The SSCM may also need to observe the scene of the injury, to ascertain whether the caregiver

and/or child's statement of what happened is plausible.

1. Ask the caregiver and/or child to show him/her exactly what happened, and where.
2. Note anything about the physical environment that refutes the statement(s) provided. For example, if the caregiver claims that the child fell out of bed and hit their head on the floor, causing a severe bruise, the SSCM should look at the bed, the floor, and height from the bed to the floor. Is the floor carpeted? Is it plausible that the injury occurred on the carpeted floor?
3. Obtain a detailed, precise timeline of events surrounding the incident or track the sequence of events. The more detailed the history, the more likely the assessment of the injury will be accurate. This can be helpful when communicating with medical staff to determine if the injury could have been caused in the manner described by the caregiver and/or child.
4. Document the caregiver's/child's words in quotes. Whenever possible, do not paraphrase. Clarify vague references to times, places, or observers.

Documenting Injuries

As injuries fade, photographs are needed to document the injuries, which may be used as evidence in an investigation or in court. When taking photographs of injuries (bruises, lacerations, etc.), ensure the following:

1. The caregiver and the child are informed of the reason for taking the photographs.
2. At least one photograph includes the adult witness with the alleged child victim.
3. Each photograph should have one identifier present (i.e., piece of the child's clothing), at least one photograph should include the child's face and the clothing, to assure that the evidence collected demonstrates the series of photographs of the same child.
4. Use measurable objects (i.e., ruler, coin, pencil) to depict the size of the injury. Photograph the object that caused the injury (whether the injury was accidental or not)
5. All photographs should be identified with the following information: the individuals who took the photo, the date it was taken, name and DOB of the alleged child victim, and if applicable address of the living environment.

Deliberate Information Gathering (DIG)

Seek to understand the caregiver, his/her point of view, story, and experience. That means to dig deeper for the information needed in order to understand the person, the situation and how these help explain both threats to child safety and caregiver protective capacities. The DIG^[2] idea is to be very deliberate in gathering information and seeking to understand while behaving very naturally. The following interpersonal techniques can be used while gathering information:

1. **Attending Behavior**
Attending behavior refers to focusing attention on the caregiver rather than the SSCM's agenda or line of questioning. Attending behavior involves "matching" a caregiver's nonverbal behavior by consciously manipulating and controlling the SSCM's own nonverbal skills and responses. Primary attending behaviors include eye contact, facial expressions, body language, posturing and gesturing, following, reflecting and vocal qualities-tone and pace.
2. **Open Questions**

Open questions help to remove the SSCM from the responsibility of “carrying” the interview by establishing a conversational quality to the interaction. Open questions cannot be answered “yes” or “no” or in just a few words. Open questions require the caregiver to elaborate with a wider range of responses. Open questions are the “what” and “how” type questions.

3. Closed Questions

Closed questions should be used to restrict or narrow the focus of a caregiver’s response. Closed questions should be used purposefully when precise detail and greater clarity is needed from the caregiver. As an exception, closed questions may be used more frequently when there are time constraints or when the SSCM is interviewing a caregiver who is very concrete or is not very verbal.

4. Paraphrasing

The primary intent of paraphrasing is to facilitate the clarification of statements, issues, and concerns. Paraphrasing may involve the SSCM selecting and using a caregiver’s own keywords. Paraphrasing involves formulating the essential message that the caregiver is conveying and then stating that message back to the caregiver in the SSCM’s own words. When paraphrasing, check for accuracy of the statement by concluding the paraphrase with a simple question such as, “Is that correct?” or “Does that sound accurate?”

5. Encouraging

This technique serves to keep people talking about a particular topic, issue, or concern. Encouraging may be as simple as using a slight verbal prompt, such as “uh-huh”, “I see”, “go on”, or “then what?”

6. Conversational Looping

Conversational looping is a skill for gathering information that first involves the SSCM identifying some key general topic or area for discussion with a caregiver (e.g., approach to parenting, problem-solving, dealing with stress, etc.). Once a topic has been identified, begin the conversation with a broad non-threatening open question. As the conversation progresses related to the identified topic, continue with a line of questioning (primarily open-ended) based on previous caregiver responses that progressively moves the discussion toward a more specific and intimate inquiry. A key to effective conversational looping is the ability of the interviewer to maintain a caregiver’s focus on a particular topic, which will then enable the interviewer to gather more detailed information from the caregiver about the issue, concern, or topic inquiry.

Example: Parenting Approach

“So, how would you describe yourself as a parent?”

“Where do you learn parenting skills from?”

“What brings you the most satisfaction as a parent?”

“How does what you’re saying relate to your feelings about being a single parent?”

The content areas that are explored through conversational looping or for any technique are the six family functioning areas.

7. Reflective Listening Statements

Reflective listening statements involve the SSCM’s attempts to interpret what a caregiver believes, thinks and/or feels, and then state the SSCM’s interpretation back to the caregiver. The interpretation of what the caregiver is communicating is based on both verbal responses and nonverbal cues from the caregiver. A statement is used rather than a question because the statement is less likely to produce caregiver resistance, and, further, a statement triggers the

caregiver to re-examine the accuracy of his/her perceptions and thoughts.

Example:

Caregiver: “I may have a couple of beers every once in a while, with my friends, but I don’t have a drinking problem.”

SSCM: “For you, drinking is no big deal...it’s just something you do socially with your friends?”

Separating Intentions from Actions

An individual can experience differing even conflicting feelings about any given situation. It is not uncommon to have two thoughts on the same subject “I would like to..., but I am scared”. Individuals who may have caused harm to a child also experiences these conflicting feelings. “He deserved to be punished for not following the rules..., but I didn’t mean to hurt him. “He just would not stop crying, I was exhausted and wanted to sleep..., but I didn’t mean to shake him that hard.”

Separating intentions from actions means joining in partnership with the part of the person’s thoughts (intentions) related to not wanting this event to occur again, while helping them to acknowledge their unacceptable actions. Two methods used to help separate intentions from actions are:

1. Normalizing Family Struggles

Normalizing is a form of empathy (understanding) that acknowledges the family’s problems is part of the struggle of negotiating difficult life cycle stages, as well as strengths and efforts in coping with the problems. It also helps families learn that many others are in the same situation. It does not downplay or dismiss the problem. It also does not condone or endorse the harmful behavior.

For example, can you remember failing a test in college to only find out the majority of the class failed the test too? It does not remove the failing grade, but deep down it does make you feel a little better that others are in the same situation. Sometimes knowing others failed too provides confirmation that the test was difficult.

It is not unusual for families to start off defensively in their relationship with the case manager. Sometimes a simple introduction can evoke a defensive response from the family. Normalizing can enable an assessment to be more complete by minimizing the possibility of the family or individual becoming defensive and refusing to engage with the case manager. When a partnership is not established, information is not being shared openly, therefore obstructing the gathering information process (assessment). Normalizing a family’s struggles can reduce the risk of defensive behavior by the family by attributing the family’s problems to struggles associated with difficult life cycle stages.

Problem	Normalizing Language
Father who locked his teenage daughter in the basement to prevent her from leaving the house during the night while he sleeps.	“Teenagers today sometimes fail to understand the dangerous out in the world and the struggles to keep them away from harm. I found it so difficult when dealing with my teenage daughter, particularly if I knew she was hanging with the wrong crowd. You must feel horrible, how did the evening start?”

Problem	Normalizing Language
A mother who has neglected her children due to drug use (previous sex abuse victim by the biological father).	"Single mothers say all the time how hard it is raising children alone; I can only imagine how difficult it is to focus on the constant demands of raising two children while simultaneously trying to overcome the abuse you sustained as a child. It must be so hard. Tell me when you noticed things were more than you could handle?"
A mother who (education) neglects her children.	"As a parent, I found mornings extremely stressful. It took all I had to get the children up and out of the house to catch the school bus on time. I am sure it is especially difficult for you when your child makes up illnesses to avoid going to school and you do not have a car to transport him to school if he misses the bus. Tell me when this began."
Foster mother spans a child in foster care in her home. (policy violation assessment)	"A lot of foster parents have expressed how challenging it is to integrate a child into their home when the child may have come from a home with different rules or values. How did this all get started?"
Kinship caregiver placement resource who spanked a child in foster care placed in their home who is diagnosed ADHD.	"Kinship caregivers who agree to be a placement resource for the child often experience problems adhering to the no spanking guidelines required by DFCS, especially when they have cared for the child before the child went into foster care and was able to use physical discipline with the child. Tell what behaviors you were trying to deter?"
Adolescent in foster care who is experiencing problems adjusting to the school environment after being brought into foster care.	"I understand you are trying to focus on school, but it is hard to focus after being removed from your family and placed into foster care. Teenagers have told me how difficult it is returning to school after being brought into foster care and everyone at school is aware of the situation. Tell me about that."
Adolescent in foster care who is having a problem establishing his career objectives for the creation of the WTLF.	"Teenagers often have trouble pinpointing their career path, it seems so far off and not like a big deal at this age. Let's talk about it, what things are you good at?"
Adoptive parents who are experiencing doubts about adopting a child.	"This is not uncommon, several adoptive parents have expressed their apprehension to adopting a child following the adoptive placement, you are not alone, and adding a member to your family is a difficult process. Tell me about your concerns."
A non-custodial parent who has a limited bond with the child wants to be a kinship caregiver placement. (Kinship care assessment)	"Parents who do not live with their child and only see the child sporadically, say it is very challenging to establish and maintain a bond with the child, particularly when the relationship with the caregiver who is caring for the child each day is strained. Tell me about that."
A non-custodial parent who has a limited interaction with the child wants to be a kinship caregiver placement. (Kinship care assessment)	"I understand you were trying to get yourself financially established before engaging in your child's life because you wanted to have something to offer your child. Parents who are not involved in their child's life or have limited interactions with their child often say it is difficult to just show up when you have nothing tangible to offer. Tell me about this."

2. Externalizing the Problem Pattern

Externalizing the problem allows the family or individual to detach themselves from their problem. Externalizing the problem does not mean minimizing the personal responsibility or shifting blame, rather, it allows the individual to view the problem as something that is separate from their identity as a person. In short, the person is not the problem, the problem is the problem. Language that externalizes the problem can reduce criticism, blame, and guilt. If one of the family members has an "anger" problem, externalizing the problem will free up the family to work on the problem rather than exhausting energy opposing each other or defending themselves. This opens up the opportunity for the SSCM to work with the family to address the problem.

For example, asking the individual, “How long have you struggled with the problem of controlling your temper?” “Has the anxiety problem been around for a while?” “Can you see how anxiety has limited your family from engaging in fun activities?” “If your family wasn’t plagued with the anxiety problem, what kind of activities would your family enjoy?”

Problem	Externalizing Language
Mother who beats her child (prior abuse victim)	“Maybe you would like to put an end to this cycle of violence that has been passed on to you; would you like to be one to defeat this monster and keep it from hurting future generations.”
Stepfather who slapped his teenage stepdaughter	“When you described those episodes when everybody gets into it and you end up losing it, you seemed to be saying that you hate these episodes because they keep you from being the father you really want to be to your stepdaughter.”
Mother who neglects her children due to depression	“This dark curtain that you mentioned, tell me about a time when you fought back, or slipped by, or fooled this dark curtain that descends on you.”
A mother who neglected her child due to drug use.	“When you said you vowed not to be like your mom and use drugs and not care for your children, you seemed to be saying the drug use keeps you from being the mother you really want to be to your children.”

Engagement of the Noncustodial Parent

Engagement of noncustodial parents is more than contacting them inquiring as to their interest in being involved with the child(ren). It requires trying to understand their situation and why they may feel the way they do. It is important to be aware of certain dynamics that may come into play in this process. Their behavior may be in response to previous negative experiences they have had with the custodial parent, preconceived notions about how they are perceived by others regarding the status of their parental involvement, or they may be reluctant because of their views about the child welfare system. Engagement of noncustodial parents can be facilitated by educating them on the process and exploring with them their possible role and how they can be a resource for the child(ren). The discussions with the custodial parent surrounding the involvement of the non-custodial parent need to occur during the development of the case plan. Engagement should revolve around the noncustodial parent’s presence/engagement in the child’s life, caregiving abilities, cooperative parenting, and emotional contributions to the child. A determination must be made about the non-custodial parent involvement with the child and their ability to contribute the outcomes of the case plan prior to establishing contact standards for the non-custodial parent.

Observing Parent/Guardian and Child Interaction

Direct observation of parent and child interactions: What is the quality of the parent and child bonding? Does the parent engage the child in developmentally stimulating activities? Does the parent handle the child roughly or is there an apparent comfort level in providing for the child’s needs? Does the parent identify the child’s needs and respond to them in a nurturing way? Does the child seem fearful of the parent? Parent-child interaction in the parents’ home should be observed prior to reunification.

Hearing and seeing how the parent and child communicate: Is communication verbal, non-verbal, physical, positive, negative, passive, more negative than positive?

Determine if progress on the specified steps of the case plan are met: What changes in the parent’s

interaction with a child are observed since the previous meeting and/or the implementation of service provisions (i.e., counseling, parenting skills training)? Is the parent learning and practicing better ways of parenting? Are they utilizing their action plan to avoid, interrupt or escape situations that would usually lead to high-risk behaviors? Does the parent redirect the child when unwanted behaviors are noticed? If service provision is effective, there should be evidence of enhanced parenting skills.

These are only a few of the many insights that may be gained from direct observation of parent and child interactions. Using what is directly observed as a major component of case decision making is vital. A case decision based only on what is reported by the parent is never sufficient.

Why to Make Contacts in the Home

It is important to visit children in the home environment to assess safety and gain an understanding of the child's living conditions. It is recommended that contacts be made in the home as often as possible. There is helpful information that may be gathered when interacting with parents and children in their home environment and it is important to make firsthand observations of the home environment to which the child may be returning.

Announced or Unannounced Home Visits

The nature of the reported allegations and the initial indication of the existence of a present danger situation or impending danger safety threat must be the first consideration when determining whether to make an announced or unannounced visit.^[3] If there is a present danger situation, this requires an immediate response, regardless of where the child is located. When a present danger situation is not apparent initially, the nature of the allegations and DFCS history, as well as the consideration of whether an interview could be tainted by an adult are important considerations when determining whether to do an announced or unannounced visit. Making an unannounced visit should be associated with timeliness, immediacy, or emergency situations. Unannounced visits are not discouraged when they are appropriate, but they should be necessary and justified based upon the individual circumstances of the case and its history. Supervisory consultation and guidance are an integral part of the discussion when preparing to engage a family during CPS intervention. A family needs to know that CPS is not there to "catch them doing something", but to take action to protect a child. Therefore, there needs to be a specific, immediate, and clearly observable reason that a case manager makes an unannounced visit.

When a case manager is trying to build a partnership and consensus with a family, he/she must remember that courtesy and mutual respect are core components of building effective and sustainable solutions to the difficult tasks or situations identified by a family. When possible, a scheduled visit with a family can be an effective, convenient, and efficient process for all parties. The visit can be set to a time that is mutually convenient and include all household members. This alleviates the need to make multiple visits to complete interviews; saving time and effort for the case manager and caregiver(s) and shows an effort to be courteous and respectful of the family and their time.

Consideration for Additional Purposeful Contacts

Circumstances which may warrant additional purposeful contacts include, but are not limited to, the following:

1. Children are considered vulnerable because of age or disability.
2. The safety plan is no longer sufficient.
3. Progress is not being made on the safety plan or the family is in crisis.
4. There are possible present danger situations or impending danger safety threats identified through contact with formal/informal providers or collaterals.
5. Child Protective Services history with the family.

Purposeful Contacts When the Caregiver or Child Resides in Another County

County A may request County B to conduct a purposeful visit with a caregiver or child who is residing or temporarily living in County B if County A cannot conduct the visit. Both counties should have a discussion prior to the visit to address case plan goals, the purpose of the visit and frequency of the visits. The assigned SSCM in County B should be added as a secondary SSCM in Georgia SHINES so that they may document the visit.

Safe Sleeping Recommendations for Infants up to One Year of Age

Caregivers of infants (birth to 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)/Sudden Unexpected Infant Death (SUID), also known as “crib death”. At minimum, caregivers should be advised of the three primary safe sleep recommendations of the American Academy of Pediatrics (AAP) commonly referred to as the ‘ABCs’ of safe sleep:

Alone – The baby’s sleep area should be close to, but separate from, where caregivers and others sleep. The sleeping area should be free of soft objects, toys, and loose bedding.

Back – Infants should always be placed on their back to sleep for naps and at night.

Crib – Place infants on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet.

Further additional information and guidance regarding safe sleeping and SIDS/SUIDS see Infant Safe to Sleep Guidelines and Protocol in [Forms and Tools](#).

Motor Vehicle Safety Recommendations

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. 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.

1. 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;
2. Make a habit of looking in the vehicle – front and back – before locking the door and walking away;
3. Ask the childcare provider to call if the child does not show up for care as expected;
4. 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;

5. 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;
6. A child in distress due to heat should be removed from the vehicle as quickly as possible and rapidly cooled.

Documenting Purposeful Contacts

All visits must be documented on the Contact Detail page in Georgia SHINES within 72 hours of the contact. A narrative must be completed for each Contact Detail. At a minimum, the documentation entry must include:

1. The type of contact (e.g., face-to-face, announced, unannounced, etc.).
2. The date the contact occurred.
3. Person(s) present at the visit.
4. The purpose of the visit.
5. What was discussed.
6. Where the visit occurred.
7. Whether the caregiver or child was interviewed privately. If the child was not interviewed privately document the reason(s) why this did not occur.
8. Summary of information (What happened at the visit):
 - a. The developmental stage of the family and the everyday life task in which the family is struggling;
 - b. Sequencing of the event/situation that is causing concern;
 - c. Safety, permanency, and well-being issues discussed;
 - d. Consensus developed with the caregivers;
 - e. Child and parent's involvement in safety planning;
 - f. Safety determination (safe or unsafe);
 - g. Safety plan management; and
 - h. Change that was noticed and celebrated with the caregiver(s).
9. Observations of the home environment, children for injuries or signs of maltreatment and interactions of family members.
10. Any concerns or red flags identified.
11. Next steps and the plan for addressing identified issues or concerns, as well as documentation of issue resolution.


Forms and Tools

[Authorization for Release of Information](#)

[Authorization for Release of Information \(Spanish\)](#)

- [Caregiver’s Guide to a Child Protective Services \(CPS\) Investigation](#)
- [Caregiver’s Guide to a Child Protective Services \(CPS\) Investigation \(Spanish\)](#)
- [Commercial Sexual Exploitation of Children \(CSEC\) Referral Form](#)
- [HIPAA Notice of Privacy Practices](#)
- [HIPAA Notice of Privacy Practices \(Spanish\)](#)
- [Human Trafficking Case Management Statewide Protocol](#)
- [Infant Safe to Sleep Guidelines and Protocol](#)
- [Intimate Partner Violence \(Domestic Violence\) Guidelines & Protocol](#)
- [Notice of Case Record Information Available to Parents/Guardians](#)
- [Notice of Case Record Information Available to Parents/Guardians \(Spanish\)](#)

5.3 Making an Investigation Determination

	Georgia Division of Family and Children Services		
	Child Welfare Policy Manual		
	Chapter:	(5) Investigations	
	Policy Title:	Making an Investigation Determination	
	Policy Number:	5.3	Previous Policy Number(s):
Effective Date:	January 2022	Manual Transmittal:	2022-01

Codes/References

- O.C.G.A. § 19-7-5 Reporting of Child Abuse
- O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records
- O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records

Requirements

The Division of Family and Children Services (DFCS) will:

1. Make the following determinations upon the conclusion of an investigation:
 - a. Maltreatment determination (substantiated or unsubstantiated); and
 - b. Safety determination (safe or unsafe).
2. Complete a thorough review and analysis of the information gathered, including DFCS history, during the investigation to support decision-making.
3. Conduct a supervisor staffing to make an investigation determination.
4. Document the investigation determination and the evidence to support the safety and maltreatment determination on the Allegation Detail page and Investigation Conclusion page in Georgia SHINES.

Procedures

Social Services Case Manager

1. Document all investigative activities in Georgia SHINES including:
 - a. Interviews, observations, and collaterals;
 - b. Joint investigative activities with law enforcement; and
 - c. Upload into External Documentation reports, forms, medical reports, professional assessments, pictures, letters, etc.
2. Analyze information gathered relative to each area of family functioning:
 - a. Interviews and observations of all household members and/or alleged maltreater(s);
 - b. Observations of the home environment and/or the location in which the abuse occurred, including observation of objects that may have been named in the allegations of maltreatment;
 - c. Collateral contacts;
 - d. Videos, assessments, forensic reports, police reports, medical reports, educational reports, pictures, etc.;
 - e. DFCS history and how it relates to the current allegations (see policy [19.10 Case Management: Analyzing DFCS History](#));
 - f. Safety Screenings; and
 - g. Any other information relevant to the allegations of maltreatment and child safety.
3. Consider the challenges the family is facing related to their developmental stage and tasks and any correlation to alleged child abuse.
4. When substance abuse is suspected or alleged see policy [19.26 Case Management: Case Management Involving Substance Abuse or Use](#) for additional steps that need to be completed and considered when making a determination.
5. Make additional contacts or obtain additional information to resolve and/or provide clarification of inconsistencies (see Practice Guidance: Resolving Discrepancies and Conflicting Information).
6. Participate in a supervisor staffing to make the following determinations:
 - a. Safety (safe or unsafe) for each alleged victim child in accordance with policy [19.11 Case Management: Safety Assessment](#).
 - b. Maltreatment (unsubstantiated or substantiated) for each alleged victim child;
 - c. Whether further DFCS intervention is required to ensure child safety; and
 - d. Service provision needed to assist the family with managing the challenging situation(s) (see policy [19.17 Case Management: Service Provision](#)).
7. Document the maltreatment determination on the Allegation Detail page in Georgia SHINES:
 - a. Verify the address of the alleged maltreater is correct on the Person Detail Page and make corrections as necessary;
 - b. Verify the category/type of child abuse and maltreatment code is matched to the appropriate victim child;

- c. Designate the appropriate individual(s) as the alleged maltreater for each applicable category/type of child abuse and corresponding maltreatment code;



When the alleged maltreater is unknown and the evidence gathered during the investigation supports that child abuse occurred, the maltreatment determination must be substantiated.

- d. Select “Substantiated” or “Unsubstantiated” for each child abuse allegation;



If the category/type of child abuse and/or maltreatment code(s) is incorrect, unsubstantiate the allegation and add the correct of maltreatment category/type and corresponding maltreatment code(s). The addition of the category/type of maltreatment and corresponding code(s) must be related to the information reported at intake. If not related to the incident a new intake report is required.

- e. Complete the Evidence Summary section by documenting a detailed summary of evidence that supports each maltreatment determination (photos, videos observations, diagnoses, disclosures during interviews); and
 - f. Write a concise statement in the Justification of Findings section that supports the maltreatment determination to include the type of child abuse being substantiated or unsubstantiated. See Practice Guidance: Allegation Detail Page and the Justification of Findings.
8. Complete the Investigative Conclusion page in Georgia SHINES, including writing an Investigation Conclusion Summary that includes:
 - a. A detailed summary of evidence that supports the maltreatment and safety determination for each child abuse allegation investigated (photos, videos, observations, diagnoses, disclosures during interviews),
 - b. An analysis of DFCS history and how it affected the maltreatment and safety determination;
 - c. Whether consensus was achieved with the family;
 - d. Protection strategies to address safety threats (as applicable); and
 - e. Recommendations for services.

(See Practice Guidance: Investigation Conclusion Page for examples of investigation conclusion summaries).

Social Services Supervisor

1. Conduct a supervisor staffing as outlined in policy [19.6 Case Management: Supervisor Staffing](#) to make the following determinations:
 - a. Safety (safe or unsafe) for each alleged victim child in accordance with policy [19.11 Case Management: Safety Assessment](#).
 - b. Maltreatment (unsubstantiated or substantiated) for each alleged victim child;
 - c. Whether further DFCS intervention is required to ensure child safety; and
 - d. Services provision needed to assist the family with managing the challenging situation(s) (see policy [19.17 Case Management: Service Provision](#)).

2. Review the case record in Georgia SHINES within 45 calendar days of receipt of the intake report, to ensure the case determination is accurately reflected:
 - a. Log of Contacts;
 - b. Allegation Detail Page:
 - i. The child abuse category and maltreatment code(s) correspond to the appropriate child victim and that the maltreatment determination of substantiated or unsubstantiated is correct;
 - ii. The alleged maltreater identified is correct for each alleged victim child and maltreatment determination;
 - iii. Justification of Findings statement supports the decision to substantiate or unsubstantiate the category/type of child abuse selected.
 - c. Investigation Conclusion, including the Investigation Conclusion Summary to ensure it supports the decisions made during the dispositional staffing:
 - i. A detailed summary of evidence that supports the maltreatment findings and safety determination for each allegation investigated (photos, videos, observations, diagnoses, disclosures during interviews, etc.);
 - ii. An analysis of DFCS history and how it affected the maltreatment and safety determination;
 - iii. Safety interventions in place (as applicable); and
 - iv. Recommendations for services.

Practice Guidance

The Role of Intent in Maltreatment

A caregiver often states that he/she did not mean or intend to harm their child. For example, a caregiver may choose to punish his/her child by spanking the child using an instrument such as a belt. Once this choice is made the caregiver's "intent" is not relevant as to whether the child was maltreated. The natural consequences of the actions or inactions of the caregiver determine whether maltreatment occurred. The caregiver may not have "meant" to leave the marks, but because he/she made the decision to use the belt when hitting the child, marks occurred. The marks were left as a natural consequence of using the belt to spank the child. When maltreatment meets the statutory language in the definition, intent is not relevant; maltreatment occurred, and the allegation of abuse must be substantiated. However, the intent of the caregiver may be considered when making a safety determination.

Resolving Discrepancies or Conflicting Information

During an Investigation, often there are discrepancies in information collected or there are conflicting accounts regarding the allegations of abuse. It is important to attempt to resolve discrepancies or conflicts to ensure that the information gathered accurately supports the investigation determination. Some ways to address these situations include but are not limited to:

1. Reviewing the information gathered again to determine what information is needed to resolve the issue(s).

2. Seeking supervisory assistance to review the information or develop a plan to resolve the issue(s).
3. Conducting additional interviews with the family members, reporter, collaterals, etc.
4. Engaging subject matter experts to assist in the review of evidence or to discuss the information.
5. Requesting additional professional assessments or evaluations for the child(ren) or caregiver(s).

Maltreatment Determination

The maltreatment determination considers whether the alleged child abuse is substantiated or unsubstantiated.

1. Substantiated means the allegations of child abuse, as defined by Georgia statute, is supported by a preponderance of the evidence. A preponderance of evidence means that the greater the weight of the evidence makes it more probable than not that child abuse occurred. A substantiation determination also means harm to the child is severe enough to constitute maltreatment and there is sufficient evidence to support child maltreatment. When evidence supports maltreatment occurred, regardless of whether the identity of the maltreater is known or unknown the case determination must be substantiated.
2. Unsubstantiated means the allegations of child abuse, as defined by Georgia statute, is not supported by a preponderance of the evidence. An unsubstantiated determination means harm to the child is not severe enough to constitute maltreatment and/or there is not sufficient evidence to support child maltreatment. Even though a maltreatment determination may be unsubstantiated, documentation may show a pattern of behavior that may be useful in decision-making.

Safety Determination

The safety determination identifies the child as either safe or unsafe based on the safety assessment as outlined in policy [19.11 Case Management: Safety Assessment](#). The existence of maltreatment (substantiated or unsubstantiated) and a safety determination (safe or unsafe) are two separate determinations. A child may have been maltreated but could still be considered safe based on individual family circumstances and caregiver protective capacities. If there is a determination that any child in the home is unsafe then DFCS must transfer the case to Family Preservation Services or Permanency for further intervention.

Making an Investigative Decision - Maltreater Unidentified or Unknown

Questions about the identity of a maltreater occur primarily when a child is injured, he/she is unable to identify the maltreater and there is more than one caregiver that could have caused the injury. In these circumstances, case managers and supervisors will need to reach a judgement as to whether there is a preponderance of the evidence that one of the possible caregivers, as compared to other caregivers, injured the child. A preponderance of evidence means that the greater the weight of the evidence makes it more probable than not that the caregiver caused the injury to the child. Reaching such a conclusion may require an investigation which is more time consuming and detailed than an investigation in which this issue is not present. There may be instances where the decision is made to substantiate child abuse against more than one caregiver, especially when the injuries have occurred over time. When the alleged maltreater is unknown and the evidence gath-

ered during the investigation supports that child abuse occurred, the maltreatment determination must be substantiated.

Investigation Conclusion Page

The Investigation Conclusion Page in Georgia SHINES is where the overall finding case disposition is recorded. Included on the Investigation Conclusion page is the Investigation Conclusion Summary. The purpose of this summarizes what occurred during the investigation from beginning to end. This does not mean that the Log of Contacts should be copied and pasted into this section. An Investigation Conclusion Summary should include:

1. What was alleged.
2. Evidence to support or refute the allegations. Evidence may include pictures, direct witness statements, observations, formal diagnosis, evaluations from licensed clinicians, disclosures by the alleged victim child or other children subject to the care of the alleged maltreater, interviews with the alleged maltreater, history that shows a pattern of behavior, or information obtained by collateral resources.
3. Family Functioning information relevant to the case determination.
4. Safety related information and interventions put in place during the Investigation.
5. The overall case determination including whether the case will be closed, or stage progressed to Family Preservation Services or Foster Care.

Example of Substantiated-Open Investigation Conclusion

On 3/1/2017 a report was received indicating that the Lannister family moved from Florida to Georgia in December 2016. At the time of the move the family had an open CPS case in FL and failed to notify their case manager of the move to Georgia. The case was open due to medical neglect resulting from prescription substance abuse by the mother, Ms. Jane Lannister and her live-in paramour, John Baratheon.

Ms. Lannister and Mr. Baratheon have one child, Joffery, age 2. Joffery was born premature and has not been seen in the doctor's office since he was 9 months old. Joffery's pediatrician in FL indicated that Ms. Lannister missed several follow up appointments to treat a severe asthma condition. Ms. Lannister stated that she took Joffery to the doctor before leaving FL and was up to date on all well-checks and immunizations, however medical records verified this was untrue. Ms. Lannister also stated that she applied for Medicaid upon arriving in GA, however the application was not located. The sole income in the home is Mr. Baratheon's SSI, received for a chronic seizure condition that is currently untreated. Both caregivers admitted to spending the SSI money on purchasing illegal prescription medications.

The home was observed to be in disarray. Dirty dishes were piled up in the sink and all over the counter and food that appeared to be several days old was left on the table in dishes. Joffery was wandering around the home in a dirty diaper that had not been changed based on the amount of urine that saturated the diaper. He was also observed to be coughing and wheezing by the SSCM during the visit.

The drug screen results on both caregivers were positive for opiates and benzodiazepines. SSCM also noted that Ms. Lannister and Mr. Baratheon appeared to be under the influence of substances

as evidenced by sleeping during the day, slurred words when talking, and dilated pupils. Prior medical conditions were cited as the basis for the prescription drug use, however neither caregiver could produce valid prescriptions from a medical provider. Results of a substance abuse assessment included several recommendations for follow up treatment for both caregivers.

Impending dangers were identified based on the caregivers' inability to control their behavior and complete daily life activities (cleaning, taking child to the doctor, etc.) due to the illegal use of prescription drugs and the inability of both caregivers to give a valid explanation as to why Joffery had not been taken to the doctor to deal with his severe asthma in both FL and GA.

A safety plan was completed to address the condition of the home, follow up on Joffery's medical care for observed respiratory issues, and to develop a plan for supervision of Joffery if Ms. Lannister or Mr. Baratheon are using prescription medications (legally or illegally) that affect their judgment or knock them out. The home was cleaned on a follow up visit and Joffery was enrolled in daycare. An appointment was also made with a local pediatrician. Both caregivers indicate a willingness to attend substance abuse treatment based on the recommendations of the substance abuse assessments.

Neglect (Medical Neglect) is substantiated due to Ms. Lannister failing to provide adequate medical care for Joffery's continued respiratory issues and the case opened for FPS. Recommended initial services are:

- Ms. Lannister and Mr. Baratheon need to follow up on recommendations from the substance abuse assessment.
- Follow up medical care for Joffery

Example of Unsubstantiated-Closed Investigation Conclusion

On 3/2/17 DFCS received a report concerning Arya Stark stating that Arya was being abused by her father, Ned Stark. Arya was interviewed and stated that her father, Mr. Stark slammed her head into the head rest in the car. She also stated that Mr. Stark emotionally abuses her by calling her names.

Collateral contacts and interviews with Arya's siblings did not support Arya's statement of abuse. Arya did not have any marks/bruises and Arya's siblings (Sansa, Robb, and Bran) stated that Arya is not physically disciplined. Arya also could not remember important details of her account such as when the alleged incident happened or why Mr. Stark allegedly did it.

Arya has been seeing a therapist for approximately one year. The therapist reported that Arya never disclosed any abuse/neglect during the sessions. Arya did sustain an injury when Mr. Stark restrained her from running away, which was a minor bruise to the lip approximately a year and a half ago. Mr. Stark obtained therapy for Arya soon after the incident. Mr. Stark is a single parent, after losing his wife to cancer. The therapist indicated that there have been incidents of the family using name calling when they are angry, but she is doing both individual and family counseling with them to help work through these issues and feels that most of the problems are related to the family's grief. Mr. Stark has extended family support who assist him with the children. Other personal collateral contacts did not reveal any information that would indicate Mr. Stark was being abusive to his children. No impending dangers were noted. Allegations of physical abuse (bruises, welts, abrasions) are unsubstantiated. There is no CPS history, and no further services are recom-

mended.

Allegation Detail Page and the Justification of Findings


The Allegation Detail page in Georgia SHINES is where the SSCM documents a disposition (substantiated or unsubstantiated) for each allegation of child abuse investigated. The justification of findings supports the decision to substantiate or unsubstantiate the allegations. It is a clear and concise description of facts and evidence gathered during the investigation and details a preponderance of credible evidence to support the findings concerning one of the forms of child abuse investigated (prenatal abuse, risk of imminent harm, labor servitude emotional abuse, neglect, physical abuse, sexual abuse, and sexual exploitation). Below is an example of a justification of findings for neglect.

- Ms. Jones is substantiated for neglect due to abandonment. For six months from approximately August 8, 2021, through February 14, 2022, Ms. Smith abandoned her two children, S.D. and M.D., age 13, by leaving them with their grandmother Ms. Scott, without provision for their support and without regularly visiting them.
- Ms. Jackson is substantiated for neglect due to inadequate supervision. On January 11, 2022, Ms. Jackson neglected I.J., age 8 by failing to provide him with adequate supervision by leaving him alone at home while she was away from home at work for nine hours.

Forms and Tools

[A Guide to Gathering Information During an Investigation](#)
[Maltreatment Codes](#)

5.4 Notifications in Investigations

 Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(5) Investigations		
Policy Title:	Notifications in Investigations		
Policy Number:	5.4	Previous Policy Number(s):	N/A
Effective Date:	November 2023	Manual Transmittal:	2023-03

Codes/References

O.C.G.A. § 19-7-5 Reporting of Child Abuse

O.C.G.A. § 49-5-8 Powers and Duties of Department of Human Services

O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records

O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records

Requirements

The Division of Family and Children Services (DFCS) will:

1. Provide notification of the investigation to the military at any point during the case it is discov-

ered that the parent/guardian of the alleged victim child(ren) is on active duty in the Armed Forces of the United States, and the notification was not completed by the CPS Intake Communications Center (CICC).

2. Provide written notification of the investigation outcome within five calendar days of the conclusion of the investigation to the:
 - a. Parent(s) of the alleged victim child, if he/she is not the substantiated maltreater, via the Notification of Child Protective Services Investigation Outcome to the Parent/Legal Custodian Not Alleged as a Child Maltreater.
 - b. Alleged maltreater, only if the allegations are unsubstantiated, via the Notice of Unsubstantiated Child Protective Services Investigation Outcome.
 - c. Minor (under the age of 18) named as the alleged or substantiated maltreater via the Notification of Child Protective Services Investigation Outcome to a Minor outlining procedure for appeal if he/she disagrees with the decision.
 - d. Mandated reporter (school personnel) who made the report via the Mandated Reporter Investigation Outcome Letter. Send the notification to the school counselor for the school the child was attending at the time of the reported child abuse. If a school does not have a school counselor, send the notification to the principal.
3. Provide notification to the mandated reporter (non-school personnel) of the investigation outcome, upon request, regarding the child concerning whom the report was made and disclose only whether the investigation of the reported abuse is ongoing or completed, and if completed, was substantiated or unsubstantiated.
4. Provide written notification of the investigation outcome within ten calendar days of the conclusion of the investigation to the substantiated maltreater via the Notice of Child Protective Services Investigation Substantiation outlining procedures for appeal if he/she disagrees with the decision.



This notification does not apply to minors named as the substantiated maltreater as they receive a separate notification.

5. Upload notifications into Georgia SHINES External Documentation within 72 hours of the occurrence.

Procedures

Social Services Case Manager

1. Provide notification of the investigation to the military at any point during the case it is discovered that the parent/guardian of the alleged victim child(ren) is on active duty in the Armed Forces of the United States, and the notification was not completed by CICC. The military notification should be conducted in accordance with [3.25 Intake: Sharing Intake Reports with Law Enforcement, District Attorney or the Military](#).
2. Provide written notification of the investigation outcome to the parent(s) of the alleged victim child, if he/she is not the substantiated maltreater, within five calendar days of the conclusion of the investigation:
 - a. Launch the Notification of Child Protection Services Investigation Outcome to the Par-

ent/Legal Custodian Not Alleged as a Child Maltreater in Georgia SHINES, identifying the child by initials only.

- b. Obtain supervisor approval and signature on the notice.
 - c. Send the notice to the parent via first-class mail.
3. Provide written notification of the investigation outcome to the alleged maltreater when the investigation is unsubstantiated, within five calendar days of the conclusion of the investigation:
- a. Launch the Notice of Unsubstantiated Child Protection Services Investigation Outcome in Georgia SHINES, identifying the child by initials only.
 - b. Obtain supervisor approval and signature on the notice.
 - c. Send the notice to the unsubstantiated alleged maltreater via first-class mail.



This notification does not apply to minors named as the substantiated maltreater as they receive a separate notification.

4. Provide written notification of the investigation outcome within five calendar days of the conclusion of the investigation to the minor named as the alleged or substantiated maltreater:
- a. When the alleged victim child is the minor's biological child:
 - i. Complete the Notification of Child Protective Services Investigation Outcome to a Minor, identifying the alleged victim child by initials only.
 - ii. Obtain supervisor approval and signature on the notice.
 - iii. Send the notice and the Guide to Child Protection Services Administrative Reviews to the minor via first-class mail.
 - b. When the alleged victim child is **not** the minor's biological child:
 - i. Complete the Notification of Child Protective Services Investigation Outcome to a Minor, identifying the alleged victim child by initials only.
 - ii. Obtain supervisor approval and signature on the notice.
 - iii. Send the notice and the Guide to Child Protection Services Administrative Reviews to the minor via first-class mail.
 - iv. Send a copy of the notice and the Guide to Child Protection Services Administrative Reviews to the minor's parent via first-class mail.
5. Provide written notification of the investigation outcome to the mandated reporter (school personnel) who made the intake report, within five calendar days of the conclusion of the investigation via mail, email, or fax.
- a. Launch the Mandated Reporter Investigation Outcome Letter in Georgia SHINES.
 - b. Obtain supervisor approval and signature on the notice.
 - c. Send the notification to the school counselor for the school the child was attending at the time of the reported child abuse. If a school does not have a school counselor, such disclosure shall be made to the principal.
6. Upon request, provide notification (verbal or written) to the mandated reporter (non-school

personnel) who made the intake report, within five calendar days of the receipt of the request. The notification will include the:

- a. Information only concerning the child for whom the report was made;
 - b. Status of the investigation (completed or ongoing); and
 - c. If completed, the investigation conclusion (substantiated or unsubstantiated).
7. Upload all written notifications into Georgia SHINES External Documentation within 72 hours of the occurrence.

Social Services Supervisor

1. Upon the conclusion of the investigation ensure notifications of the investigation outcome are provided to the parent(s), alleged maltreater, minor (under the age of 18), or mandated reporter (school personnel), as applicable within five calendar days of the conclusion of the investigation.
2. Upon request, ensure mandated reporters (non-school personnel) are notified (verbal or written) of the status of the investigation and/or investigation outcome within five calendar days of the receipt of a request.
3. Review the written notifications and ensure:
 - a. Accuracy;
 - b. Only the child's initials have been used as identification; and
 - c. Upon approval, provide signature on the notification.
4. Ensure all written notifications are uploaded to Georgia SHINES External Documentation.

Investigation Outcome Notification System (IONS) staff will:

1. Review information for accuracy upon the notification of a substantiated case of child abuse.
2. Provide written notification of the investigation outcome to the substantiated maltreater within ten calendar days of the conclusion of the investigation:
 - a. Complete the Notice of Child Protective Services Investigation Substantiation letter.
 - b. Send the Notice of Child Protective Services Investigation Substantiation and the Guide to Child Protective Services Administrative Reviews to the substantiated maltreater via first class mail.
3. Upload a copy of the notice into Georgia SHINES External Documentation.



This notification does not apply to minors named as the substantiated maltreater as they receive a separate notification from the County Department.

Practice Guidance

N/A

Forms and Tools


[Guide to Child Protective Services Administrative Review](#)

[Guide to Child Protective Services Administrative Review \(Spanish\)](#)

[Notification of Child Protective Services Investigation Outcome to a Minor](#)

[Notification of Child Protective Services Investigation Outcome to a Minor \(Spanish\)](#)

5.5 Child Protective Services Administrative Reviews

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(5) Investigations		
	Policy Title:	Child Protective Services Administrative Reviews		
	Policy Number:	5.5	Previous Policy Number(s):	N/A
	Effective Date:	April 2024	Manual Transmittal:	2024-04

Codes/References

Child Abuse Prevention and Treatment Act (CAPTA)

Requirements

The Division of Family and Children Services (DFCS) will:

1. Provide a substantiated maltreater^[4] the opportunity to appeal a substantiated child abuse determination via the Child Protective Services (CPS) Administrative Review process.
2. Provide the Requestor 45 calendar days from the receipt of the Notice of Child Protective Services Investigation Substantiation to request an administrative review.




DFCS will presume that the Requestor received the Notice of Child Protective Services Investigation Substantiation within five business days of the date on the notice.

3. Have a three-tiered process for an administrative review to include:
 - a. A 1st level review by the Regional Director (RD)/Designee which shall be concluded:
 - i. Within 45 business days of the receipt for a request of a desk review; or
 - ii. Within 60 business days of the receipt for a request of an in-person review.
 - b. A 2nd level review by the Administrative Review Team (ART) which shall be concluded:
 - i. Within 45 business days of the receipt for a request of a desk review; or
 - ii. Within 60 business days of the receipt for a request of an in-person review.



DFCS will process the request for a 2nd level review if the substantiated case determination and a review were conducted in compliance with the CPS Panel review process prior to November 1, 2009.

- c. A 3rd level review, which shall be a desk review, conducted by the DFCS Division Director or Designee within 45 business days of the receipt of the notification from the ART. This decision shall be final.
 4. Use the following guidelines as it relates to CPS Administrative Reviews and pending court proceedings:
 - a. The review shall not be delayed pending criminal proceedings.
 - b. The review shall be stayed until the conclusion of the adjudication hearing in juvenile court when the Requestor is the child's parent. If the child is not adjudicated dependent, the Requestor shall be entitled to have an administrative review.
 5. Deny a request for an administrative review when:
 - a. DFCS records have been sealed in accordance with state or federal law (e.g., adoption records); or
 - b. The child is adjudicated dependent. The juvenile court proceeding serves as the Requestor's means of appealing the substantiated investigation determination.
-  If a 1st level review is denied the Requestor is ineligible for 2nd or 3rd level reviews.
6. Use maltreatment codes or child abuse definitions that were effective at the time the investigation was conducted when completing the administrative review.
 7. Notify the Requestor of the CPS administrative review decision via the Child Protective Services Administrative Review Decision Letter generated in Georgia SHINES.
 8. Document the administrative review decision within 72 hours of the decision in Georgia SHINES.

Procedures


1st Level Review

The ART will:

1. Forward the Request for 1st Level Child Protective Services Administrative Review to the RD/Designee within 10 business days of receipt.
2. Copy the County Department on the request.

The RD/Designee will:

1. Provide oversight of the administrative review process by tracking and monitoring pending administrative reviews.
2. Review the case record to determine if the request meets the guidelines for review.
3. Send the Requestor the Acknowledgement of Receipt of 1st Level Request for Child Protective Services Administrative Review, indicating (as applicable):
 - a. Date request was received
 - b. Date the review is due

- c. Any information he/she wishes to be considered during the review, how to provide the information to the Regional Office, and the due date
 - d. Reason(s) for denial of the request, per policy
 - e. Reason(s) for staying the request and next steps
 - f. If interpretive services or auxiliary aides are requested, if so, language or type of auxiliary service.
4. Provide a copy of the acknowledgement notification to the following:
- a. County Department
 - b. ART
 - c. CPS Screening Unit
 - d. Office of Provider Management (OPM), if applicable
 - e. Child Placing Agency (CPA), if applicable
 - f. Child Caring Institution (CCI), if applicable
 - g. Room Board and Watchful Oversight (RBWO) provider, if applicable
5. Within 45 business days of receipt of a 1st level desk review request:
- a. Complete a desk review of the case record and any evidence submitted by the Requestor.
 - b. Interview the Requestor and/or the Social Services Case Manager (SSCM) who completed the investigation as part of the review, as needed.
6. Within 60 business days of receipt of a 1st level in-person review request:
- a. Contact the Requestor and schedule a time to conduct the in-person review.
 - b. Send the Requestor the Notification of Appointment for In-Person Child Protective Services Administrative Review indicating the date, time, and location of the in-person administrative review, at least 10 calendar days prior to the appointment date.
 - c. Review the case record and any information relevant to the case, including interviewing the SSCM who conducted the investigation to clarify any outstanding questions, as needed.
 - d. Facilitate an in-person review:
 - i. Only a DFCS representative and the Requestor shall be allowed to participate in the review.
 -  The Requestor shall be allowed to bring an adult support person, however, he/she shall only observe.
 - ii. Either party may have an attorney present; however, the attorneys cannot present evidence and the attorneys shall not be allowed to cross examine the other party. Neither party can present witnesses.
 - iii. Have the DFCS representative describe the decision for substantiating the case for child abuse and the information used to support the decision.
 - iv. Give the Requestor an opportunity to present a response and any evidence.
 - v. Obtain clarification regarding any information presented.





When the Requestor does not attend the in-person review without notifying the regional office, the review shall be rescheduled once. If the Requestor does not attend the rescheduled review, the 1st level review shall be cancelled, and the maltreatment determination shall stand.

7. Notify the Requestor of the 1st level review decision within the applicable 45 or 60 business day timeframe, by sending the following:
 - a. Child Protective Services Administrative Review Decision Letter;
 - b. Request for 2nd Level Child Protective Services (CPS) Administrative Review; and
 - c. Guide to Child Protective Services Administrative Review when the decision is upheld.
8. Provide a copy of the decision letter to the:
 - a. County Department
 - b. ART
 - c. CPS Screening Unit
 - d. OPM (if applicable)
 - e. CCI (if applicable)
 - f. RBWO provider (if applicable)
9. Document the Administrative Review decision within 72 hours of the decision by completing the Administrative Review page in Georgia SHINES (see Practice Guidance: [Completing the Administrative Review Page in Georgia SHINES](#)).

2nd Level Review

The ART will:

1. Review the case record to determine if the request meets the guidelines for review.
2. Send the Requestor the Acknowledgement of Receipt of 2nd Level Request for Child Protective Services Administrative Review within 10 business days of receipt, indicating (as applicable):
 - a. Date request was received
 - b. Date the review is due
 - c. Any information he/she wishes to be considered during the review, how to provide the information to the ART, and the due date
 - d. Reason(s) for denial of the request, per policy
 - e. Reason(s) for staying the request and next steps
 - f. If interpretive services or auxiliary aides are requested, if so, language or type of auxiliary service.
3. Provide a copy of the acknowledgement notification to the following:
 - a. County Department
 - b. Regional Office
 - c. CPS Screening Unit

- d. OPM (if applicable)
 - e. CPA (if applicable)
 - f. CCI (if applicable)
 - g. RBWO provider (if applicable)
4. Within 45 business days of receipt of a 2nd level desk review request:
- a. Complete a desk review of the case record and any evidence submitted by the Requestor.
 - b. Interview the Requestor and/or the SSCM who completed the investigation as part of the review, as needed.
5. Within 60 business days of receipt of a 2nd level in-person review request:
- a. Contact the Requestor and schedule a time to conduct the in-person meeting.
 - b. Send the Requestor the Notification of Appointment for In-Person Child Protective Services Administrative Review indicating the date, time, and location of the in-person administrative review, at least 10 calendar days prior to the appointment date. Provide a copy of the notification to the:
 - i. Regional Office
 - ii. County Department
 - c. Review the case record and any information relevant to the case, including interviewing the SSCM who conducted the investigation to clarify any outstanding questions, as needed.
 - d. Facilitate an in-person review:
 - i. Only a DFCS representative and the Requestor shall be allowed to participate in the review.
 -  The Requestor shall be allowed to bring an adult support person, however, he/she shall only observe.
 - ii. Either party may have an attorney present; however, the attorneys cannot present evidence and the attorneys shall not be allowed to cross examine the other party. Neither party can present witnesses.
 - iii. Have the DFCS representative describe the decision for substantiating the case for child abuse and the information used to support the decision.
 - iv. Give the Requestor an opportunity to present a response and any evidence that was presented in the 1st level review.
 - v. Obtain clarification regarding any information presented.
 -  When the Requestor does not attend the in-person review without notifying the ART, the review shall be rescheduled once. If the Requestor does not attend the rescheduled review, the 2nd level review shall be cancelled, and the case disposition shall stand.
6. Complete a summary of findings and recommendations.
7. Within one business day of completing the 2nd level review submit the summary of findings and recommendations to the Division Director/Designee to complete the 3rd level review.

3rd Level Review

The DFCS Division Director/Designee will:

1. Complete a desk review within 45 business days of the receipt of the 3rd level review request from the ART.
2. Notify the ART of the 3rd level review decision.

The ART will:

1. Document the administrative review decision in Georgia SHINES within 72 hours of the notification from the Division Director/Designee:
 - a. Complete the Administrative Review page; and
 - b. Upload all supporting documents to External Documentation
2. Notify the Requestor of the 3rd level review decision via Child Protective Services Administrative Review Decision Letter. Provide a copy of the letter to:
 - a. Regional Office
 - b. County Department
 - c. ART
 - d. CPS Screening Unit
 - e. OPM (if applicable)
 - f. CPA (if applicable)
 - g. CCI (if applicable)
 - h. RBWO provider (if applicable)

The RD/Designee will:

1. Track and monitor pending 3rd level administrative reviews.
2. Review the Division Director/Designee's 3rd level review decision.
3. Verify the Administrative Review page in Georgia SHINES is updated with the 3rd level review decision. If the decision is to overturn the substantiation, ensure the investigation disposition has been updated.

The County Director/Designee will:

1. Review the Division Director/Designee's 3rd level review decision.
2. Verify the Administrative Review page in Georgia SHINES is updated with the 3rd level review decision. If the decision is to overturn the substantiation, ensure the investigation disposition has been updated.

Practice Guidance

The Child Abuse Prevention and Treatment Act requires that states have in place an appeal process by which an individual who has been identified as abusing or neglecting a child can appeal such a

finding. The substantiated maltreater’s request for a CPS Administrative Review does not absolve DFCS’ obligation to ensure the safety of children and families. Services to mitigate present or impending danger must be discussed and implemented with the family with the understanding that the review process and service delivery will occur simultaneously. If during the appeal process a child is deemed unsafe, appropriate action must be taken, up to, and including filing a dependency petition in juvenile court to ensure safety.

The objectives of the CPS Administrative Review are to:

1. Determine if the information and evidence gathered during the investigation is sufficient to support the substantiated maltreatment.
2. Provide an opportunity for the substantiated maltreater to appeal the case disposition and to submit written or oral information that supports an unsubstantiated case disposition.
3. Provide an opportunity for DFCS staff to enhance best practices and service delivery.

DFCS County Staff Administrative Review Responsibilities

The investigator should prepare for the administrative review in the same manner as if preparing for court. A thorough review of records and documentation should be completed in Georgia SHINES. It is preferable that the case is presented by the SSCM who completed the investigation. If this is not possible, the county may select the individual that can best present the case decision.

Completing the Administrative Review Page in Georgia SHINES

When a request for a 1st level administrative review is received, the RD/Designee may use the Administrative Review page in Georgia SHINES to begin the 1st level review process by:

1. Conducting a Georgia SHINES case and person search to ensure the correct person is requesting the administrative review and to review the Legal tab to determine if there are existing legal actions.
2. Select the correct investigation stage and click the Administrative Review Appeal radio button on the Case Summary page. This creates a new stage of work for the administrative review that will be displayed under the 2nd level tab of Administrative Review.
3. Select the person who is requesting the review from the Person List.



Only adults with the role of “Principal” can be selected.

4. Enter the relevant information about the review request and document the outcome.
5. Enter the date the request was received in the Request Received field.
6. Document the outcome of the review in the free-form text field.
7. Once the information is complete and the outcome is decided, the reviewer uses the Save and Close button to close out the administrative review. After this, the administrative review stage will be closed, and the page will be view only. A narrative is available for completion of documentation.
8. If the findings change the disposition of **any** of the allegations, the reviewer will access the Allegation List from the 2nd Level menu in the Administrative Review stage where the dispositions

can be updated.

9. If the overall case disposition is overturned, the reviewer will access the Allegations List from the 2nd Level menu in the Administrative Review stage where the case disposition can be updated. The change(s) will auto-populate to the Investigation Conclusion page. Do not use the Supervisor Override. The Investigation Conclusion page narrative should also be updated in the 2nd level Administrative Review stage by the reviewer.

Administrative Reviewers

The RD/Designee, ART, and/or DFCS Division Director/Designee must decide to uphold or overturn the substantiation decision based upon a preponderance of the evidence. A preponderance of evidence means the greater weight of the evidence makes it more probable than not that a finding of substantiation is warranted.

Review Options When No Case Record Is Available

When there is no case record available for review, the Reviewer must attempt to obtain as much corroborating information as possible. Notarized statements from the Requestor, witnesses, collaterals, and in some cases statements from the alleged victim child(ren) may be helpful when reviewing the case. Other information available such as police reports, court reports, or professional assessments may also be reviewed and considered when no case record is available.

Options for the Substantiated Maltreater (Requestor)

Upon receipt of the Notification of Child Protective Services (CPS) Investigation Outcome that indicates a substantiated case disposition, the substantiated maltreater (Requestor) has the option of submitting his/her request for a 1st level review. If the Requestor does not agree with the 1st level review decision, the Requestor has the option to submit a request for a 2nd level review.

Instructions for Substantiated Maltreaters to Request a 1st or 2nd Level Administrative Review

1. Complete the Request for 1st Level Child Protective Services Administrative Review, indicating if a desk review or in-person review is being requested.
2. Submit the Request for a 1st Level Child Protective Services Administrative Review and a copy of the Notice of Child Protective Services Substantiation or Notification of Child Protective Services Investigation to a Minor to the email or address provided below:
 - a. Email: DFCS-ACRRequest@dhs.ga.gov
 - b. Mail:

ATTN: ADMINISTRATIVE REVIEW TEAM
GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES
47 TRINITY AVENUE SW, 1ST FLOOR
ATLANTA, GA 30334

3. Submit any evidence (e.g., written statements, video, audio, other documentation, etc.) for either review type selected within 10 calendar days of receipt of the acknowledgement of the review request.
4. Be available for an interview or for an in-person meeting.

5. If you disagree with the 1st level review decision, complete the Request for 2nd Level Child Protective Services Administrative Review, indicating if a desk review or in-person review is being requested.
6. Submit the Request for a 2nd Level Child Protective Services Administrative Review and a copy of the Notice of Child Protective Services Substantiation or Notification of Child Protective Services Investigation to a Minor to the email or address provided below:
 - a. Email: DFCS-ACRRequest@dhs.ga.gov
 - b. Mail:

ATTN: ADMINISTRATIVE REVIEW TEAM
GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES
47 TRINITY AVENUE SW, 1ST FLOOR
ATLANTA, GA 30334

7. Submit any evidence (e.g., written statements, video, audio, other documentation, etc.) for either review type selected within 10 calendar days of receipt of the acknowledgement of the review request.
8. Be available for an interview or for an in-person meeting.

Desk Reviews

A desk review is a review of the case record in Georgia SHINES and/or the Internal Data System (IDS) and any other additional case documents (e.g., medical records, school records, pictures, etc.)


In-Person Reviews

An in-person review is an interview conducted with the SSCM and/or Supervisor responsible for the investigation and the substantiated maltreater.

Forms and Tools

- [Acknowledgement of Receipt of 1st Request for Child Protective Services Administrative Review](#)
- [Acknowledgement Of Receipt of 1st Level Request for Child Protective Services Administrative Review \(Spanish\)](#)
- [Guide to Child Protective Services Administrative Review](#)
- [Guide to Child Protective Services Administrative Review \(Spanish\)](#)
- [Notification of Appointment for In-Person Child Protective Services Administrative Review](#)
- [Notification of Appointment for In-Person Child Protective Services Administrative Review \(Spanish\)](#)
- [Request for 1st Level Child Protective Services Administrative Review](#)
- [Request for 1st Level Child Protective Services Administrative Review \(Spanish\)](#)
- [Request for 2nd Level Child Protective Services Administrative Review](#)
- [Request for 2nd Level Child Protective Services Administrative Review \(Spanish\)](#)

5.9 Family Refuses to Cooperate During an Investigation

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(5) Investigations		
	Policy Title:	Family Refuses to Cooperate During an Investigation		
	Policy Number:	5.9	Previous Policy Number(s):	N/A
	Effective Date:	October 2015	Manual Transmittal:	2015-06

Codes/References

- O.C.G.A. § 19-7-5 Reporting of Child Abuse and Neglect
- O.C.G.A. § 49-5-8 Powers and Duties of Department of Human Services
- O.C.G.A. §§ 49-5-1 and 49-5-8 Children and Youth Act
- O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records
- Title IV-E of the Social Security Act Sections 471(a)(9) and 471(a)(15)(F)
- 45 CFR Parts 1356.21(d), 1356.21(k), 1356.21(b)(4), and 1356.67
- Adoptions and Safe Families Act of 1997
- Child Abuse Prevention, Adoption and Family Services Act of 1988
- Child Abuse Prevention and Treatment Act (CAPTA) as Amended by P.L. 111-320
- CAPTA and the Born-Alive Infants Protection Act of 2002
- McKinney-Vento Homeless Assistance Act Section 106(b)(2)(F)

Requirements

The Division of Family and Children Services will take immediate action to ensure child safety when caregivers refuse to allow access to a child and/or the home, and it is unknown whether the child is in danger. Such actions include, but are not limited to, the following:

1. Obtain assistance from law enforcement; and/or
2. Seek court intervention.

Procedures

When the family refuses to cooperate, the Social Services Case Manager will:

1. Consult the Social Services Supervisor (SSS) to discuss possible court or law enforcement intervention.
2. If determined to be necessary, inform the caregiver of DFCS' intent to involve court or law enforcement unless the caregiver immediately cooperates. Establish a short deadline for cooperation and give the caregiver notice of intent to petition the court if non-cooperation continues.
3. If time does not permit filing a dependency complaint (required to obtain dependency order for cooperation) or the caregiver does not comply within the deadline, the SSCM should consult with the SSS to discuss the next steps.

- a. If law enforcement assistance is determined appropriate, notify law enforcement, explaining the circumstances in order to request assistance in interviewing/observing the child or for immediate on site assistance.
- b. If court intervention is determined appropriate, contact the SAAG for juvenile court intervention if known or suspected present danger situations are determined to be impacting child safety (see policy [17.1 Legal: The Juvenile Court Process](#)).

Practice Guidance

Some families, because they do not want the department involved in their lives, will refuse to cooperate or to allow access to children. DFCS is authorized by state law to investigate reports of child maltreatment and to determine that children are safe; therefore, it is necessary to take appropriate steps when a family refuses to cooperate with an investigation, to ensure child safety.

A family's refusal to allow DFCS to be involved may be due to a lack of understanding of DFCS' legal responsibility to investigate reports of child maltreatment. Therefore, providing a clear explanation to family members beginning at the first contact may help facilitate cooperation.

At any time during investigation or the provision of ongoing services, if the SSCM is refused access to the home or the children, steps must be taken to determine and ensure that the children are safe.

Forms and Tools

N/A

[1] Solution Based Casework TM Training: SSA, L.L.C. © Dana N. Christensen PhD; 2013


[2] Deliberate Information Gathering, November 2006 ACTION for Child Protection, Inc.

[3] Developed from the Administration for Children and Families; Unannounced Home Visits – Critical Assessment Tool or Barrier to Family Engagement? Centennial Topical Webinar Series September 26, 2012, Theresa Costello, Presenter

[4] A substantiated maltreater is an individual whom DFCS has determined to have abused a child by a preponderance of the evidence. It includes, but is not limited to, a birth parent, legal guardian, caregiver, foster parent (DFCS or private agency), relative, Child Placing Agency or Child Caring Institution staff, Day Care staff, and School personnel.

Chapter 6 Special Investigations

6.0 Introduction to Special Investigations

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(6) Special Investigations		
	Policy Title:	Introduction to Special Investigations		
	Policy Number:	6.0	Previous Policy Number(s):	N/A
	Effective Date:	November 2023	Manual Transmittal:	2023-03

Codes/References

O.C.G.A. § 19-7-5 Reporting of Child Abuse

O.C.G.A. § 49-5-8 Powers and Duties of Department of Human Services

O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records

O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records

O.C.G.A. § 20-1A-12 Definitions

O.C.G.A. § 20-2-730 Policies and Regulations on the Use of Corporal Punishment

O.C.G.A. § 20-2-731 When and How Corporal Punishment May Be Administered

Title IV-E of the Social Security Act Section 471(a) (9)

Public Law 105-89 Adoption and Safe Families Act (ASFA) of 1997

Final Notice of Statewide Data Indicators and National Standards for Child and Family Services Reviews (CFSR)

Discussion

As the designated child welfare agency in Georgia, the Division of Family and Children Services (DFCS) is legally mandated to investigate reports of known or suspected instances of child abuse; including physical or mental injury, sexual abuse or exploitation, or negligent treatment/maltreatment under circumstances that indicate the child's health or welfare is threatened. Federal and state laws also mandate Child Protective Services (CPS) Investigations that extend beyond the traditional parent-child domain. In Georgia, such investigations are handled as Special Investigations and include reports involving:

1. A child death, near fatality or serious injury (CD/NF/SI).
2. Children in DFCS custody.
3. DFCS or Child Placing Agency (CPA) foster or adoptive home.



A special investigation is required regardless of children currently being placed in the foster or adoptive home.

4. Foster Care kinship placements.
5. Residential Facilities, including Child Caring Institutions (CCI).

6. Non-Residential Facilities including Child Care Learning Centers (CCLC), Day Camps, Family Child Care Learning Home/Home-Based Child Care.
7. Overnight Camps.
8. Public or Private Non-Residential Schools.

Maltreatment in Care (MIC) – Special Investigations

A special investigation alleging a child in DFCS custody has been abused, regardless of who has been alleged as the maltreater.

Types of Circumstances, Homes, Facilities and Placements – Requiring Special Investigations

1. **Children in DFCS Custody:** Child in the legal temporary or permanent custody of DFCS.
2. **DFCS Foster or Adoptive Homes:** DFCS foster homes provide temporary care for children in foster care. Similarly, DFCS adoptive homes provide care for children in foster care, however, the adoptive parents have formally committed to the adoption of the children. In addition, DFCS kinship foster homes or kinship adoptive homes, share the same corresponding responsibilities and requirements though the caregivers are kin to the children placed in their home. DFCS County Departments are responsible for evaluating, approving, and monitoring DFCS foster or adoptive homes.
3. **Child Placing Agency (CPA) Foster or Adoptive Homes:** CPA foster homes provide temporary care for children in foster care. Similarly, CPA adoptive homes provide care for children in foster care, however, the adoptive parents have formally committed to the adoption of the children. CPA foster and adoptive homes are evaluated, approved, and administered by a CPA. A CPA is any institution, society, agency, or facility which places children in foster homes for temporary care or in prospective adoptive homes for adoption. The Office of Provider Management (OPM) and Residential Child Care Licensing (RCCL) is the oversight authorities for CPA foster or adoptive homes.
4. **Kinship Foster Care Placements:** Kinship foster care placements provide temporary care for children in foster care for whom the caregivers are kin (relative or fictive kin). DFCS County Departments are responsible for evaluating, approving, and monitoring kinship foster care placements.
5. **Residential Facilities:** Residential facilities provide full-time (24-hour) residential care to children and youth, outside of their home.
 - a. **Child Care Institutions (CCI):** CCIs are residential facilities that provide full-time Room, Board and Watchful Oversight (RBWO) to six or more children through 18 years of age outside of their home environment. CCI may also be transitional living placements (TLP) for youth 16 through 21 years of age who have agreed to Extended Youth Support Services (EYSS) to prepare youth to become socially, emotionally and personally independent. The OPM and RCCL and are the oversight authorities of CCI.
 - i. **Children’s Transition Care Center (CTCC):** CCI that provides a temporary, home-like environment for medically fragile children, technology dependent children, and children with special health care needs, up to 21 years of age, who are deemed clinically stable by a physician but are dependent on life-sustaining medications, treatments, and equipment. These children require assistance with activities of daily living to facilitate

transitions from a hospital or other facility to a home or other appropriate setting. CTCCs are required to be licensed by RCCL.

- ii. **Maternity Homes (MH) /Parenting Support Program (Second Chance Homes):** CCI that provides RBWO in a residential setting for adolescents during pregnancy who are 21 years of age and younger. MH provide service to pregnant youth before, during or within two weeks of childbirth through a maximum period of eight weeks following delivery. Second Chance Homes/Parenting Support Programs are licensed MH that provide services beyond the eight weeks following delivery to promote residents' long-term independence and the well-being of their child(ren). MH are required to be licensed by RCCL.
 - iii. **“Specialty” Camp / Outdoor Child Caring Program (OCCP):** CCI that provides Room Board & Watchful Oversight (RBWO) along with a variety of outdoor activities taking place in a wilderness or camp environment that are designed to improve the emotional and behavioral adjustment of the children, through the age of 18 participating in the activities. OCCPs are required to be licensed by RCCL.
- b. **Runaway and Homeless Youth Program (RHYP):** RHYP are residential facilities that provide services to children who have run away or children who are homeless. RHYPs are required to be registered as a RHYP with RCCL. Licensed CCI can also be registered as a RHYP. RCCL is the oversight authority of RHYP.
 - c. **Independent Living Program (ILP) Placements:** ILP Placements are residential facilities that provide youth who are at least 18 years of age through 21 years of age with an alternative living arrangement (i.e. community-based housing). The goal is to prepare youth to become socially, emotionally and personally independent of social services while connecting them to life-long permanent connections and laying the foundation for the pursuit of educational and career opportunities. OPM is the oversight authority of ILP Placements. In unusual circumstances a youth 17 years or younger may be in an ILP Placement, when this occurs, both OPM and RCCL are the oversight authorities.
 - d. **Psychiatric Residential Treatment Facility (PRTF) :** PRTF are residential facilities that provide comprehensive mental health and substance abuse treatment to children, adolescents, and young adults ages 5-21 who, due to severe emotional disturbance, need quality, active treatment that can only be provided in an inpatient treatment setting. Department of Behavioral Health and Developmental Disabilities (DBHDD) and Department of Community Health Healthcare Facility Regulations (HFR) are the oversight authorities of PRTFs.
 - e. **Regional Youth Detention Centers (RYDC):** Secure short-term residential facilities centers for youth awaiting trial or waiting to enter a community program or long-term facility. Department of Juvenile Justice (DJJ) is the oversight authority of RYDC.
 - f. **Youth Development Campuses (YDC):** Secure long-term residential facilities for youth sentenced or committed to DJJ custody by juvenile courts. DJJ is the oversight authority of YDC.
6. **Non-Residential Facilities:** Non-residential facilities provide less than full-time care outside of the home for children under the age of 18 years. Bright from the Start: Georgia Department of Early Care and Learning (DECAL) is the oversight authority for non-residential facilities
 - a. **Child Care Learning Centers (CCLC):** CCLC are non-residential facilities that provide programs operated by a person, society, agency, corporation, institution, or group that receives pay for group care. Childcare learning centers cares for seven or more children under the

age of 18 for less than 24 hours per day, without transfer of legal custody. Bright from the Start: DECAL either licenses or commissions childcare learning centers. Bright from the Start: DECAL is the oversight authority of CCLC.

- b. **Early Head Start Programs:** CCLC that provide early education and care programs for low-income children ages birth to three years old and their families. It also offers social, emotional, health, mental health, dental, nutrition, and family services as well as special needs requirements to the families it serves. Early Head Start Programs are required to be licensed or commissioned by Bright from the Start: DECAL.
- c. **Head Start Programs:** CCLC that provide early education and care programs for low-income children ages three to mandatory school age and their families. It also offers social, emotional, health, mental health, dental, nutrition and family services as well as special needs requirements to the families it serves. Head Start Programs are required to be licensed or commissioned by Bright from the Start: DECAL.
- d. **Group Day Care Programs:** CCLC that provide care and an early learning experiences to support and promote the healthy growth and development of children (i.e. Kids R Kids, Tootie Tots, Discovery Point). Group day care homes are required to be licensed or commissioned by Bright from the Start: DECAL.



Group childcare programs, not operated in a residence, that are not subject to licensure are required to obtain an exemption from Bright from the Start. This will include programs such as Parent's Morning Out/Night Out; Extracurricular activities: music, swimming lessons; childcare services on site with parents; Tutoring services programs; Programs operated by or affiliated with national member organization: Boys and Girls Club or Boy Scouts. See Bright from the Start: DECAL website at www.dec.al.ga.gov/CCS/Exemptions.aspx for the type of programs eligible for exemption. If a program is not approved for exemption, it is required to be licensed by Bright from the Start: DECAL.

- e. **Pre-K:** CCLC that provides educational programs for four years old children with a licensed capacity of 22 four-year-old children. The purpose is to prepare children for success in Kindergarten and later school years. Pre-K programs usually operate on the regular school system calendar for the length of a typical school day. Programs may be offered at local public schools or through private providers of preschool services. Pre-K programs are required to be licensed by Bright from the Start: DECAL.
- f. **Day Camps:** Day camps are programs for children five years and older that are operated between school terms, whose primary purpose is to provide organized recreational, religious, or instructional activities. The day camp programs may operate during summer and other school breaks and shall operate for no more than 12 hours per day. Day camps are required to obtain an exemption from Bright from the Start: DECAL. Bright from the Start: DECAL is the oversight authority of Day Camps.
- g. **Family Child Care Learning Home/Home-Based Child Care:** Family Child Care Learning Home/Home Based-Child Care are programs that operates in a private residential home less than 24 hours per day. It provides care for three children, but no more than six, under the age of 18 for pay. Family Child Care Learning Homes are required to be licensed by Bright from the Start: DECAL. Bright from the Start: DECAL is the oversight authority of Family Child Care Learning Home/Home-Based Child Care.

7. **Overnight Camps:** Overnight camps are programs established solely for recreational and educational programs. Administered by internal policies. No registration, licensing, approval, or oversight authority.
8. **Schools:** Schools are Institutions for educating children.
 - a. **Private Non-Residential Schools:** Administered by internal policies. No requirements for accreditation, registration, licensing, or approval.
 - b. **Public Non-Residential Schools:** Administered by area, county, or independent boards of education (ex: Fulton County Schools, Buford City Schools). Local school districts are supported by Georgia Department of Education (DOE).

Collaboration in Special Investigations

Special investigations require collaboration with both internal and external partners. These partners may include law enforcement, oversight authority, and/or other DFCS Social Services Case Manager's (SSCM) based on the setting and/or type of special investigation. Cooperation between agencies and disciplines enables a more efficient process with less duplication, different perspectives, and allows for shared accountability by addressing safety issues in partnership with stakeholders.

Receipt of an Intake Report

Receipt of an intake report means the date and time a report alleging child abuse is received by DFCS from a reporter.

Initiating the Assessment (ISA, Investigations, Special Investigations, or FSS)

Initiating the assessment is defined as making or attempting to contact the family or another person who can provide information essential to the disposition of the investigation or assessment.



CPS Communication Center (CICC) contacting the family or another person during the intake assessment phase to determine the location of the alleged maltreated child does not constitute initiation of the assessment.

Response Time

Response time means the date and time from the receipt of an intake report to the time of making face-to-face contact with the alleged victim child(ren). Receipt of an intake report means the date and time a report alleging child abuse is received by DFCS from a reporter.

Parent(s)

Parent(s) is used to refer to person(s) legally obligated to provide or secure adequate care for a child including his/her parent, guardian, or legal custodian.


Caregiver

Throughout this chapter, the general term “caregiver” is used to collectively refer to:

1. Any person providing a residence for a child

2. Any person legally obligated to provide or secure adequate care for a child
3. Other adults that continually or at regular intervals live in the home
4. A foster parent
5. A foster care kinship caregiver
6. An employee of a public or private residential facility, childcare institution, daycare/childcare facility; or school personnel.

6.1 Preparing for Special Investigations

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(6) Special Investigations		
	Policy Title:	Preparing for Special Investigations		
	Policy Number:	6.1	Previous Policy Number(s):	N/A
	Effective Date:	June 2021	Manual Transmittal:	2021-02

Codes/References

- O.C.G.A. § 19-7-5 Reporting of Child Abuse (e)(f)
- O.C.G.A. § 19-15-2 Protocol Committee on Child Abuse; Written Protocol
- O.C.G.A. § 49-5-8 Powers and Duties of Department of Human Services
- O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records
- Adoptions and Safe Families Act (ASFA)
- 45 CFR Parts 1355.38(a) (5), 1356.21(b) (3) (i), 1356.21(d), 1356.21(k), and 1356.67
- Title IV-E of the Social Security Act Sections 471(a) (15) (D) and (a) (9) (c), 472(a) (1), 472(f), and 475 (9)
- Child Abuse Prevention and Treatment Act (CAPTA)
- J.J. v. Ledbetter-Release of Information of Confidential Records
- Health Insurance Portability and Accountability Act (HIPAA)

Requirements

The Division of Family and Children Services (DFCS) will:

1. Provide notifications of the assignment of a special investigation to DFCS Units, as applicable, in accordance with policy [6.9 Special Investigations: Notifications in Special Investigations](#).



CPS Intake Communications Center (CICC) shall provide notifications to the oversight authority upon assignment of a special investigation.

2. Read and analyze the Intake Assessment to ensure a clear understanding of the maltreatment allegations and any safety threats.
3. Review and analyze DFCS history.
4. Conduct a supervisor staffing with the Social Services Case Manager (SSCM).



The review of DFCS history and staffing may be delayed when an immediate response is required to ensure child safety.

5. Adhere to the local Child Abuse Protocol. This includes determining the need and manner of response with law enforcement and/or the oversight authority and when a forensic interview is appropriate (see policy [1.15 Administration: Child Abuse Protocol](#)).
6. Provide notification to military (law enforcement and family advocacy program), of the Intake Report when the parent or guardian of the alleged victim child(ren) is on active duty in the Armed Forces of the United States in accordance with policy [3.25 Intake: Sharing Intake Reports with Law Enforcement, District Attorney or Military](#) if notification was not provided by the CICC.
7. Complete the Child Death, Near Fatality, Serious Injury (CD/NF/SI) report, as applicable in accordance with policy [6.10 Special Investigations: Reporting of a Child Death, Near Fatality or Serious Injury](#).
8. Document the special investigation activities in Georgia SHINES within 72 hours of occurrence.

Procedures

Social Services Supervisor

1. Review the Intake Assessment and any accompanying information and determine if the response time needs to be more immediate based on:
 - a. Allegations of maltreatment
 - b. Present or impending danger
 - c. Safety screenings results
 - d. Analysis of DFCS history (see policy [19.10 Case Management: Analyzing DFCS History](#))
2. Coordinate with other County Departments that are involved with the case.
3. Assign the case to an Investigator in Georgia SHINES.
4. Conduct a staffing with the assigned SSCM and discuss the strategy for initiating the special investigation (see policy [19.6 Case Management: Supervisor Staffing](#)) including:
 - a. Having the SSCM identify the developmental stage(s) of the family (as applicable) and what specific task(s) the caregiver(s) may be having difficulty. See policy [19.2 Case Management: Family Developmental Stages and Tasks](#).
 - b. The analysis of DFCS history and how it affects the task(s) the caregiver(s) may be having difficulty with.
 - c. The need to contact another county/state to conduct the initial interview or observation of a child or adult within the response time when the child or adult is in another county/state.
 - d. The need for a joint initial response with law enforcement and/or the oversight authority.
 - e. The plan to assess child safety, if law enforcement has requested DFCS refrain from interviewing the alleged maltreater.
 - f. The plan for the initial visit in accordance with policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#).

- g. Possible safety intervention strategies that can be used to control present danger when initial contact occurs, including resources and other professional services or supports.
 - h. Any effects or circumstances the child(ren) may be experiencing based on reported adult and/or child functioning.
 - i. Potential collateral contacts (see policy [19.16 Case Management: Collateral Contacts](#)).
5. Inform the SSCM of availability during the initial contact for consultation and guidance.

Social Services Supervisor Manager

1. Thoroughly review the intake assessment and any accompanying information and analyze the following:
 - a. Allegations of maltreatment
 - b. Present or impending danger
 - c. Safety screenings results



Complete any safety screenings not completed during the intake assessment in accordance with policy [19.9 Case Management: Safety Screenings](#).

- d. DFCS History
 - e. The developmental stage(s) of the family, when applicable (see policy [19.2 Case Management: Family Developmental Stages and Tasks](#))
2. Contact the reporter, if known, when clarification and/or additional information related to child safety and the allegations of maltreatment is needed.
 3. Review and analyze DFCS history in accordance with policy [19.10 Case Management: Analyzing DFCS History](#).
 4. Identify the developmental stage(s) based on the information available and the specific task(s) the family is having difficulty with (see policy [19.2 Case Management: Family Development Stages and Tasks](#)).



Family developmental stages and tasks are not applicable during a special investigation involving a residential facility, non-residential facility, or public or private non-residential school.

5. Determine the need to contact another county/state to conduct the initial interview or observation of a child or adult within the response time when the child or adult is in another county/state.
6. Determine the need for a joint initial response with law enforcement and/or the oversight authority (see policy [6.9 Special Investigations: Notifications in Special Investigations](#) for a list of oversight authorities).
7. Develop a plan for the initial visit in accordance with policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#).
8. Refer to the Intimate Partner Violence (Domestic Violence) Guidelines & Protocol in Forms and Tools for additional guidance if intimate partner violence/domestic violence (IPV/DV) is suspected or alleged.

9. Refer to policy [19.26 Case Management: Case Management Involving Substance Abuse or Use](#) for additional guidance if substance abuse is suspected or alleged.
10. Refer to Human Trafficking Case Management Statewide Protocol in Forms and Tools for additional guidance when human trafficking (sex or labor) is suspected or alleged.
11. Determine the need for interpretation services for non-English speaking individuals or auxiliary aids for sensory impaired individuals (see policy [1.5 Administration: Americans with Disabilities Act \(ADA\)/Section 504 and Reasonable Modifications](#)).
12. Identify possible collateral contacts (see policy [19.16 Case Management: Collateral Contacts](#)).



The reporter is not considered a collateral contact.

13. Based on the information available if the parent/guardian of the alleged victim child(ren) is on active duty in the Armed Forces of the United States:
 - a. Verify that CICC has provided notification of the intake report to military law enforcement and Family Advocacy Program.
 - b. If the notification was not completed by CICC, immediately provide notification to the military (law enforcement and Family Advocacy Program) in accordance with policy [3.25 Intake: Sharing Intake Reports with Law Enforcement, District Attorney or Military](#).
14. Participate in a supervisory staffing to discuss strategies for initiating the special investigation.
15. Gather forms and other required materials (see policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#) for documents required when making contact with the family).

Practice Guidance

Child Abuse Protocol

Georgia law (O.C.G.A. §19-15-2) requires that each county establish a written Child Abuse Protocol (CAP) to be used in investigating and prosecuting cases arising from alleged child abuse. The purpose of the CAP is to ensure cooperation and coordination of investigative activities between all agencies involved in a child abuse case so as to increase the efficiency of all agencies handling such cases, in an effort to minimize trauma for the allegedly abused child and ensure that treatment is provided for the child, family and perpetrator. The CAP includes but is not limited to the following:

1. Procedures to ensure that the protocols are followed by each agency in the county that handles child abuse cases.
2. Circumstances under which law enforcement officers shall and shall not be required to accompany DFCS investigator when investigating reports of child abuse.



In making this determination, the need to protect the alleged victim and to preserve the confidentiality of the report shall be considered.

3. Procedures to be used in investigating and prosecuting cases arising from alleged child abuse.
4. Procedures to be used when child abuse occurs in a household where there is family violence (e.g., between past or present spouses, persons who are parents of the same child, parents and children, or other persons living or formerly living in the same household).

5. Procedures to be used in investigating and prosecuting cases arising from sexual abuse and exploitation.
6. Methods used in coordinating treatment programs for the child, the family, and the perpetrator.
7. Procedures to be followed concerning the obtainment and payment for sexual assault examinations.

Joint Investigations with Law Enforcement

Law enforcement^[1] is the criminal investigative agency in the community and often must investigate the same incident, involving the same people, as DFCS. In many communities, this involves a parallel investigation where DFCS and law enforcement must work as a team and in collaboration with one another. The team approach to these investigations is more desirable as it allows both law enforcement and DFCS to avoid potential conflict and to improve investigative outcomes. Assistance or joint investigations with law enforcement is required for all serious and/or complex reports of abuse or neglect (including, but not limited to, sexual abuse, severe physical abuse, serious injury^[2], child death, near fatality^[3], and/or chronic, severe neglect) and should be conducted as outlined by the local Child Abuse Protocol. A joint investigation may include:

1. Developing a plan to complete the investigation.
2. Responding with law enforcement.
3. Frequent and open communication, particularly at the following critical communication points:
 - a. Completion of interviews;
 - b. Filing a dependency petition;
 - c. Prior to the return of the child victim to the home at any time during the life of a case;
 - d. Prior to the return of an alleged maltreater to the home at any time during the life of a case;
 - e. Reassessment of safety to include a change in the safety plan or change in placement; and
 - f. Disclosure of information about the criminal conduct.
4. Refraining or delaying an interview with the alleged maltreater due to a criminal case.

Requests by Law Enforcement to Refrain or Delay Interviewing Alleged Maltreaters

Law enforcement may request DFCS refrain or delay interviewing the alleged maltreater due to a criminal case. The SSCM still has a primary obligation to ensure child safety. In this situation open and clear communication with law enforcement is necessary so that each agency understands what is required.

When the alleged maltreater has access to the alleged victim child(ren) and a safety determination cannot be made without conducting an interview, communicate directly with law enforcement to coordinate the interview or to obtain a transcript of the interview conducted by law enforcement. When it is determined that the SSCM will not be conducting a separate interview with the alleged maltreater, a list of questions or information that is needed from the individual(s) can be provided to law enforcement to ask the during the interview. DFCS must initiate an assessment within the assigned response time. If law enforcement is not able to respond jointly within the response time established by DFCS, explain to the law enforcement agency that DFCS must proceed with assessing child safety.

Case Manager Safety

The SSCM should consider a request for law enforcement officers to go with them based on the location of the visit, the time of day/night, or the history of the subjects involved. Often the presence of law enforcement during a case manager’s visit with a family has a stabilizing effect and thus helps to ensure the safety of all parties involved. Additionally, law enforcement’s authority is more widely accepted than CPS authority. Law enforcement can also be called for assistance when it becomes necessary to remove children from their home. Law enforcement has the authority to take custody of children, when the legal requirements are met, without a court order.

Conflicts of Interest in Special Investigations

To avoid any conflicts of interest when working with a placement resource or family with prior DFCS history a special investigation could be conducted by an SSCM and SSS without primary case management responsibilities or from outside the county in which the home or resource is located. It is permissible for the County Department where the resource or home is located or with primary case management responsibilities to meet the response time to ensure child safety when a SSCM from the other County Department is not readily available.

Forms and Tools


[A Guide to Gathering Information During Investigations](#)

[Human Trafficking Case Management Statewide Protocol](#)

[Infant Safe to Sleep Guidelines and Protocol](#)

[Intimate Partner Violence \(Domestic Violence\) Guidelines & Protocol](#)

6.2 Purposeful Contacts in Special Investigations

 Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(6) Special Investigations		
Policy Title:	Purposeful Contacts in Special Investigations		
Policy Number:	6.2	Previous Policy Number(s):	N/A
Effective Date:	June 2021	Manual Transmittal:	2021-02

Codes/References

O.C.G.A. § 15-11-202 Reasonable Efforts by DFCS to Preserve or Reunify Families

O.C.G.A. § 19-7-5 (e)(f) Reporting of Child Abuse

O.C.G.A. § 49-5-8 Powers and Duties of Department of Human Services

O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records

O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records

O.C.G.A. § 49-5-281 Bill of Rights for Foster Parents

45 CFR Parts 1355.38(a) (5), 1356.21(b) (3) (i), 1356.21(d), 1356.21(k), and 1356.67

Title IV-E of the Social Security Act Sections 471(a) (15) (D) and (a) (9) (c), 472(a) (1), 472(f), and 475 (9)

Child and Family Services Improvement Act (P.L. 109-288)

Child Abuse Prevention and Treatment Act (CAPTA)

Health Insurance Portability and Accountability Act (HIPAA) of 1996: P.L. 104-191

J.J. v. Ledbetter Consent Decree

Preventing Sex Trafficking and Strengthening Families Act P.L.113-183)

Indian Child Welfare Act (ICWA)

Requirements

The Division of Family and Children Services (DFCS) will:

1. Prepare for each contact to ensure it is planned and has a clear purpose.
2. Engage individuals in a manner that is beneficial to establishing a partnership by:
 - a. Engaging from the viewpoint that individuals encounter common challenges;
 - b. Normalizing the challenges; and
 - c. Separating their intent from their actions.
3. Coordinate purposeful contacts with law enforcement and/or the oversight authority.
4. Conduct private face-to-face purposeful contacts with the following to discuss the maltreatment allegations, assess safety, and make a safety determination:
 - a. DFCS or CPA Foster/Adoptive Homes and Foster Care Kinship Placements:
 - i. Alleged victim child(ren)
 - ii. Each caregiver
 - iii. All adult household members
 - iv. Other children in the home
 - v. Alleged maltreater(s)
 - b. Residential\Non-Residential Facilities and Public and Private Non-Residential Schools:
 - i. Alleged victim child(ren)
 - ii. Alleged maltreater(s)
 - iii. Other children who witnessed the alleged maltreatment
 - iv. Staff members who witnessed the alleged maltreatment



It may be necessary in large facility/school special investigations to interview a sampling of children who did not witness the incident but who have knowledge of how the alleged maltreater provides care.

5. Notify the foster or adoptive parents of the right, to the extent allowed under state and federal law, to have an Adoptive and Foster Parent Association of Georgia (AFPAG) advocate present at all portions of investigations of child abuse at which an accused foster parent is present (see policy [14.17 Resource Development: Foster Parent Bill of Rights and Grievance Procedure](#)).




Do not delay assessing child safety due to the foster parent requesting to exercise his/her right to have an advocate present.

6. Adhere to Health Insurance Portability and Accountability Act and confidentiality provisions outlined in policies [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#).
7. Inform the parent/guardian/legal custodian of an interview conducted with his/her child without prior caregiver notice immediately upon completion of the interview.

 This applies to both alleged victim and non-victim children who are not in DFCS custody.

8. Conduct a visual assessment of the alleged victim child(ren) to determine if any injuries or physical signs of maltreatment exist. If the child is four years old and under or if there is cause to believe any child may have been harmed, observe areas of the child's body that may be covered by clothing. Such observation shall occur in the least invasive manner possible, and every effort should be made to ensure children are not fully unclothed during the observation.
9. Observe interaction of the caregivers with the child and/or other children in the home, facility, or school.
10. Observe and assess the physical environment to confirm that it is safe and appropriate to meet the needs of the child(ren):
 - a. CPA or DFCS Foster/Adoptive Home and Foster Care Kinship Placements:
 - i. Area where the alleged maltreatment occurred; and
 - ii. Other rooms in the home; including sleeping arrangements for all household members.
 - b. Residential/Non-Residential Facilities:
 - i. Area where the alleged maltreatment occurred;
 - ii. Sleeping arrangements for the alleged victim child(ren); and
 - iii. Common areas that children may frequent.
 - c. Public or Private Non-Residential Schools
 - i. Area where the alleged maltreatment occurred.
11. Assess and discuss infant safe sleep practices with any caregiver who has an infant (birth to 12 months of age) and address any unsafe sleeping situations prior to leaving the home/facility.
12. Discuss motor vehicle safety precautions including not leaving children unattended in hot cars.
13. Determine if the child is a member of a federally recognized Indian Tribe or eligible for membership and has a biological parent who is an enrolled member, and follow policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#) to ensure that the child is afforded all rights under the Indian Child Welfare Act (ICWA) to promote the stability and security of Indian Tribes and their families.
14. Conduct private face-to-face purposeful contacts with the parent, guardian, legal custodian(s) of the alleged victim child(ren).

 This is required when the child is in DFCS custody, and termination of parental rights (TPR) has not occurred or TPR has occurred and the parent, guardian or legal guardian maintains visitation with the alleged victim child.

15. When a child identifies as being a known or is a suspected victim of sex trafficking/sexual servi-

tude:

- a. Immediately (no later than 24 hours) report the information to the Georgia Bureau of Investigation (GBI) or follow up to determine the status of their investigation, if it was previously reported at intake; and
- b. Refer the child to an available victim assistance organization, as certified by the Criminal Justice Coordinating Council.

See [Forms and Tools](#): Human Trafficking Case Management Statewide Protocol.

16. Make a safety determination in consultation with the Social Services Supervisor (SSS) prior to concluding each purposeful contact with the caregiver(s), child, or alleged maltreater to control the identified safety threats if the child is unsafe.
17. Request law enforcement assistance:
 - a. To interview or observe a child not in DFCS custody when the caregiver denies access and child safety cannot be ensured;
 - b. For serious and/or complex reports of abuse or neglect, including, but not limited to sexual abuse, severe physical abuse, child death, near fatality or serious injury;
 - c. When performing a removal of the child from the home; or
 - d. When out of control situations exist.
18. Assess and address the needs of youth identified as an unaccompanied homeless youth.
19. Refer to policy [19.26 Case Management: Case Management Involving Substance Abuse or Use](#) when caregiver substance use/abuse is suspected or alleged.
20. Refer to [Forms and Tools](#): Intimate Partner Violence/Domestic Violence (IPV/DV) Guidelines and Protocol for additional guidance if IPV/DV is suspected or alleged.
21. Conduct private face-to-face purposeful contacts with any child involved in an active special investigation that is seriously injured or has attempted self-injury or suicide within 24 hours of notification to assess for maltreatment, the child's current condition, and future treatment needs.
22. Conduct a private face-to-face purposeful contact every 30 calendar days that the Special Investigation remains open.
23. Limit re-interviewing children regarding the maltreatment allegations to prevent re-traumatization. The determination whether to re-interview the child about the allegations should be made in consultation with the SSS. Consideration should be given to whether the interview is necessary to ensure child safety or resolve inconsistencies to make the maltreatment or safety determination.
24. Immediately report any new known or suspected instances of child abuse to the CPS Intake Communications Center (CICC) as outlined in policy [3.24 Intake: Mandated Reporters](#).
25. Document case activities in Georgia SHINES within 72 hours of occurrence.

Procedures

Preparation

The Social Services Case Manager (SSCM) will:

1. Thoroughly review and analyze the following information (as applicable):

- a. Allegations of maltreatment
- b. DFCS history
- c. Safety screenings results



Complete required safety screenings that were not completed during the Intake process (see policy [19.9 Case Management: Safety Screenings](#)).

d. Case information

e. The developmental stage(s) of the family when applicable (see policy [19.2 Case Management: Family Developmental Stages and Tasks](#))

2. Verify confidentiality and safeguarding of information was shared with the caregivers and signed copies of the following uploaded to Georgia SHINES External Documentation:

- a. HIPAA Notice of Privacy Practices; and
- b. Notice of Case Record Information Available to Parents/Guardians

3. Coordinate with the oversight authority and law enforcement, when applicable. For a list of oversight authorities see policy [6.9 Special Investigations: Notifications in Special Investigations](#).

4. Develop a plan for the purposeful contact:

a. Determine whether the visit should be announced or unannounced based on the extent and circumstances of the alleged child abuse or safety concerns.



When physical/sexual abuse is alleged, make every effort possible to initially engage the child at a location away from the alleged maltreater. This provides the child the opportunity to freely discuss the alleged abuse.

b. Determine the information gathering approach, including persons to be interviewed, order and location of interviews, and when interviews will occur.

c. Prepare a list of questions to ensure all issues/concerns are addressed.

d. Identify potential child safety and family service needs.

e. Refer to the Intimate Partner Violence (Domestic Violence) Guidelines & Protocol in [Forms and Tools](#) for additional guidance if intimate partner violence/domestic violence (IPV/DV) is suspected or alleged.

f. Refer to policy [19.26 Case Management: Case Management Involving Substance Abuse or Use](#) for additional guidance if substance abuse is suspected or alleged.

g. Refer to Human Trafficking Case Management Statewide Protocol in [Forms and Tools](#) for additional guidance when human trafficking (sex or labor) is suspected or alleged.

5. Obtain information regarding facility procedures if an interview will occur in a facility, including:


a. Contact and visitation

- b. Liaisons available to work with child welfare professionals
 - c. Dress code
 - d. Types of contact allowable (e.g., physical touch, telephone, face-to-face)
6. Coordinate interpretation services for non-English speaking individuals or auxiliary aids for sensory impaired individuals, if required in accordance with policy [1.5 Administration: Americans with Disabilities Act \(ADA\)/Section 504 and Reasonable Modifications](#).
 7. Participate in a staffing with the SSS to present and discuss strategies for the purposeful contact.
 8. Gather forms and other required material, including but not limited to:
 - a. A Caregiver’s Guide to a Child Protection Services (CPS) Investigation (Brochure)
 - b. Authorization for Release of Information
 - c. Notice of Case Record Information Available to Parents/Guardians
 - d. Foster Parent Bill of Rights Brochure
 - e. HIPAA Notice of Privacy Practices
 - f. Safe Sleep for Your Baby educational resources
 - g. Suggestions for Parents/Tip Sheet

Child/Youth (Alleged Victim Child and Non-Victim Children)

The SSCM will:

1. Engage the child in a private face-to-face conversation of child safety, permanency, and well-being. Use age and developmentally appropriate language to assess and discuss:
 - a. The special investigation process, answer any questions the child/youth may have;
 - b. Each maltreatment allegation - the extent and circumstances of the maltreatment including the sequence of events (timeline) leading up to, during, and following the incident:
 - i. What happened and when did this occur (i.e., child left home alone, the child was disciplined with an extension cord, etc.);
 - ii. Who was present;
 - iii. Who was involved; who was not involved;
 - iv. Who did what and when;
 - v. What occurred prior to the incident;
 - vi. What did the alleged maltreater(s) say after it occurred; what did others say after it occurred;
 - vii. How did he/she feel leading up to, during, and following the incident;
 - viii. What was he/she thinking and doing leading up to, during, and following the incident;
 - ix. The caregiver(s) condition at the time of the incident (e.g., was the caregiver under the influence of alcohol or drugs at the time (legal [prescription or non-prescription], or illegal); and
 - x. Who was providing care for a child leading up to and during a CD/NF/SI event.

- c. The alleged maltreaters interaction with or behaviors toward him/her and/or the alleged victim child;
 - d. The alleged maltreaters interactions with him/her and/or the alleged maltreater;
 - e. Has he/she witnessed events like the alleged incident previously;
 - f. What discipline techniques are used by the caregivers in the home, facility, or school.
 - g. Any needs, concerns, or fears;
 - h. Extracurricular activities or interests;
 - i. Current living arrangement(s), including who resides in the home (if applicable)
 - j. Relationships with peers and/or other household members or roommates;
 - k. Physical, educational, medical, and mental health needs; and any services he/she is receiving; and
 - l. If the youth is identified as an unaccompanied homeless youth:
 - i. Reason(s) for the homelessness and potential solutions;
 - ii. Level of parental care and supervision, and length of time without parental care and supervision;
 - iii. Other persons that may be providing support to the youth; and
 - iv. Youth's access to education.
2. Observe the child(ren) for any injuries or physical signs of maltreatment. If the child is four years old and under, or there is cause to believe that any child has been harmed, in the least invasive manner possible, observe areas of the body that are clothed:
- a. Explain to the caregiver and child the reason for observing areas of the body that may be covered by clothing.
 - b. Arrange for the caregiver or other adult to be present when possible (e.g., caregiver, non-offending parent or legal guardian, kinship caregiver, foster parent, school nurse, daycare staff, etc.).
 - c. If the child is four years old and under ask the caregiver to adjust one area at a time (e.g., raising a shirt sleeve, pant leg, raise the shirt to view their back, etc.); Ask them to replace the clothing before proceeding to the next area of the body. Take pictures of any injuries noted.
 - d. If the child is older than four and is capable, ask the child to adjust their own clothing as outlined above.
-  If a full examination is needed a medical provider may be used.
3. If observation of the child uncovers injuries or other signs of maltreatment:
- a. Determine whether there are any additional injuries that are not immediately apparent. Is there bruising or is the area sensitive to the touch; does the child complain of discomfort or pain;
 - b. Gather information around the circumstances surrounding the injury and the caregiver's knowledge and response to the injury by asking who, what, when, where and how. What

was used to cause the injury (ex: hand, fist, belt, bat, extension cord, etc.). Describe the object used to cause the injury. Where did the incident that resulted in the injury occur (ex: bedroom, bathroom, common room in a facility, cafeteria at a school, etc.);

- c. Evaluate and determine whether injuries to the child, or the condition of the child requires a medical or psychological evaluation or medical treatment.
 - i. Whenever there is a question of whether a child needs to be examined by a medical professional, have the caregiver seek a medical consultation (e.g., 24-hour nurse helpline, poison control center);
 - ii. If medical treatment is recommended from the consult, take a child in DFCS custody immediately to be examined by a medical professional. When the child is in parental custody insist the caregiver take the child to be examined by a medical professional within a specific timeframe; and
 - iii. Obtain a medical exam for other children in the home under the age of four when the identified victim child has suspicious or unexplained injuries.
- d. Document any observed injuries or physical signs of maltreatment by taking quality pictures and/or a detailed written description.



Pictures can also be used to document a lack of maltreatment, injury, or condition.

4. Make a safety determination in consultation with the SSS prior to concluding each purposeful contact with the child in accordance with policy [19.11 Case Management: Safety Assessment](#). Take immediate action to control the identified safety threats if the child is unsafe.
 - a. When the child is in the legal custody of the caregiver(s):
 - i. Develop and implement with the caregiver(s) an in-home or out-of-home safety plan in accordance with policy [19.12 Case Management: Safety Plan & Management](#); or
 - ii. Initiate court/legal intervention (see policy [17.1 Legal: The Juvenile Court Process](#)).
 - b. When the child is in the legal custody of DFCS immediately remove the child from the placement or setting if the child is determined to be unsafe.



Do not disrupt the placement unless the child is determined to be unsafe.

5. Thoroughly explain what will happen next and answer any other questions the child/youth may have in relation to special investigation process.

Caregiver or Alleged Maltreater

The SSCM will:

1. Engage the caregiver(s) and/or the alleged maltreater(s) in a private face-to-face conversation of child, permanency, and well-being.
 - a. Describe the special investigation process. Answer any questions he/she may have and provide a copy of the Caregiver's Guide to a Child Protective Services (CPS) Investigation.
 - b. Explain DFCS' obligation to maintain confidentiality and safeguard information to prevent unauthorized disclosure:
 - i. Personal information provided during the completion of the special investigation will be

kept confidential (see policy [2.6 Information Management: Confidentiality/Safeguarding Information](#)).

- ii. DFCS cannot share protected health information (PHI) with any person, agency, or contractor without prior written authorization from the owner of the PHI, unless otherwise permitted by law. Provide a copy of the HIPAA Notice of Privacy Practices and obtain signature(s). See policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#).
 - iii. The type of information that will be maintained in the DFCS case record and of the information that can and cannot be released to the caregiver(s) upon request. Provide a copy of the Notice of Case Record Information Available to Parents/Guardians and obtain signatures (see policy [2.10 Information Management: J.J. v. Ledbetter Parent or Guardian Request for Information](#)).
- c. Explain his/her right to have an Adoptive and Foster Parent Association of Georgia (AFPAG) advocate present at all portions of investigations of child abuse at which an accused foster parent is present, if the caregiver is a foster or adoptive parent:
- i. Provide a Foster Parents Bill of Rights brochure; and
 - ii. Complete an Authorization for Release of Information containing the name of the advocate that will be in attendance when the foster/adoptive parent(s) elect to have an advocate present.



Document the confidentiality discussion and explanation of his/her right to have an AFPAG advocate present in Georgia SHINES.

- d. Discuss each maltreatment allegation:
- i. The extent and circumstances of the maltreatment including the sequence of events (timeline) leading up to, during, and following the incident:
 1. Who was present during the incident;
 2. What happened;
 3. When did this occur;
 4. Who was involved; who was not involved;
 5. Who did what and when;
 6. What occurred prior to the incident;
 7. What did the alleged maltreater(s) say about the incident after it occurred; what did others say about the incident after it occurred;
 8. How did he/she feel leading up to, during and following the problematic issue/event;
 9. What was he/she thinking leading up to, during and following the problematic issue/event;
 10. What was he/she doing leading up to, during and following the problematic issue/event;
 11. What was his/her condition at the time of the incident (e.g., was the caregiver under the influence of alcohol or drugs (legal/illegal or prescription/non-prescription));

12. Who else had access to the alleged victim child and/or providing care for the child, when there is a CD/NF/SI; and
 13. What solutions were tried in the past to resolve the problem; why he/she believes the solutions have not been successful.
- ii. The everyday life situations that are challenging to manage that make the child unsafe or put the child at risk for maltreatment and identify circumstances in which challenging situations were successfully managed without leading to an unsafe situation or maltreatment;
 - iii. Pattern of discipline of children;
 - iv. Family developmental stages and tasks, including any cultural or health issues that are impacting the tasks the family must carry out on a day-to-day basis, if the caregiver is foster or adoptive parent or a foster care kinship caregiver;
 - v. Child/youth development and functioning, including:
 1. Any special needs;
 2. Adjustment to the placement or setting; and
 3. How the child gets along with other children in the home, facility, or school.
 - vi. Other support systems:
 1. Services being provided for the child/youth or caregiver; and
 2. Resources such as respite caregivers, parents, kinship caregivers, and other persons who have demonstrated an ongoing commitment to the child(ren).
- e. When injuries or signs of maltreatment were discovered during the visual assessment:
- i. When did the injury take place; Who was present during the incident that resulted in the injury;
 - ii. Was an object used to cause the injury (ex: hand, fist, belt, bat, extension cord); Describe the object that was used to cause the injury (example: black belt with studs); Observe the object used to cause the injury;
 - iii. Where did the incident that resulted in the injury occur (ex: bedroom, bathroom, hallway, etc.); Observe the specific location in the home where the incident occurred;
 - iv. Document the observation of the object or location of where the incident and/or injury occurred by taking quality pictures and/or a detailed written description;
 - v. What was the caregiver's response to the injury or being notified of the injury? Was medical treatment sought;
 - vi. Has the child suffered any other injuries or does the child have a history of injuries; and
 - vii. Whenever there is a question of whether a child needs to be examined by a medical professional, have the caregiver seek a medical consultation (e.g., 24-hour nurse helpline or poison control center). If medical treatment is recommended from the consult:
 1. When the child is in parental custody Insist the caregiver take the child to be examined by a medical professional within a specific timeframe; or
 2. When the child is in DFCS study take the child immediately to be examined by a medical professional.

- f. When an infant under one year of age is in a home or facility, discuss safe sleep practices with the caregiver(s). Take appropriate action to remedy unsafe sleep situations prior to leaving such as helping a caregiver to prepare a safe sleeping area for an infant (see [Infant Safe to Sleep Guidelines and Protocol in Forms and Tools](#)).
 - g. Review motor vehicle safety precautions including not leaving children unattended in cars (see Practice Guidance: [Motor Vehicle Safety Recommendations](#)).
2. Observe caregiver-child interactions:
 - a. How the caregiver(s) relates to the child;
 - b. Whether the caregiver(s) appears to be calm, gentle, relaxed, and confident or if the caregiver appears anxious, easily frustrated, inattentive, indifferent, or detached; and
 - c. What the caregiver(s) communicates to the child non-verbally (e.g., looks, touches, and gestures); and
 - d. The caregiver's ability to meet the needs of all children under their care and supervision.
 3. Observe and assess the physical environment to confirm that it is safe and appropriate to meet the needs of the child(ren):
 - a. CPA or DFCS Foster/Adoptive Home and Foster Care Kinship Placements:
 - i. Area where the alleged maltreatment occurred; and
 - ii. Other rooms in the home; and
 - iii. Sleeping arrangements for all household members. If there is an infant in the home, assess whether the sleeping arrangement is safe in accordance with the [Infant Safe to Sleep Guidelines and Protocol](#).
 - b. Residential/Non-Residential Facilities:
 - i. Area where the alleged maltreatment occurred;
 - ii. Sleeping arrangements for the alleged victim child(ren). If there is an infant, assess whether the sleeping arrangement is safe in accordance with the [Infant Safe to Sleep Guidelines and Protocol](#); and
 - iii. Common areas that children may frequent.
 - c. Public or Private Non-Residential Schools: Area where the alleged maltreatment occurred.
 4. Take pictures of the condition of the home, facility, or school when concerns or hazards are identified, this may include taking pictures inside or outside such as the yard, porch area, etc. (See Practice Guidance: [Pictures](#)).
 5. Take appropriate action to remedy environmental concerns or hazards (i.e., loose wires or cords, alcohol or beer bottles, any drug paraphernalia, broken glass or windows, medications or toxic cleaning items that are in reach of small children) prior to leaving.
 6. Request an Authorization for Release of Information (ROI) be signed when it is necessary to obtain information about the caregiver, caregiver's family, or alleged maltreater, and/or to initiate referrals. Obtain the signature of the subject of whom you are requesting information or the custodian or guardian of the child whom you are requesting information.



Blank ROIs should not be requested to be signed. ROIs should be completed related to a specific request for information at the time signatures are obtained.

7. Make a safety determination in consultation with the SSS prior to concluding each purposeful contact caregiver(s), and/or alleged maltreaters(s) in accordance with policy [19.11 Case Management: Safety Assessment](#). Take immediate action to control the identified safety threats if the child is unsafe:
 - a. When the child is in the legal custody of the caregiver(s):
 - i. Develop and implement an in-home or out-of-home safety plan with the caregiver(s) (see policy [19.12 Case Management: Safety Plan & Management](#)) and/or
 - ii. Initiate court/legal intervention.
 - b. When the child is in the legal custody of DFCS immediately remove the child from the placement or setting.
8. Thoroughly explain what will happen next and answer any other questions the caregiver and/or alleged maltreater may have in relation to the special investigation process.
9. Request information about the whereabouts of caregiver(s) not present during the visit. Arrange for them to be interviewed.

Parent (Custodian/Non-Custodial), Guardian or Legal Custodian



Follow the procedures below when the parent, guardian or legal custodian of the alleged victim child being interviewed is not the alleged maltreater in a special investigation. When a parent, guardian, or legal custodian is the alleged maltreater adhere to policy [5.2 Investigations: Purposeful Contacts During an Investigation](#).

The SSCM will:

1. Engage the parent, guardian, legal custodian(s) of the alleged victim child(ren) in a private face-to-face conversation of child safety, permanency, and well-being. Assess and discuss:
 - a. The special investigation process. Answer any questions the parent, guardian, legal custodian(s) may have.
 - b. Allegations of maltreatment, including information he/she knows about the alleged maltreatment:
 - i. Was he/she aware of the alleged maltreatment? If so, how did he/she find out about the alleged maltreatment;
 - ii. What does he/she know about what happened;
 - iii. Has he/she witnessed or heard of similar events; and
 - iv. What did his/her child say about what happened (including who was involved);
 - c. Care of child at the placement, facility or school where the maltreatment occurred:
 - i. How long has the child been in their current placement, facility, or school;
 - ii. How has the child adjusted to their current placement, or to attending the program at the facility or school;
 - iii. What is their perception of how the child is being treated at the placement, facility, or school;
 - iv. Any observations that concerned him/her about the child's care or physical environment

at the placement, school, or facility;

- v. Child behaviors or emotions observed when picking/dropping off the child or during visits;
- vi. Child's behavior in the care of the parent versus what the caregiver(s)/alleged maltreater report at the placement, facility, or school;
- vii. Any behavioral or emotional changes in the child since arriving at the placement, facility, or school (fearful, anxious, upset); and
- viii. Alleged maltreater's caretaker patterns of behavior:
 - 1. Do they exhibit affection, empathy, or protectiveness toward the child;
 - 2. How do they communicate with the child;
 - 3. What observations have been made about how they interact with children under their care;
 - 4. What are the discipline practices used when the child is under their care;
 - 5. Have there been concerns or issues with the alleged maltreater prior to the alleged incident; and
 - 6. How does the parent characterize their relationship with the alleged maltreater (ex: friendly, tense, disagreements about childcare or parenting practices).

d. Child/youth development and functioning, including:


- i. Any special needs, including developmental delays, physical impairments, or behavioral health needs;
- ii. How child's needs are managed at home versus the placement, facility, or school;
- iii. Has the placement, facility or school been able to manage any special needs of the child; and
- iv. How does the child get along with siblings or other children in the placement, facility, or school.

- 2. Thoroughly explain what will happen next and answer any other questions the parent, guardian, or legal custodian may have in relation to the special investigation process.
- 3. Make a safety determination in consultation with the SSS prior to concluding each purposeful contact in accordance with policy [19.11 Case Management: Safety Assessment](#). Take immediate action to control the identified safety threats if the child is unsafe in accordance with policy [19.12 Case Management: Safety Plan & Management](#).

The SSS will:

- 1. Assist the SSCM in preparing for the purposeful contact.
- 2. Ensure purposeful contacts are occurring according to policy or as frequently as necessary to assess and ensure safety.
- 3. Use the following reports to track purposeful contacts:
 - a. Investigation Response Time Report (Georgia SHINES); and/or
 - b. Log of Contacts (Georgia SHINES).

4. Assist the SSCM in preparing an agenda to ensure purposeful contacts are focused on the allegations of maltreatment and child safety, including:
 - a. Whether the visit should be announced or unannounced based on the extent and circumstances of the alleged child abuse or safety concerns.

 When physical/sexual abuse is alleged, make every effort possible to initially engage the child at a location away from the alleged maltreater. This provides the child the opportunity to freely discuss the alleged abuse.
 - b. The information gathering approach, including persons to be interviewed, order and location of interviews, and when interviews will occur.
 - c. Questions to ask to ensure all issues/concerns are addressed.
 - d. What can be anticipated regarding the existing situation, caregiver and family members' response, and personal safety in the home or community.
 - e. Potential child safety and family service needs.
 - f. Refer to the Intimate Partner Violence (Domestic Violence) Guidelines & Protocol in [Forms and Tools](#) for additional guidance if intimate partner violence/domestic violence (IPV/DV) is suspected or alleged.
 - g. Refer to policy [19.26 Case Management: Case Management Involving Substance Abuse or Use](#) for additional guidance if substance abuse is suspected or alleged.
 - h. Refer to Human Trafficking Case Management Statewide Protocol in [Forms and Tools](#) for additional guidance when human trafficking (sex or labor) is suspected or alleged.
5. Ensure he/she is accessible to provide guidance and consult with the SSCM in “real time” to discuss:
 - a. Information gathered concerning areas of family functioning;
 - b. Present danger situations or impending danger safety threats identified;
 - c. A safety determination (safe or unsafe);
 - d. The development of an in-home or out-of-home safety plan to control the present danger situation or impending danger safety threats, for children in parental custody; or the need to move a child from his/her placement; and
6. Document the supervisory staffing in Georgia SHINES within 72 hours of occurrence.
7. Determine the sufficiency of the purposeful contacts through a Georgia SHINES documentation review, considering the following:
 - a. Was documentation entered within 72 hours of the occurrence;
 - b. Does the documentation validate the safety decision by including enough information to support a thorough assessment of child safety and maltreatment;
 - c. Were the individuals engaged in manner that is conducive to building a partnership;
 - d. Was the discussion with the caregiver or alleged maltreater focused on the challenging situations that he/she is struggling to manage;
 - e. Are inconsistencies documented that need to be resolved;

- f. Are there any service provision that be implemented; and
 - g. Observations documented and pictures uploaded to External Documentation.
8. Provide feedback and guidance to the SSCM based on the documentation review in order to resolve inconsistencies and ensure service provision.

Analyzing Information

The SSCM will:

1. Immediately report to the CICC any new known or suspected instances of child abuse using the guidelines outlined in policy [3.24 Intake: Mandated Reporters](#).
2. Inform the parent/guardian/legal custodian of an interview conducted with his/her child without prior caregiver notice immediately upon completion of the interview by telephone or by sending written notification via the Notification of Child Interview.
3. Identify inconsistencies or discrepancies and develop a plan for resolving, including identifying the collaterals contacts to be engaged.
4. Make any needed safety decisions in consultation with the SSS.
5. Document the purposeful contact in Georgia SHINES within 72 hours of occurrence, including updating the Person Detail Page and uploading any pictures, safety plans or documents to External Documentation.
6. Conduct safety screenings on additional household members, caregivers, or alleged maltreaters who were identified during the contact (see policy [19.9 Case Management: Safety Screenings](#)).
7. Make referrals to implement services in accordance with policy [19.17 Case Management: Service Provision](#).
8. Follow up on commitments made during the visit.
9. Identify areas for discussion and follow up during the next visit.

Practice Guidance

All contacts made with parents and their children provide an opportunity to build a trusting and supportive partnership. Contacts should be well planned and have a clear purpose. In order to thoroughly assess a child's safety, permanency, and well-being, it is important to assess the functioning of the family that is caring for the child. Some key principles to consider when conducting purposeful contacts include:

1. Recognizing the family providing care as a system
Each member of the family, including the child, has a role and responsibilities within the family. If any one person is unable to fulfill their responsibilities, then the whole family is impacted.
2. Engagement and partnership building
Purposeful contacts are not only about engaging and building a relationship with the caregiver, but also about engaging and building a relationship with the entire family including absent parents.
3. Involvement of families and youth
Because each member of a family has a role and responsibilities, it is essential to obtain input

from all family members when assessing family functioning. When family members are engaged, this will re-affirm their significance in ensuring the success of the family system.

4. Recognizing all members are individuals

Each family member will adjust differently to challenges to everyday life tasks. It is important to recognize the individuality of each family member and the impact DFCS involvement has on their lives.

5. Cultural awareness

Each family has their own culture. Culture impacts family rituals and traditions. As family functioning is assessed, being respectful of all cultures involved and how they impact the functioning of the family is important for engaging families and developing partnerships.

6. Empathy, authenticity, and transparency

During purposeful contact with family, be mindful of empathy, authenticity, and transparency. When engaging families, it is important to identify their thoughts and feelings even if we may not always agree. Be genuine and open in communicating with all family members and recognize your accountability regarding the success or failure of the family. Purposeful contacts are also a time for the family to hold us accountable for what we may or may not be doing on behalf of the family who has joined in partnership with us.

7. Remaining focused on safety, permanency, and well-being throughout the process.

Minimizing Trauma to Children During an Investigation

Many children coming into the child welfare system have been traumatized by experiences of abuse or neglect.^[4] This trauma is often chronic and/or complex, meaning that it has been sustained over a period, started at a very young age (when the child is most vulnerable) and perpetrated by someone who the child depends on for protection and care. Trauma can have serious short-term and long-term effects on children's development such as attachment, cognition, mood regulation, behavior control, physiology, dissociation, and self-concept. Children who have been exposed to trauma expend a great deal of energy responding to, coping with, and coming to terms with the traumatic event(s). This may reduce their capacity to master developmental tasks. The longer traumatic stress goes untreated, the farther children tend to stray from appropriate developmental pathways.

Considering that children who enter the child welfare system may have already experienced trauma, it is especially important that they not be further traumatized by the system that seeks to help them and that they receive services as soon as possible to facilitate their recovery from the trauma they have experienced. The potential for children to be traumatized during the process of investigation is high, as these processes often involve conflictual interactions between professionals and family members and can evoke fear, resistance, and hostility.

In order to reduce the chance of further traumatizing children during an investigation the following are some Trauma Informed Practice Strategies (T.I.P.S.) for Caseworkers:

1. Plan investigations, assessments, possible removals ahead as much as possible; reduce the element of surprise:
 - a. Slow down, plan out investigations and removals;
 - b. Let the family know an assessment is going on, that removal is a possibility, when applica-

- ble;
 - c. Suggest they keep a school aged child at home, so the child does not have to be interviewed at school;
 - d. Work with the parents to identify support individuals for their children during the assessment and/or for placement resources – kinship caregivers, friends, etc. Ask the parent and the child, who does this child know and trust; and
 - e. Collaborate with other agencies, especially law enforcement. How can you better collaborate out in the field; clarify roles and expectations.
2. Try to keep things calm during the investigation, assessment and when necessary, removal. Engage the parents in helping the child:
 - a. Remain calm; move slowly;
 - b. Talk the parents down. Calm the parents to calm the child; and
 - c. Separate children from the chaos of arrest, interrogation, or resistance on the part of the parents.
 3. Empathize, connect, and try to understand the child’s perspective:
 - a. Be open to listening if they want to talk;
 - b. Acknowledge their feelings and the difficulty of what they are going through; and
 - c. Acknowledge their love for their parents and their parents love for them.
 4. Provide information to the child:
 - a. Explain what is happening;
 - b. Assure them this is not their fault, they are safe, and will be cared for; and
 - c. Do not make promises you cannot keep.
 5. Provide services aimed at healing and wellbeing as soon as possible, including trauma informed services:
 - a. Make sure the child has someone to talk to about what is happening that they feel comfortable with;
 - b. Obtain a mental health assessment; and when necessary
 - c. Obtain counseling and/or other trauma informed therapy for the child.

Observing Children for Physical Signs of Maltreatment

Observing children for physical signs of maltreatment is an important part of ensuring child safety. To determine if there is cause to believe a child has been physically harmed, consider the following:

1. Non-verbal cues from the child or the caregiver that raise concern.
2. The age and special needs of the child. Young children and those with certain special needs are especially vulnerable and may not be able to verbalize when they are being abused or neglected. Therefore, the SSCM cannot depend on the child to say how they are feeling and must be keenly aware of non-verbal cues. For instance, if the child is wincing or drawing back slightly, it may be an indication of pain.

3. Statements made by the child, other children/household members/collaterals, etc. that indicate him/her may have been subjected to physical harm or neglect, etc.
4. Physical indicators of maltreatment such as suspicious injuries, marks, cuts, bruises, areas of swelling, protruding limbs, damaged skin, malnourishment, unexplained weight loss, lethargy, severe tooth decay, matted hair, pungent body odor, etc.
5. The child resides with the caregiver or other individual that harmed the child or another child.
6. The child indicates that physical discipline is being used; or that inappropriate methods of discipline is utilized by the caregiver or others in the home.

The SSCM may need to view areas of a child's body that are covered by clothing to observe for signs of maltreatment and determine if the child needs medical treatment. This may require that the child (or caregiver for younger children) adjust their clothing. This can be embarrassing and anxiety provoking for the child. SSCMs must be sensitive to the child's level of comfort and make every effort to reduce their discomfort. This can be accomplished by having an adult present that the child knows and trusts, and by asking the child or the caregiver (for children four years and under or those with special needs) to adjust one area of a child's clothing at a time. Asking the child or the caregiver to raise a child's pant leg or shirt sleeve one at a time, is less invasive, while allowing the SSCM to observe for signs of maltreatment. The child should never be fully unclothed. When possible, arrange for a staff person of the same sex as the child to conduct the observation.

Assessing Injuries

Some characteristics of injuries are considered red flags and warrant further scrutiny, these include but are not limited to:

1. Injuries on children who are not mobile, especially infants.
2. Injuries on protected surfaces of the body, such as the back and buttocks, ears, inside the mouth, the neck, arms or legs, and underarms.
3. Multiple injuries in various stages of healing (i.e., skin injuries, lesions of varying ages, bruises).
4. Patterned trauma, even if the object used to commit the abuse cannot be determined.
5. Injuries that routine, age-appropriate supervision of the child should have prevented.
6. Significant injury with either no explanation or an explanation that is not plausible.

Medical personnel are trained to detect signs of abuse or neglect that may otherwise go unnoticed. Whenever there is a question of whether a child needs to be examined by a medical professional, have the caregiver seek a medical consultation (e.g., 24-hour nurse helpline, poison control center). If medical treatment is recommended, insist the caregiver take the child to be examined by a medical professional within a specific timeframe.

The SSCM also needs to observe the scene of the injury, to ascertain whether the caregiver and/or child's statement of what happened is plausible.

1. Ask the caregiver and/or child to show him/her exactly what happened, and where.
2. Note anything about the physical environment that refutes the statement(s) provided. For example, if the caregiver claims that the child fell out of bed and hit their head on the floor, causing a severe bruise, the SSCM should look at the bed, the floor, and height from the bed to the floor. Is

the floor carpeted? Is it plausible that the injury occurred on the carpeted floor?

3. Obtain a detailed, precise timeline of events surrounding the incident or track the sequence of events. The more detailed the history, the more likely the assessment of the injury will be accurate. This can be helpful when communicating with medical staff to determine if the injury could have been caused in the manner described by the caregiver and/or child.

Separating Intentions from Actions

An individual can experience differing even conflicting feelings about any given situation. It is not uncommon to have two thoughts on the same subject “I would like to..., but I am scared”. Individuals who may have caused harm to a child also experiences these conflicting feelings. “He deserved to be punished for not following the rules..., but I didn’t mean to hurt him. “He just would not stop crying, I was exhausted and wanted to sleep..., but I didn’t mean to shake him that hard.”

Separating intentions from actions means joining in partnership with the part of the person’s thoughts (intentions) related to not wanting this event to occur again, while helping them to acknowledge their unacceptable actions. Two methods used to help separate intentions from actions are:

1. Normalizing Family Struggles

Normalizing is a form of empathy (understanding) that acknowledges the family’s problems is part of the struggle of negotiating difficult life cycle stages, as well as strengths and efforts in coping with the problems. It also helps families learn that many others are in the same situation. It does not downplay or dismiss the problem. It also does not condone or endorse the harmful behavior.

For example, can you remember failing a test in college to only find out the majority of the class failed the test too? It does not remove the failing grade, but deep down it does make you feel a little better that others are in the same situation. Sometimes knowing others failed too provides confirmation that the test was difficult.

It is not unusual for families to start off defensively in their relationship with the case manager. Sometimes a simple introduction can evoke a defensive response from the family. Normalizing can enable an assessment to be more complete by minimizing the possibility of the family or individual becoming defensive and refusing to engage with the case manager. When a partnership is not established, information is not being shared openly, therefore obstructing the gathering information process (assessment). Normalizing a family’s struggles can reduce the risk of defensive behavior by the family by attributing the family’s problems to struggles associated with difficult life cycle stages.

Problem	Normalizing Language
Father who locked his teenage daughter in the basement to prevent her from leaving the house during the night while he sleeps.	“Teenagers today sometimes fail to understand the dangerous out in the world and the struggles to keep them away from harm. I found it so difficult when dealing with my teenage daughter, particularly if I knew she was hanging with the wrong crowd. You must feel horrible, how did the evening start?”

Problem	Normalizing Language
A mother who has neglected her children due to drug use (previous sex abuse victim by the biological father).	"Single mothers say all the time how hard it is raising children alone; I can only imagine how difficult it is to focus on the constant demands of raising two children while simultaneously trying to overcome the abuse you sustained as a child. It must be so hard. Tell me when you noticed things were more than you could handle?"
A mother who (education) neglects her children.	"As a parent, I found mornings extremely stressful. It took all I had to get the children up and out of the house to catch the school bus on time. I am sure it is especially difficult for you when your child makes up illnesses to avoid going to school and you do not have a car to transport him to school if he misses the bus. Tell me when this began."
Foster mother spans a child in foster care in her home. (policy violation assessment)	"A lot of foster parents have expressed how challenging it is to integrate a child into their home when the child may have come from a home with different rules or values. How did this all get started?"
Kinship caregiver placement resource who spanked a child in foster care placed in their home who is diagnosed ADHD.	"Kinship caregivers who agree to be a placement resource for the child often experience problems adhering to the no spanking guidelines required by DFCS, especially when they have cared for the child before the child went into foster care and was able to use physical discipline with the child. Tell what behaviors you were trying to deter?"
Adolescent in foster care who is experiencing problems adjusting to the school environment after being brought into foster care.	"I understand you are trying to focus on school, but it is hard to focus after being removed from your family and placed into foster care. Teenagers have told me how difficult it is returning to school after being brought into foster care and everyone at school is aware of the situation. Tell me about that."
Adolescent in foster care who is having a problem establishing his career objectives for the creation of the WTLF.	"Teenagers often have trouble pinpointing their career path, it seems so far off and not like a big deal at this age. Let's talk about it, what things are you good at?"
Adoptive parents who are experiencing doubts about adopting a child.	"This is not uncommon, several adoptive parents have expressed their apprehension to adopting a child following the adoptive placement, you are not alone, and adding a member to your family is a difficult process. Tell me about your concerns."
A non-custodial parent who has a limited bond with the child wants to be a kinship caregiver placement. (Kinship care assessment)	"Parents who do not live with their child and only see the child sporadically, say it is very challenging to establish and maintain a bond with the child, particularly when the relationship with the caregiver who is caring for the child each day is strained. Tell me about that."
A non-custodial parent who has a limited interaction with the child wants to be a kinship caregiver placement. (Kinship care assessment)	"I understand you were trying to get yourself financially established before engaging in your child's life because you wanted to have something to offer your child. Parents who are not involved in their child's life or have limited interactions with their child often say it is difficult to just show up when you have nothing tangible to offer. Tell me about this."

2. Externalizing the Problem Pattern

Externalizing the problem allows the family or individual to detach themselves from their problem. Externalizing the problem does not mean minimizing the personal responsibility or shifting blame, rather, it allows the individual to view the problem as something that is separate from their identity as a person. In short, the person is not the problem, the problem is the problem. Language that externalizes the problem can reduce criticism, blame, and guilt. If one of the family members has an "anger" problem, externalizing the problem will free up the family to work on the problem rather than exhausting energy opposing each other or defending themselves. This opens up the opportunity for the SSCM to work with the family to address the problem.

For example, asking the individual, “How long have you struggled with the problem of controlling your temper?” “Has the anxiety problem been around for a while?” “Can you see how anxiety has limited your family from engaging in fun activities?” “If your family wasn’t plagued with the anxiety problem, what kind of activities would your family enjoy?”

Problem	Externalizing Language
Mother who beats her child (prior abuse victim)	“Maybe you would like to put an end to this cycle of violence that has been passed on to you; would you like to be one to defeat this monster and keep it from hurting future generations.”
Stepfather who slapped his teenage stepdaughter	“When you described those episodes when everybody gets into it and you end up losing it, you seemed to be saying that you hate these episodes because they keep you from being the father you really want to be to your stepdaughter.”
Mother who neglects her children due to depression	“This dark curtain that you mentioned, tell me about a time when you fought back, or slipped by, or fooled this dark curtain that descends on you.”
A mother who neglected her child due to drug use.	“When you said you vowed not to be like your mom and use drugs and not care for your children, you seemed to be saying the drug use keeps you from being the mother you really want to be to your children.”

Engagement of the Noncustodial Parent

Engagement of noncustodial parents is more than contacting them inquiring as to their interest in being involved with the child(ren). It requires trying to understand their situation and why they may feel the way they do. It is important to be aware of certain dynamics that may come into play in this process. Their behavior may be in response to previous negative experiences they have had with the custodial parent, preconceived notions about how they are perceived by others regarding the status of their parental involvement, or they may be reluctant because of their views about the child welfare system. Engagement of noncustodial parents can be facilitated by educating them on the process and exploring with them their possible role and how they can be a resource for the child(ren). The discussions with the custodial parent surrounding the involvement of the non-custodial parent need to occur during the development of the case plan. Engagement should revolve around the noncustodial parent’s presence/engagement in the child’s life, caregiving abilities, cooperative parenting, and emotional contributions to the child. A determination must be made about the non-custodial parent involvement with the child and their ability to contribute the outcomes of the case plan prior to establishing contact standards for the non-custodial parent.

Observing Parent/Guardian and Child Interaction

Direct observation of parent and child interactions: What is the quality of the parent and child bonding? Does the parent engage the child in developmentally stimulating activities? Does the parent handle the child roughly or is there an apparent comfort level in providing for the child’s needs? Does the parent identify the child’s needs and respond to them in a nurturing way? Does the child seem fearful of the parent? Parent-child interaction in the parents’ home should be observed prior to reunification.

Hearing and seeing how the parent and child communicate: Is communication verbal, non-verbal, physical, positive, negative, passive, more negative than positive?

Determine if progress on the specified steps of the case plan are met: What changes in the parent’s

interaction with a child are observed since the previous meeting and/or the implementation of service provisions (i.e., counseling, parenting skills training)? Is the parent learning and practicing better ways of parenting? Are they utilizing their action plan to avoid, interrupt or escape situations that would usually lead to high-risk behaviors? Does the parent redirect the child when unwanted behaviors are noticed? If service provision is effective, there should be evidence of enhanced parenting skills.

These are only a few of the many insights that may be gained from direct observation of parent and child interactions. Using what is directly observed as a major component of case decision making is vital. A case decision based only on what is reported by the parent is never sufficient.

Why to Make Contacts in the Home

It is important to visit children in the home environment to assess safety and gain an understanding of the child's living conditions. It is recommended that contacts be made in the home as often as possible. There is helpful information that may be gathered when interacting with parents and children in their home environment and it is important to make firsthand observations of the home environment to which the child may be returning.

Announced or Unannounced Home Visits

The nature of the reported allegations and the initial indication of the existence of a present danger situation or impending danger safety threat must be the first consideration when determining whether to make an announced or unannounced visit.^[5] If there is a present danger situation, this requires an immediate response, regardless of where the child is located. When a present danger situation is not apparent initially, the nature of the allegations and DFCS history, as well as the consideration of whether an interview could be tainted by an adult are important considerations when determining whether to do an announced or unannounced visit. Making an unannounced visit should be associated with timeliness, immediacy, or emergency situations. Unannounced visits are not discouraged when they are appropriate, but they should be necessary and justified based upon the individual circumstances of the case and its history. Supervisory consultation and guidance are an integral part of the discussion when preparing to engage a family during CPS intervention. A family needs to know that CPS is not there to “catch them doing something”, but to take action to protect a child. Therefore, there needs to be a specific, immediate, and clearly observable reason that a case manager makes an unannounced visit.

When a case manager is trying to build a partnership and consensus with a family, he/she must remember that courtesy and mutual respect are core components of building effective and sustainable solutions to the difficult tasks or situations identified by a family. When possible, a scheduled visit with a family can be an effective, convenient, and efficient process for all parties. The visit can be set to a time that is mutually convenient and include all household members. This alleviates the need to make multiple visits to complete interviews; saving time and effort for the case manager and caregiver(s) and shows an effort to be courteous and respectful of the family and their time.

Purposeful Contacts When the Caregiver or Child Resides in Another County

County A may request County B to conduct a purposeful visit with a caregiver or child who is residing or temporarily living in County B if County A cannot conduct the visit. Both counties should have a discussion prior to the visit to address case plan goals, the purpose of the visit and frequency

of the visits. The assigned SSCM in County B should be added as a secondary SSCM in Georgia SHINES so that they may document the visit.

Safe Sleeping Recommendations for Infants up to One Year of Age

Caregivers of infants (birth to 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)/Sudden Unexpected Infant Death (SUID), also known as “crib death”. At minimum, caregivers should be advised of the three primary safe sleep recommendations of the American Academy of Pediatrics (AAP) commonly referred to as the ‘ABCs’ of safe sleep:

Alone – The baby’s sleep area should be close to, but separate from, where caregivers and others sleep. The sleeping area should be free of soft objects, toys, and loose bedding.

Back – Infants should always be placed on their back to sleep for naps and at night.

Crib – Place infants on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet.

Further additional information and guidance regarding safe sleeping and SIDS/SUIDS see Infant Safe to Sleep Guidelines and Protocol in [Forms and Tools](#).

Motor Vehicle Safety Recommendations

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. 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.

1. 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;
2. Make a habit of looking in the vehicle – front and back – before locking the door and walking away;
3. Ask the childcare provider to call if the child does not show up for care as expected;
4. 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;
5. 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;
6. A child in distress due to heat should be removed from the vehicle as quickly as possible and rapidly cooled.

Pictures

Pictures are useful for documenting injuries and/or the condition of the home environment; and may be used as evidence in an investigation or in court.

1. When taking pictures to document injuries, ensure the following:

- a. The caregiver and the child are informed of the need for taking the pictures.
 - b. Each photograph should have one identifier present (i.e., piece of the child's clothing), at least one photograph should include the child's face and the clothing, to assure that the evidence collected demonstrates the series of pictures of the same child.
 - c. Use measurable objects (i.e., ruler, coin, pencil) to depict the size of the injury. Photograph the object that caused the injury (whether the injury was accidental or not).
2. When taking pictures of the condition of the home related to safety hazards to the children, include all the areas that demonstrate a safety hazard, such as inside and outside the home, including the yard, when applicable.



If the safety hazard is an infant unsafe sleep situation, take a picture of the area in which the infant currently sleeps.

3. All pictures should be identified with the following information: the individuals who took the photo, the date it was taken, name and date of birth of the alleged child victim, and if applicable the address where the injury occurred or the home with the safety hazards.

Documenting Purposeful Contacts

All visits must be documented on the Contact Detail page in Georgia SHINES within 72 hours of the contact. A narrative must be completed for each Contact Detail. At a minimum, the documentation entry must include:

1. The type of contact (e.g., face-to-face, announced, unannounced, etc.).
2. The date the contact occurred.
3. Person(s) present at the visit.
4. The purpose of the visit.
5. What was discussed.
6. Where the visit occurred.
7. Whether the caregiver or child was interviewed privately. If the child was not interviewed privately document the reason(s) why this did not occur.
8. Summary of information (What happened at the visit):
 - a. The developmental stage of the family and the everyday life task in which the family is struggling;
 - b. Sequencing of the event/situation that is causing concern;
 - c. Safety, permanency, and well-being issues discussed;
 - d. Consensus developed with the caregivers;
 - e. Child and parent's involvement in safety planning;
 - f. Safety determination (safe or unsafe);
 - g. Safety plan management; and
 - h. Change that was noticed and celebrated with the caregiver(s).

9. Observations of the home environment, children for injuries or signs of maltreatment and interactions of family members.
10. Any concerns or red flags identified.
11. Next steps and the plan for addressing identified issues or concerns, as well as documentation of issue resolution.

Forms and Tools

[A Guide to Gathering Information During Investigations](#)

[Authorization for Release of Information](#)

[Authorization for Release of Information - Spanish](#)

[Caregiver’s Guide to a Child Protective Services \(CPS\) Investigation](#)

[Caregiver’s Guide to a Child Protective Services \(CPS\) Investigation - Spanish](#)

[Foster Parent Bill of Rights Brochure](#)

[Human Trafficking Case Management Statewide Protocol](#)

[Infant Safe to Sleep Guidelines and Protocol](#)

[Intimate Partner Violence \(Domestic Violence\) Guidelines & Protocol](#)

[Notice of Case Record Information Available to Parents/Guardians](#)

[Notice of Case Record Information Available to Parents/Guardians \(Spanish\)](#)


[Notice of Privacy Practices](#)

[Notice of Privacy Practices - Spanish](#)

[Notification of Child Interview](#)

[Notification of Child Interview - Spanish](#)

6.3 Conducting Special Investigations on DFCS or Child Placing Agency Foster or Adoptive Homes

	Georgia Division of Family and Children Services		
	Child Welfare Policy Manual		
	Chapter:	(6) Special Investigations	
	Policy Title:	Conducting Special Investigations on DFCS or Child Placing Agency Foster or Adoptive Homes	
	Policy Number:	6.3	Previous Policy Number(s):
Effective Date:	March 2023	Manual Transmittal:	2023-01

Codes/References

O.C.G.A. § 15-11-30 Rights and Duties of Legal Custodian

O.C.G.A. § 15-11-125 Venue

O.C.G.A. § 15-11-133 Removal of Child from the Home; Protective Custody

O.C.G.A. § 15-11-150 Authority to File Petition

O.C.G.A. § 15-11-202 Reasonable Efforts by DFCS to Preserve or Reunify Families

O.C.G.A. §16-12-100 Sexual Exploitation of Children; Reporting Violation; Forfeiture; Penalties

O.C.G.A. § 19-7-5 (e)(f) Reporting of Child Abuse

O.C.G.A. § 49-5-8 Powers and Duties of Department of Human Services

O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records
O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records
O.C.G.A. § 49-5-281 Bill of Rights for Foster Parents; Filing of Grievance in Event of Violations
Title IV-E of the Social Security Act Sections 471(a) (15) (D) and (a) (9) (c), and 475 (9)
45 CFR Parts 1355.38(a) (5), 1356.21(b) (3) (i), 1356.21(k), and 1356.67
Child Abuse Prevention and Treatment Act (CAPTA)
Public Law (PL) 95-608 Indian Child Welfare Act of 1978 Final Rule (25 CFR Part 23)
PL 104-191 Health Insurance Portability and Accountability Act (HIPAA) of 1996
PL 105-89 Adoption and Safe Families Act (ASFA) of 1997
PL 113-183 Preventing Sex Trafficking and Strengthening Families Act of 2014

Requirements

The Division of Family and Children Services (DFCS) will:

1. Prepare for the special investigation to direct and focus case management activities.
2. Place the DFCS or Child Placing Agency (CPA) foster or adoptive home on hold pending the outcome of the investigation (see policy [14.21 Resource Development: Actions During Special Investigations](#)).
3. Complete a special investigation involving a foster or adoptive home within 45 calendar days of the receipt of the intake report to:
 - a. Conduct a comprehensive assessment of the allegations of child abuse, including assessing child safety;
 - b. Take action when present or impending danger is identified;
 - c. Conduct an assessment of family functioning;
 - d. Determine if any policy violation(s) occurred; and
 - e. Determine whether child abuse is substantiated or unsubstantiated.
4. Conduct a joint investigation with law enforcement on all serious and/or complex reports of abuse as outlined by the local Child Abuse Protocol.
5. Conduct a joint investigation with the oversight authority, when applicable.
6. When the DFCS or CPA foster or adoptive home investigation involves a child death, near fatality or serious Injury (CD/NF/SI) also adhere to policy [6.7 Special Investigations: Conducting Special Investigations of Child Death, Near Fatality or Serious Injury](#).
7. Adhere to Health Insurance Portability and Accountability Act and confidentiality provisions outlined in policies [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#).
8. Keep the identity of the reporting source confidential (see policy [2.6 Information Management: Confidentiality/Safeguarding Information](#)).
9. Analyze DFCS history to ensure a thorough assessment of safety and family functioning.
10. Use court intervention and/or request support from law enforcement to interview/observe a child in the legal custody of the foster/adoptive parent, when prevented from doing so, and safety cannot be assured (see policy [17.1 Legal: The Juvenile Court Process](#)).

11. Conduct a private face-to-face purposeful contact with the alleged victim child(ren) within the immediate-to-24-hour response time to assess and address child safety.
12. Complete the Safety Assessment in Georgia SHINES within 72 hours of completing the initial response with the alleged victim child(ren).
13. Engage each household member face-to-face and privately to discuss the maltreatment allegations and assess child safety and family functioning. This includes the following individuals:
 - a. Alleged victim child(ren)
 - b. Each caregiver
 - c. All adult household members
 - d. Other children in the home
 - e. Alleged maltreater(s)
14. Inform the individual subject to a child abuse report (alleged maltreater) of the allegations made against him/her at the time of initial contact whether face-to-face or by telephone.




The Social Services Case Manager (SSCM) must be certain he/she is speaking to the alleged maltreater. To protect the confidentiality of the family, if the identity of the alleged maltreater cannot be confirmed, do not discuss specific allegations.

15. Notify the foster/adoptive parents of the right, to the extent allowed under state and federal law, to have an Adoptive and Foster Parent Association of Georgia (AFPAG) advocate present at all portions of an investigations of child abuse at which an accused foster parent is present. See policy [14.17 Resource Development: Foster Parent Bill of Rights and Grievance Procedure](#).



Continue with the assessment of child safety for all children in the home regardless of the foster parent's request for an advocate (see Practice Guidance: [Foster Parents' Request for an Advocate](#)).

16. Conduct a visual assessment of all children to determine if any injuries or signs maltreatment exist.
17. Observe the physical home environment, including every room in the home to determine if it is safe and appropriate to meet the needs of each child.
18. Assess and discuss safe sleep practices with any caregiver who has an infant (up to one year of age) in the home. Take action to remedy unsafe sleeping situations prior to leaving the home (see [Forms and Tools: Infant Safe to Sleep Guidelines and Protocol](#)).
19. Make a safety determination in consultation with the Social Services Supervisor (SSS) prior to concluding each purposeful contact with the child, foster/adoptive parent, adult household member, and/or alleged maltreater; and take immediate action to control the identified safety threats if the child is unsafe.
20. Engage the Resource Development (RD) or CPA staff assigned to the foster or adoptive home regarding the allegations of maltreatment.
21. Engage any child(ren) in the legal custody of the foster or adoptive parent(s) in a face-to-face purposeful contact(s) who do not reside in the home concerning child safety and family functioning.

22. Engage the parent(s) of any alleged victim child(ren) in DFCS custody if termination of parental rights (TPR) has not occurred to discuss the child's well-being status and family functioning in the placement.
 23. Engage collateral contacts who can provide relevant information for assessing maltreatment allegations, child safety and/or family functioning.
 24. Obtain, review, and analyze reports, professional evaluations and assessments, pictures and other physical evidence gathered during the special investigation.
 25. Request state criminal history record information of adult household members when criminal history may impact child safety, in accordance with policy [19.8 Case Management: Criminal Records Checks](#).
 26. Conduct a purposeful contact with the caregiver(s) and all children in the household every 30 calendar days that the Special Investigation remains open.
 27. Afford all rights under the Indian Child Welfare Act (ICWA) to any child who is a member of a federally recognized Indian Tribe, or eligible for membership and has a biological parent who is an enrolled member and is subject to removal, placement and/or any other legal action involving DFCS to promote the stability and security of Indian Tribes and their families (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).
 28. Report to law enforcement immediately (no later than 24 hours) and refer the child to an available victim assistance organization, as certified by the Criminal Justice Coordinating Council when a child identifies as being a known or is a suspected victim of sex trafficking/sexual servitude. See [Forms and Tools: Human Trafficking Case Management Statewide Protocol](#).
 29. Immediately report any new, known, or suspected instances of child abuse to the CPS Intake Communications Center (CICC) as outlined in policy [3.24 Intake: Mandated Reporters](#).
-  When making a new Intake Report on the family that is the subject of the investigation, the new case can be merged with the current case and investigated simultaneously.
30. Conduct efforts to locate a family when they cannot be located or have moved to an unknown location in accordance with policy [19.21 Case Management: Unable to Locate](#).
 31. Complete the Family Functioning Assessment (FFA) in Georgia SHINES to analyze and organize the information gathered to understand the significant factors affecting a child's safety, permanency, and well-being.
 32. Make a special investigation determination in consultation with the SSS at the conclusion of the special investigation.
 33. Arrange individualized services for the family, when a need is identified, to address the developmental challenges they are experiencing in their everyday life.
 34. Conduct a multi-disciplinary staffing at least 48-hours prior to submitting the special investigation for closure.
 35. Discuss the investigation determination with the alleged maltreater and parent(s) of any alleged victim child(ren) in DFCS custody if TPR has not occurred, inform:
 - a. A written notice of the investigation outcome will be sent by mail; and
 - b. When the investigation is substantiated the notice to the maltreater will also include proce-

dures for appeal if he/she disagrees with the decision.

36. Engage the foster or adoptive parent(s) to discuss the safety and maltreatment determination.
37. Provide written notification of the special investigation outcome to the required individuals and entities.
38. Document case activities in Georgia SHINES within 72 hours of occurrence.

Procedures

Social Services Supervisor Manager


1. Prepare for initiating the special investigation in accordance with policy [6.1 Special Investigations: Preparing for Special Investigations](#).
2. Analyze DFCS history involving the foster or adoptive parents and all children in the home in accordance with policy [19.10 Case Management: Analyzing DFCS History](#).
3. Contact the reporter, if known, when clarification or additional information related to child safety and/or the allegation(s) of maltreatment is needed.
4. Conduct a joint investigation with law enforcement on all serious and/or complex reports of abuse as outlined by the local Child Abuse Protocol. For additional information see Practice Guidance: Joint Investigations with Law Enforcement in policy [6.1 Special Investigations: Preparing for Special Investigations](#).
5. Conduct a joint investigation with the oversight authority, when applicable. See policy [6.9 Special Investigations: Notifications in Special Investigations](#) for the oversight authorities for CPA foster or adoptive homes.



As other agencies, may have different timeframes for responding to such reports, DFCS staff must adhere to the DFCS assigned response times.

6. Complete attempts to locate the alleged child victim(s) to assess child safety within the assigned response time, including but not limited to:
 - a. Visiting the location where the child is believed to be; and/or
 - b. Contacting persons that could help verify or help locate the child or family, including but not limited to family members, neighbors, childcare agencies, school system, law enforcement, and other agencies that may be involved with the family.
7. Conduct a private face-to-face purposeful contact with each alleged victim child within the assigned response time to assess child safety (see policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#)).
8. Complete the Safety Assessment in Georgia SHINES within 72 hours of completing the initial response with the alleged victim child(ren).
9. Inform the alleged maltreater of the child abuse allegations during the initial contact with him/her via telephone or through face-to-face contact.
10. Engage each household member face-to-face and privately to discuss the maltreatment allegations and assess child safety and family functioning in accordance with policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#). This includes the following individuals:

- a. Alleged victim child(ren)
 - b. Each caregiver
 - c. All adult household members
 - d. Other children in the home
 - e. The alleged maltreater(s)
11. Conduct a visual assessment of all children to determine if any injury or signs of maltreatment exist as outlined in policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#).
 12. Observe the physical home environment, including every room in the home to determine if it is safe and appropriate to meet the needs of each child in accordance with policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#).
 13. Make a safety determination in consultation with the SSS prior to concluding each purposeful contact with the child, foster/adoptive parent, adult household member, and/or the alleged maltreater in accordance with policy [19.11 Case Management: Safety Assessment](#). Take immediate action to control the identified safety threats if the child is unsafe:
 - a. When the child is in the legal custody of the foster/adoptive parent(s):
 - i. Develop and implement with the caregiver(s) a safety plan in accordance with policy [19.12 Case Management: Safety Plan & Management](#); and/or
 - ii. Initiate court/legal intervention in accordance with policy [17.1 Legal: The Juvenile Court Process](#).
 - b. When the child is in the legal custody of DFCS immediately remove the child from the placement (see policy [10.3 Foster Care: Changes in Placement](#)).
 14. Interview children previously placed in the foster or adoptive home to discuss any patterns of behavior related to supervision, discipline, and/or overall child treatment.
 15. Engage any child(ren) in the legal custody of the foster or adoptive parent(s) in a face-to-face purposeful contact(s) who do not reside in the home concerning child safety and family functioning (see policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#)).
 16. Engage the parent(s) of any alleged victim child(ren) in DFCS custody, if TPR has not occurred:
 - a. Notify the parent(s) there is an allegation of child abuse regarding their child;
 - b. Provide an update on the well-being of the child and placement status (if applicable); and
 - c. Gather information about family functioning in the placement where the alleged abuse occurred.
 17. Engage collateral contacts that are knowledgeable about the allegations of child abuse, child safety, and family functioning in accordance with policy [19.16 Case Management: Collateral Contacts](#).
 18. Consult the permanency or adoption SSCM with primary case management responsibilities and the CPA case worker (if applicable) to discuss the allegations of child abuse, child safety, and family functioning.
 19. Contact the Director/Designee of the CPA when the special investigation involves a CPA foster home and request to review and obtain copies, when available:

- a. Records on the CPA foster home, licensing and/or other violations;
 - b. Any records of the alleged victim child(ren) maintained by the CPA; and
 - c. Witness statements and/or videos related to the alleged maltreatment.
20. Contact the RD SSCM to discuss information related to the home, including any policy violations and family functioning.
 21. Obtain, review, and analyze reports, professional evaluations and assessments, collateral statements, pictures, and other physical evidence gathered during the special investigation.
 22. Consult with subject matter experts as necessary (medical, behavioral health, DFCS staff, children’s advocacy center, etc.).
 23. Complete the FFA in Georgia SHINES in accordance policy [19.13 Case Management: Family Functioning Assessment](#).
 24. Make a special investigation determination in consultation with the SSS in accordance with policy [6.8 Special Investigations: Making a Special Investigation Determination](#).
 25. Conduct the multi-disciplinary staffing at least 48-hours prior to submitting the special investigation for closure in accordance with policy [6.8 Special Investigations: Making a Special Investigation Determination](#).
 26. Upon SSS approval of the investigation determination:
 - a. Engage the parent(s) of any alleged victim child(ren) in DFCS custody (if TPR has not occurred) to discuss:
 - i. Investigation disposition (safety and maltreatment determination)
 - ii. A written notice of the investigation outcome will be sent by mail.
 - iii. When the investigation is substantiated the notice to the maltreater will also include procedures for appeal if he/she disagrees with the decision.
 - iv. Service provision (see policy [19.17 Case Management: Service Provision](#)).
 - b. Engage the alleged maltreater to discuss:
 - i. Investigation disposition (safety and maltreatment determination).
 - ii. A written notice of the investigation outcome will be sent by mail.
 - iii. When the investigation is substantiated the notice to the maltreater will also include procedures for appeal if he/she disagrees with the decision.
 - iv. Service provision (see policy [19.17 Case Management: Service Provision](#)).
-  When the alleged maltreater is a minor and the alleged victim child is not the minor’s biological child, have this discussion in the presence of the minor’s parent(s).
- c. Engage the foster or adoptive parent(s) to discuss:
 - i. Investigation disposition (safety and maltreatment determination).
 - ii. Any safety plan to address safety concerns involving a child in the legal custody of the foster or adoptive parent(s).
 - iii. Any policy violations and the need for a corrective action plan (CAP) to address tasks or

situations foster or adoptive parent is having difficulty managing. Inform that the RD SSCM or CPA case worker will work with them to develop the CAP.

- iv. Service provision (see policy [19.17 Case Management: Service Provision](#)).
27. Prepare the written notifications of the special investigation outcome in accordance with policy [6.9 Special Investigations: Notifications in Special Investigations](#).
28. Submit the special investigation to the SSS for approval within 45 calendar days of the receipt of the intake report.

Social Services Supervisor

1. Assist the SSCM in preparing for the special investigation in accordance with policy [6.1 Special Investigations: Preparing for Special Investigations](#).
2. Consult with the SSCM after each purposeful contact with child, foster/adoptive parent, adult household member, and/or the alleged maltreater to:
 - a. Make a safety determination in accordance with policy [19.11 Case Management: Safety Assessment](#);
 - b. Discuss safety interventions to control any identified safety threats including safety planning in accordance with policy [19.12 Case Management: Safety Plan & Management](#); and
 - c. Discuss any inconsistencies identified and follow up needed.
3. Review the Safety Assessment and make an approval decision in Georgia SHINES within 72 hours of submission by the SSCM.
4. Review the sufficiency of any safety plan for controlling or mitigating present or impending danger in accordance with policy [19.12 Case Management: Safety Plan and Management](#).
5. Assess the sufficiency of services recommended, when a need is identified in accordance with policy [19.17 Case Management: Service Provision](#).
6. Review documentation and professional assessments to provide guidance regarding the special investigation.
7. Make the special investigation determination in consultation with the SSCM in accordance with policy [6.8 Special Investigations: Making a Special Investigation Determination](#).
8. Ensure multi-disciplinary staffing is conducted at least 48-hours prior to submitting the special investigation for closure as outlined in policy [6.8 Special Investigations: Making a Special Investigation Determinations](#).
9. Review the FFA and make an approval decision in accordance with policy [19.13 Case Management: Family Functioning Assessment](#).
10. Review the submitted special investigation and make an approval decision in Georgia SHINES within 45 calendar days of receipt of the intake report.



Stage progression to Family Preservation Services (FPS) or Foster Care may only occur to address safety issues related to a child in the legal custody of the foster or adoptive parent (see policy [19.4 Case Management: Case Transfer](#)).

11. Review and approve the special investigations outcome notifications in accordance with policy [6.9 Special Investigations: Notifications in Special Investigations](#).

Practice Guidance

DFCS Foster or Adoptive Homes

DFCS foster homes provides temporary care for children in foster care. Similarly, DFCS adoptive homes provide care for children in foster care, however, the adoptive parents have formally committed to adopting the child(ren) in their home. In addition, DFCS kinship foster homes or kinship adoptive homes, share the same corresponding responsibilities and requirements though the caregivers are kin to the children placed in their home. DFCS County Departments through Regional Resource Development are responsible for evaluating, approving and monitoring DFCS foster or adoptive homes.

Child Placing Agency (CPA) Foster or Adoptive Homes

CPA foster homes provides temporary care for children in foster care. Similarly, CPA adoptive homes provide care for children in foster care, however, the adoptive parents have formally committed to adopting the children in their home. CPA foster and adoptive homes are evaluated, approved and administered by a CPA. A CPA is any institution, society, agency, or facility which places children in foster homes for temporary care or in prospective adoptive homes for adoption. Office of Provider Management (OPM) and Residential Child Care Licensing (RCCL) are the oversight authorities for CPA foster or adoptive homes.

Helpful Hints in Foster or Adoptive Home Investigations

Foster or adoptive parents may often be surprised and hurt when notified about a report of alleged maltreatment. They are often not prepared for what the investigative process entails and may show reluctance in participating. The RD SSCM or CPA case worker and an advocate (if the foster or adoptive parent chooses to have one present) are resources available to provide support to the foster or adoptive parent during the investigative process.

DFCS partnership with foster and adoptive parents can present challenges when it comes to conducting objective investigations. As with any other type of investigation, DFCS must conduct a thorough assessment that does not rely solely on information provided by the foster or adoptive parent. Statements must be verified through collateral contacts (e.g., doctors, therapists, school personnel, etc.). DFCS must avoid prematurely drawing conclusions solely based on the age, behavioral or mental health history of the alleged victim. This can be accomplished while simultaneously treating the foster or adoptive parents with the same courtesy and respect afforded all families encountered.

Foster Parents' Request for an Advocate

Advocates are available to help the foster parent navigate through the complex and sometimes confusing process of addressing issues with DFCS. Support of an advocate is a right by law under the Foster Parents Bill of Rights. Foster parents have the right to request an advocate during all aspects of the investigation where the foster parent is present. DFCS and CPA foster, or adoptive parents can request an advocate by contacting the Adoptive and Foster Parent Association of Georgia (AFPAG) at www.afpag.net or call 1-877-804-6610.

When a foster parent requests an advocate the interview of the foster parent should be deferred

until the advocate is present. However, a request for an advocate does not preclude DFCS from conducting the child safety assessment and/or taking immediate and appropriate action to control safety threats. The SSCM must proceed with the safety assessment of all children in the home, this includes children in DFCS custody as well as any children in the legal custody of the foster or adoptive parent. If the SSCM is unable to make a child safety determination without interviewing the foster parent, the SSCM must consult with the SSS concerning next steps.

Assessment of Foster or Adoptive Homes

Foster parents are important partners in caring for children in foster care. They not only provide care for, nurture, and support the children temporarily under their supervision they may also be providing care to children in their legal custody (i.e., biological or adopted children). An investigation includes assessing the safety, maltreatment, family functioning and service needs of all household members. In a special investigation of a foster or adoptive home this will consist of the children in foster care, foster or adoptive parents, and children in the legal custody of the foster or adoptive parents. This also includes children in legal custody of the foster or adoptive parents, who do not reside in the home.

Service Provision in a Foster or Adoptive Home Investigation

Service provision can be used to preserve placements for children in foster care, where no safety issues have been identified, by helping the family manage difficult situations they are facing in their lives. Similarly, when the assessment identifies needs of the children in the legal custody of the foster/adoptive parent, service provisions are used to preserve the family. The investigating SSCM should notify the Permanency SSCM or resource maintainer (RD SSCM or CPA worker) during the multidisciplinary staffing or sooner (if urgent) to arrange services in accordance with the policy [19.17 Case Management: Service Provision](#). DFCS can refer to formal or informal providers to address any identified needs which include but are not limited to Prevention of Unnecessary Placement (PUP), wraparound, Babies Can't Wait (BCW), plan of safe care, substance use disorder treatment, intimate partner violence/domestic violence services, etc.

In some circumstances, Family Preservation Services (FPS) or Permanency may be required to address safety issues for children in the legal custody of the foster/adoptive parent. When this occurs, services for the foster/adoptive parent and the children in their legal custody are arranged and provided through the FPS or Permanency case. Children in foster care cannot remain in the foster/adoptive parents' home when there is an active safety threat and the resource may not be used for additional DFCS placements. Consideration may be given on a case-by-case basis to achieve permanency for a child in DFCS custody through the waiver process (see policy [14.23 Resource Development: Home Closure](#)).

Placement Moves of Children in DFCS Custody During a Special Investigation

Children in foster care should not be subjected to unnecessary placement moves as each placement disruption is traumatic and may result in emotional challenges. Therefore, the placement should not be disrupted unless the child is determined to be unsafe. Additionally, any child who has a permanency plan of adoption or guardianship, or who is in the process of adoption, should not be removed from the caregiver's home before the case is staffed with the Adoption Exchange State Permanency Unit unless present danger is indicated. Children in DFCS custody shall not remain in any home when safety threats are identified, when there is a substantiated case disposition, or a

policy violation recommendation for home closure. Do not return a child removed from a placement under these circumstances unless a waiver to return the child is approved by the State Office.

Requests by Law Enforcement to Refrain or Delay Interviewing Alleged Maltreaters

Law enforcement may request DFCS refrain or delay interviewing the alleged maltreater due to a criminal case. The SSCM still has a primary obligation to ensure child safety. In this situation open and clear communication with law enforcement is necessary so that each agency understands what is required.

When the alleged maltreater has access to the alleged victim child(ren) and a safety determination cannot be made without conducting an interview, communicate directly with law enforcement to coordinate the interview or to obtain a transcript of the interview conducted by law enforcement. When it is determined that the SSCM will not be conducting a separate interview with the alleged maltreater, a list of questions or information that is needed from the individual(s) can be provided to law enforcement to ask the during the interview.


Requesting Criminal History Record Information

A criminal history check maybe warranted during a special investigation when there is an indication that an individual who has a caregiving role may have criminal history that impacts child safety; or when an individual’s behavior indicates he/she may be, or have been, involved in criminal activity that could impact child safety.

Forms and Tools

- [A Guide to Gathering Information During Investigations](#)
- [Human Trafficking Case Management Statewide Protocol](#)
- [Infant Safe to Sleep Guidelines and Protocol](#)
- [Intimate Partner Violence \(Domestic Violence\) Guidelines & Protocol](#)

6.4 Conducting Special Investigations on Foster Care Kinship Placements

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(6) Special Investigations		
	Policy Title:	Conducting Special Investigations on Foster Care Kinship Placements		
	Policy Number:	6.4	Previous Policy Number(s):	N/A
	Effective Date:	December 2020	Manual Transmittal:	2020-10

Codes/References

- O.C.G.A. § 15-11-30 Rights and Duties of Legal Custodian
- O.C.G.A. § 15-11-125 Venue
- O.C.G.A. § 15-11-133 Removal of Child from the Home; Protective Custody

O.C.G.A. § 15-11-150 Authority to File Petition
O.C.G.A. § 15-11-202 Reasonable Efforts by DFCS to Preserve or Reunify Families
O.C.G.A. §16-12-100 Sexual Exploitation of Children; Reporting Violation; Forfeiture; Penalties
O.C.G.A. § 19-7-5 Reporting of Child Abuse(e)(f)
O .C.G.A. § 49-5-8 Powers and Duties of Department of Human Services
O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records
O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records
45 CFR Parts 1355.38(a) (5), 1356.21(b) (3) (i), 1356.21(k), and 1356.67
Title IV-E of the Social Security Act Sections 471(a) (15) (D) and (a) (9) (c), and 475 (9)
Child Abuse Prevention and Treatment Act (CAPTA)
Adoption and Safe Families Act (ASFA) P.L. 105-89
Health Insurance Portability and Accountability Act (HIPAA) of 1996: P.L. 104-191
Indian Child Welfare Act of 1978 Final Rule (25 CFR Part 23)
Preventing Sex Trafficking and Strengthening Families Act

Requirements

The Division of Family and Children Services (DFCS) will:

1. Prepare for the special investigation to direct and focus case management activities.
2. Complete a special investigation involving a foster care kinship placement within 45 calendar days of the receipt of the intake report to:
 - a. Conduct a comprehensive assessment of the allegations of child abuse, including assessing child safety;
 - b. Take action when present or impending danger is identified;
 - c. Conduct an assessment of family functioning;
 - d. Determine if any policy violation(s) occurred; and
 - e. Determine whether child abuse is substantiated or unsubstantiated.
3. Conduct a joint investigation with law enforcement for all serious and/or complex reports of abuse (including, but not limited to sexual abuse, severe physical abuse, serious injury^[6], child death, near fatality^[7], and chronic severe neglect) as outlined by the local Child Abuse Protocol.
4. When the foster care kinship placement investigation involves a child death, near fatality or serious Injury (CD/NF/SI) also adhere to policy [6.7 Special Investigations: Conducting Special Investigations of Child Death, Near Fatality or Serious Injury](#).
5. Adhere to Health Insurance Portability and Accountability Act and confidentiality provisions outlined in policies [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#).
6. Keep the identity of the reporting source confidential (see policy [2.6 Information Management: Confidentiality/Safeguarding Information](#)).
7. Analyze DFCS history to ensure a thorough assessment of safety and family functioning.
8. Use court intervention and/or request support from law enforcement to interview/observe a child in the legal custody of the kinship caregiver, when prevented from doing so, and safety cannot be assured (see policy [17.1 Legal: The Juvenile Court Process](#)).

9. Conduct a private face-to-face purposeful contact with the alleged victim child(ren) within the immediate-24-hour response time to assess and address child safety.
10. Complete the Safety Assessment in Georgia SHINES within 72 hours of completing the initial response with the alleged victim child(ren).
11. Engage each household member face-to-face and privately to discuss the maltreatment allegations and assess child safety and family functioning. This includes the following individuals:
 - a. Alleged victim child(ren)
 - b. Each caregiver
 - c. All adult household members
 - d. Other children in the home
 - e. The alleged maltreater(s)
12. Inform the individual subject to a child abuse report (alleged maltreater) of the allegations made against him/her at the time of initial contact. Initial contact may be face-to-face or telephone.



The Social Services Case Manager (SSCM) must be certain he/she is speaking to the alleged maltreater. If the identity of the alleged maltreater cannot be confirmed, do not discuss specific allegations to protect the confidentiality of the family.

13. When caregiver substance use/abuse is suspected or alleged, refer to policy [19.26 Case Management: Case Management Involving Substance Abuse or Use](#) for guidance on engaging and assessing the needs of the child, parent/guardian/legal custodian and other household members.
14. Conduct a visual assessment of all children to determine if any injuries or signs of maltreatment exist
15. Observe the physical home environment, including every room in the home to determine if it is safe and appropriate to meet the needs of each child.
16. Assess and discuss safe sleep practices with any caregiver who has an infant (up to one year of age) in the home. Take action to remedy unsafe sleeping situations prior to leaving the home (see [Forms and Tools: Infant Safe to Sleep Guidelines and Protocol](#)).
17. Make a safety determination in consultation with the Social Services Supervisor (SSS) prior to concluding each purposeful contact with the child, kinship caregiver, adult household member, and/or alleged maltreater. Take immediate action to control the identified safety threats if the child is unsafe.
18. Engage the parent(s) of any alleged victim child(ren) in DFCS custody, if termination of parental rights (TPR) has not occurred to discuss the child's well-being status and family functioning in the placement.
19. Engage any child in the legal custody of the kinship caregiver(s) in a face-to-face purposeful contact(s) who do not reside in the home concerning child safety and family functioning.
20. Engage collateral contacts who can provide relevant information for assessing maltreatment allegations, child safety, and/or family functioning.
21. Obtain, review, and analyze reports, professional evaluations and assessments, pictures and other physical evidence gathered during the special investigation.

22. Request state criminal history record information of adult household members when criminal history may impact child safety, in accordance with policy [19.8 Case Management: Criminal Records Checks](#).
23. Conduct a purposeful contact with the caregiver(s) and all children in the household every 30 calendar days that the Special Investigation remains open.
24. Afford all rights under the Indian Child Welfare Act (ICWA) to any child who is a member of a federally recognized Indian Tribe, or eligible for membership and has a biological parent who is an enrolled member and is subject to removal, placement and/or any other legal action involving DFCS to promote the stability and security of Indian Tribes and their families (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).
25. Report to law enforcement immediately (no later than 24 hours) and refer the child to an available victim assistance organization, as certified by the Criminal Justice Coordinating Council when a child identifies as being a known or is a suspected victim of sex trafficking/sexual servitude. See [Forms and Tools: Human Trafficking Case Management Statewide Protocol](#).
26. Immediately report any new known or suspected instances of child abuse to the CPS Intake Communications Center (CICC) as outlined in policy [3.24 Intake: Mandated Reporters](#).



When making a new Intake Report on the family that is the subject of the investigation, the new case can be merged with the current case and investigated simultaneously.

27. Conduct efforts to locate a family when they cannot be located or have moved to an unknown location in accordance with policy [19.21 Case Management: Unable to Locate](#).
28. Complete the Family Functioning Assessment (FFA) in Georgia SHINES to analyze and organize the information gathered to understand the significant factors affecting a child's safety, permanency, and well-being.
29. Arrange individualized services for the family, when a need is identified, to address the developmental challenges they are experiencing in their everyday life.
30. Make a safety and maltreatment determination in consultation with the SSS at the conclusion of the special investigation.
31. Conduct a multi-disciplinary staffing at least 48-hours prior to submitting the special investigation for closure.
32. Discuss the investigation determination with the alleged maltreater and parent(s) of any alleged victim child(ren) in DFCS custody if TPR has not occurred, inform:
 - a. A written notice of the investigation outcome will be sent by mail; and
 - b. When the investigation is substantiated the notice to the maltreater will also include procedures for appeal if he/she disagrees with the decision.
33. Engage the kinship caregiver(s) to discuss the safety and maltreatment determination.
34. Provide written notification of the special investigation outcome to the required individuals and entities.
35. Document case activities in Georgia SHINES within 72 hours of occurrence.

Procedures

Social Services Supervisor Manager

1. Prepare for initiating the special investigation as outlined in policy [6.1 Special Investigations: Preparing for Special Investigations](#).
2. Analyze DFCS history involving the kinship caregivers and all children in the home in accordance with policy [19.10 Case Management: Analyzing DFCS History](#).
3. Conduct a joint investigation with law enforcement on all serious and/or complex reports of abuse as outlined by the local Child Abuse Protocol. For additional information see Practice Guidance: Joint Investigations with Law Enforcement in policy [6.1 Special Investigations: Preparing for Special Investigations](#).



As other agencies, may have different timeframes for responding to such reports, DFCS staff must adhere to the DFCS assigned response times.

4. Contact the reporter, if known, when clarification or additional information related to child safety and/or the allegations of maltreatment is needed.
5. Complete attempts to locate the alleged child victim(s) to assess child safety within the assigned response time, including but not limited to:
 - a. Visiting the location where the child is believed to be; and/or
 - b. Contacting persons that could help verify or help locate the child or family, including but not limited to family members, neighbors, childcare agencies, school system, law enforcement, and other agencies that may be involved with the family.
6. Conduct a private face-to-face purposeful contact with each alleged victim child within the assigned response time (see policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#)).
7. Complete the Safety Assessment in Georgia SHINES within 72 hours of completing the initial response with the alleged victim child(ren).
8. Notify the alleged maltreater of the child abuse allegations during the initial contact with him/her via telephone or through face-to-face contact.
9. Engage each household member face-to-face and privately to discuss the maltreatment allegations and assess child safety and family functioning in accordance with policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#). This includes the following individuals:
 - a. Alleged victim child(ren)
 - b. Each caregiver
 - c. All adult household members
 - d. Other children in the home
 - e. The alleged maltreater(s)
10. Conduct a visual assessment of all children to determine if any injuries or signs of maltreatment exist as outlined in policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#).

11. Observe the physical home environment, including every room in the home to determine if it is safe and appropriate to meet the needs of each child in accordance with policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#).
12. Make a safety determination in consultation with the SSS prior to concluding each purposeful contact with the child, kinship caregiver, adult household member, and/or alleged maltreater in accordance with policy [19.11 Case Management: Safety Assessment](#). Take immediate action to control the identified safety threats, if the child is unsafe:
 - a. When the child is in the legal custody of the kinship caregiver(s):
 - i. Develop and implement with the caregiver(s) a safety plan in accordance with policy [19.12 Case Management: Safety Plan & Management](#); and/or
 - ii. Initiate court/legal intervention in accordance with policy [17.1 Legal: The Juvenile Court Process](#).
 - b. When the child is in the legal custody of DFCS immediately remove the child from the placement (see policy [10.3 Foster Care: Changes in Placement](#)).
13. Engage any child in the legal custody of the kinship caregiver(s) in a face-to-face purposeful contact(s) who do not reside in the home concerning child safety and family functioning (see policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#)).
14. Engage the parent(s) of any alleged victim child(ren) in DFCS custody, if TPR has not occurred:
 - a. Notify the parent(s) there is an allegation of abuse against their child;
 - b. Provide an update on the well-being of the child and placement status (if applicable); and
 - c. Gather information about family functioning in the placement where the alleged abuse occurred.
15. Engage collateral contacts that are knowledgeable about the allegations of abuse, child safety, and family functioning in accordance with policy [19.16 Case Management: Collateral Contacts](#).
16. Consult the permanency or adoption SSCM with primary case management responsibilities to discuss the allegations of maltreatment, child safety, and family functioning.
17. Obtain, review, and analyze reports, professional evaluations and assessments, pictures and other physical evidence gathered during the special investigation.
18. Consult with subject matter experts as necessary (medical, behavioral health, DFCS staff, children's advocacy center, etc.).
19. Complete the FFA in Georgia SHINES in accordance policy [19.13 Case Management: Family Functioning Assessment](#).
20. Make a special investigation determination in consultation with the SSS in accordance with policy [6.8 Special Investigations: Making a Special Investigation Determination](#).
21. Conduct the multi-disciplinary staffing at least 48-hours prior to submitting the special investigation for closure/transfer in accordance with policy [6.8 Special Investigations: Making a Special Investigation Determination](#).
22. Upon SSS approval of the investigation determination:
 - a. Engage the parent(s) of any alleged victim child(ren) in DFCS custody (if TPR has not occurred) to discuss:

- i. Investigation disposition (safety and maltreatment determination)
- ii. A written notice of the investigation outcome will be sent by mail.
- iii. When the investigation is substantiated the notice to the maltreater will also include procedures for appeal if he/she disagrees with the decision.
- iv. Service provision (see policy [19.17 Case Management: Service Provision](#)).

b. Engage the alleged maltreater to discuss:

- i. Investigation disposition (safety and maltreatment determination).
- ii. A written notice of the investigation outcome will be sent by mail.
- iii. When the investigation is substantiated the notice to the maltreater will also include procedures for appeal if he/she disagrees with the decision.
- iv. Service provision (see policy [19.17 Case Management: Service Provision](#)).



When the alleged maltreater is a minor and the alleged victim child is not the minor's biological child, have this discussion in the presence of the minor's parent(s).

c. Engage the kinship caregiver(s) to discuss:

- i. Investigation disposition (safety and maltreatment determination).
- ii. Any safety plan to address safety concerns involving a child in the legal custody of the kinship caregiver(s).
- iii. Any policy violations and the need for a corrective action plan (CAP) to address tasks or situations the kinship caregiver(s) is having difficulty managing. Inform that the Permanency SSCM will work with them to develop the CAP.
- iv. Service provision (see policy [19.17 Case Management: Service Provision](#)).

23. Prepare the written notifications of the special investigation outcome in accordance with policy [6.9 Special Investigations: Notifications in Special Investigations](#).

24. Submit the special investigation in Georgia SHINES to the SSS for approval within 45 calendar days of the receipt of the intake report.

Social Services Supervisor

1. Assist the SSCM in preparing for the special investigation in accordance with policy [6.1 Special Investigations: Preparing for a Special Investigation](#).
2. Consult with the SSCM after each purposeful contact with child, kinship caregiver, adult household member, and/or the alleged maltreater to:
 - a. Make a safety determination in accordance with policy [19.11 Case Management: Safety Assessment](#);
 - b. Discuss safety interventions to control any identified safety threats including safety planning in accordance with policy [19.12 Case Management: Safety Plan & Management](#)); and
 - c. Discuss any inconsistencies identified and follow up needed.
3. Review the Safety Assessment and make an approval decision in Georgia SHINES within 72 hours of submission by the SSCM.

4. Review the sufficiency of any safety plan for controlling or mitigating present or impending danger in accordance with policy [19.12 Case Management: Safety Plan and Management](#).
5. Assess the sufficiency of services recommended, when a need is identified in accordance with policy [19.17 Case Management: Service Provision](#).
6. Review documentation and professional assessments to provide guidance regarding the special investigation.
7. Make the special investigation determination in consultation with the SSCM in accordance with policy [6.8 Special Investigations: Making a Special Investigation Determination](#).
8. Ensure the multi-disciplinary staffing is conducted at least 48 hours prior to submitting the special investigation for closure as outlined in policy [60.8 Special Investigations: Making a Special Investigation Determination](#).
9. Review the FFA and make an approval decision in accordance with policy [19.13 Case Management: Family Functioning Assessment](#).
10. Review the submitted special investigation and make an approval decision in Georgia SHINES within 45 calendar days of receipt of the intake report.



Stage progression to Family Preservation Services (FPS) or Foster Care may only occur to address safety issues related to a child in the legal custody of the kinship caregiver (see policy [19.4 Case Management: Case Transfer](#)).

11. Review and approve the special investigations outcome notifications in accordance policy [6.9 Special Investigations: Notifications in Special Investigations](#).

Practice Guidance

Foster Care Kinship Placements

Kinship Foster Care Placements provides temporary care for children in foster care of whom the caregivers are kin (relative or fictive kin). DFCS County Departments are responsible for evaluating, approving, and monitoring kinship foster care placements.

Helpful Hints in Foster Care Kinship Placement Investigations

Kinship caregivers may often be surprised and hurt when notified about a report of alleged maltreatment. They are often not prepared for what the investigative process entails and may show reluctance in participating. The Permanency SSCM or Kinship Coordinator may be able to provide support to the kinship caregiver during the investigative process and assist the investigator in gaining cooperation.

DFCS partnership with the kinship caregiver can present challenges when it comes to conducting objective investigations. As with any other type of investigation, DFCS must conduct a thorough assessment that does not rely solely on information provided by the caregiver. Statements must be verified through collateral contacts (e.g., doctors, therapists, school personnel, etc.). DFCS must avoid prematurely drawing conclusions solely based on the age, behavioral or mental health history of the alleged victim. This can be accomplished while simultaneously treating the caregiver with the same courtesy and respect afforded all families DFCS encounters.

Assessment of Foster Care Kinship Placements

Kinship caregivers are important partners in caring for children in foster care. They not only provide care for, nurture, and support the children temporarily under their supervision they may also be providing care to children in their legal custody (i.e. biological or adopted children). An investigation includes assessing the safety, maltreatment, family functioning and the service needs of all household members. In a special investigation of a foster care kinship placement this will consist of the children in foster care, kinship caregivers, and all children in the physical and legal custody of the kinship caregiver. This also includes children in legal custody of the kinship caregiver, who do not reside in the home.

Service provisions can be used to preserve placements for children in foster care, where no safety issues have been identified, by helping the family manage difficult situations they are facing in their lives. Similarly, when the assessment identifies needs of the children in the legal custody of the kinship caregiver, service provisions are used to preserve the family. The investigating SSCM should notify the Permanency SSCM or Kinship Coordinator during the multidisciplinary staffing or sooner (if urgent) to arrange services in accordance with the policy [19.17 Case Management: Service Provision](#). DFCS can refer to formal or informal providers to address any identified needs which include but are not limited to Prevention of Unnecessary Placement (PUP), wraparound, Babies Can't Wait (BCW), plan of safe care, substance use disorder treatment, intimate partner violence/domestic violence services, etc.

In some circumstances, Family Preservation Services (FPS) or Permanency may be required to address safety issues for children in the legal custody of the kinship caregiver. When this occurs, services for the kinship caregiver and the children in their legal custody are arranged and provided through the FPS or Permanency case. Children in foster care cannot remain in the kinship caregiver's home when there is an active safety threat and the resource may not be used for additional DFCS placements. Consideration may be given on a case by case basis to achieve permanency for a child in DFCS custody through the waiver process (see policy [14.23 Resource Development: Home Closure](#)).

Placement Moves of Children in DFCS Custody During a Special Investigation

Children in foster care should not be subjected to unnecessary placement moves as each placement disruption is traumatic and may result in emotional challenges. Therefore, the placement should not be disrupted unless the child is determined to be unsafe. Additionally, any child who has a permanency plan of adoption or guardianship, or who is in the process of adoption, should not be removed from the caregiver's home before the case is staffed with the Adoption Exchange State Permanency Unit unless present danger is indicated. Children in DFCS custody shall not remain in any home when safety threats are identified, when there is a substantiated case disposition, or a policy violation recommendation for home closure. Do not return a child removed from a placement under these circumstances unless a waiver to return the child is approved by the State Office.

Requests by Law Enforcement to Refrain or Delay Interviewing Alleged Maltreaters

Law enforcement may request DFCS refrain or delay interviewing the alleged maltreater due to a criminal case. The SSCM still has a primary obligation to ensure child safety. In this situation open and clear communication with law enforcement is necessary so that each agency understands what is required.

When the alleged maltreater has access to the alleged victim child(ren) and a safety determination cannot be made without conducting an interview, communicate directly with law enforcement to coordinate the interview or to obtain a transcript of the interview conducted by law enforcement. When it is determined that the SSCM will not be conducting a separate interview with the alleged maltreater, a list of questions or information that is needed from the individual(s) can be provided to law enforcement to ask the during the interview.


Requesting Criminal History Record Information

A criminal history check maybe warranted during a special investigation when there is an indication that an individual who has a caregiving role may have criminal history that impacts child safety; or when an individual’s behavior indicates he/she may be, or have been, involved in criminal activity that could impact child safety.

Forms and Tools

- [A Guide to Gathering Information During Investigations](#)
- [Human Trafficking Case Management Statewide Protocol](#)
- [Infant Safe to Sleep Guidelines and Protocol](#)
- [Intimate Partner Violence \(Domestic Violence\) Guidelines & Protocol](#)

6.5 Conducting Special Investigations on Residential or Non-Residential Facilities

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(6) Special Investigations		
	Policy Title:	Conducting Special Investigations on Residential or Non-Residential Facilities		
	Policy Number:	6.5	Previous Policy Number(s):	N/A
	Effective Date:	July 2024	Manual Transmittal:	2024-06

Codes/References

- O.C.G.A. § 15-11-2 Definitions
- O.C.G.A. § 15-11-30 Rights and Duties of Legal Custodian
- O.C.G.A. § 15-11-125 Venue
- O.C.G.A. § 15-11-133 Removal of Child from the Home; Protective Custody
- O.C.G.A. § 15-11-150 Authority to File Petition
- O.C.G.A. § 15-11-202 Reasonable Efforts by DFCS to Preserve or Reunify Families
- O.C.G.A. § 16-12-100 Sexual Exploitation of Children; Reporting Violation; Forfeiture; Penalties
- O.C.G.A. § 19-7-5 Reporting of Child Abuse(e)(f)
- O.C.G.A. § 49-5-3 Definitions
- O.C.G.A. § 49-5-8 Powers and Duties of Department of Human Services
- O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records
- O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records

Title IV-E of the Social Security Act Sections 471(a) (15) (D) and (a) (9) (c), and 475 (9)
45 CFR Parts 1355.38(a) (5), 1356.21(b) (3) (i), 1356.21(k), and 1356.67
Child Abuse Prevention and Treatment Act (CAPTA)
Public Law (PL) 95-608 Indian Child Welfare Act of 1978 Final Rule (25 CFR Part 23)
PL 104-191 Health Insurance Portability and Accountability Act (HIPAA) of 1996
PL 105-89 Adoption and Safe Families Act (ASFA) of 1997
PL 113-183 Preventing Sex Trafficking and Strengthening Families Act of 2014

Requirements

The Division of Family and Children Services (DFCS) will:

1. Prepare for the special investigation to direct and focus case management activities.
2. Complete a special investigation involving a residential or non-residential facility within 45 calendar days of the receipt of the intake report to:
 - a. Conduct a comprehensive assessment of the allegations of child abuse, including assessing child safety;
 - b. Take action when present or impending danger is identified;
 - c. Determine if any policy violation(s) occurred; and



Policy Violations are only applicable to Child Care Institutions (CCI) and Independent Living Placements.

- d. Determine whether child abuse is substantiated or unsubstantiated.
3. Conduct a joint investigation with law enforcement on all serious and/or complex reports of abuse as outlined by the local Child Abuse Protocol.
4. Conduct a joint investigation with the oversight authority, when applicable.
5. When the residential or non-residential facility investigation involves a child death, near fatality or serious Injury (CD/NF/SI) also adhere to policy [6.7 Special Investigations: Conducting Special Investigations of Child Death, Near Fatality or Serious Injury](#).
6. Adhere to Health Insurance Portability and Accountability Act and confidentiality provisions outlined in policies [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#).
7. Keep the identity of the reporting source confidential (see policy [2.6 Information Management: Confidentiality/Safeguarding Information](#)).
8. Analyze DFCS history to ensure a thorough assessment of safety.
9. Use court intervention and/or request support from law enforcement to interview/observe a child in parental custody when prevented from doing so, and safety cannot be assured (see policy [17.1 Legal: The Juvenile Court Process](#)).
10. Conduct a private face-to-face purposeful contact with the alleged victim child(ren) within the immediate-24-hour response time to assess and address child safety.
11. Complete the Safety Assessment in Georgia SHINES within 72 hours of completing the initial response with the alleged victim child(ren).

12. Engage the following individuals face-to-face and privately to discuss the maltreatment allegations and care at the facility and assess child safety:
 - a. Alleged victim child(ren)
 - b. Alleged maltreater(s)
 - c. Other children who witnessed the alleged maltreatment
 - d. Staff members who witnessed the alleged maltreatment

i In consultation with the supervisor, based on the evidence gathered, determine if additional children and/or facility staff members are required to be interviewed face-to-face.
13. Inform the individual subject to a child abuse report (alleged maltreater) of the allegations made against him/her at the time of initial contact. Initial contact may be face-to-face or telephone.

i The Social Services Case Manager (SSCM) must be certain he/she is speaking to the alleged maltreater. If the identity of the alleged maltreater cannot be confirmed, do not discuss specific allegations to protect the confidentiality of the family.
14. Conduct a visual assessment of all alleged victim children to determine if any injuries or signs of maltreatment exist.
15. Observe the physical environment of the facility to determine if it is safe and appropriate to meet the needs of the child.
16. Assess and discuss safe sleep practices with facility staff and caregivers of an infant (up to one year of age). Take action to remedy unsafe sleeping situations prior to leaving the facility (see [Forms and Tools: Infant Safe to Sleep Guidelines and Protocol](#)).
17. Make a safety determination in consultation with the Social Services Supervisor (SSS) prior to concluding each purposeful contact with the child, facility staff member, caregiver, and/or alleged maltreater; and take immediate action to control the identified safety threats if the child is unsafe.
18. Engage the parent(s) of the alleged victim child(ren) to discuss the child's well-being status and care of the child at the facility.

i This is also required when the child is in DFCS custody and termination of parental rights (TPR) has not occurred.
19. Engage collateral contacts who can provide relevant information for assessing maltreatment allegations, child safety, and/or caregiver protective capacities.
20. Obtain, review, and analyze reports, professional evaluations and assessments, pictures and other physical evidence gathered during the special investigation.
21. Conduct a purposeful contact with all alleged victim child(ren) every 30 calendar days that the Special Investigation remains open.
22. Request state criminal history record information of adult facility staff members when criminal history may impact child safety, in accordance with policy [19.8 Case Management: Criminal Records Checks](#).

23. Afford all rights under the Indian Child Welfare Act (ICWA) to any child who is a member of a federally recognized Indian Tribe, or eligible for membership and has a biological parent who is an enrolled member and is subject to removal, placement and/or any other legal action involving DFCS to promote the stability and security of Indian Tribes and their families (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).
24. Report to law enforcement immediately (no later than 24 hours) and refer the child to an available victim assistance organization, as certified by the Criminal Justice Coordinating Council when a child identifies as being a known or is a suspected victim of sex trafficking/sexual servitude. See [Forms and Tools: Human Trafficking Case Management Statewide Protocol](#).
25. Immediately report any new known or suspected instances of child abuse to the CPS Intake Communications Center (CICC) as outlined in policy [3.24 Intake: Mandated Reporters](#).



This includes situations when investigating a residential or non-residential facility and there is reasonable cause to suspect that a child in the legal custody (i.e. biological, adopted, guardianship) of the alleged maltreater is being abused.

26. Conduct efforts to locate a family when they cannot be located or have moved to an unknown location in accordance with policy [19.21 Case Management: Unable to Locate](#).
27. Arrange individualized services for the family, when a need is identified, to address the developmental challenges they are experiencing in their everyday life.
28. Make a special investigation determination in consultation with the SSS.
29. Conduct a multi-disciplinary staffing at least 48-hours prior to submitting the special investigation for closure.
30. Discuss the investigation determination with the alleged maltreater, Facility Director/Designee, and parent(s) of any alleged victim child(ren), inform:
 - a. A written notice of the investigation outcome will be sent by mail; and
 - b. When the investigation is substantiated the notice to the maltreater will also include procedures for appeal if he/she disagrees with the decision.



This discussion is also required with the parent of a child DFCS custody when TPR has not occurred.

31. Provide written notifications of the special investigation outcome to the required individual(s) and entities.
32. Document case activities in Georgia SHINES within 72 hours of the occurrence.

Procedures

Social Services Supervisor Manager

1. Prepare for initiating the special investigation as outlined in policy [6.1 Special Investigations: Preparing for Special Investigations](#).
2. Analyze DFCS history involving the alleged victim child(ren), alleged maltreater(s), facility staff members and/or the facility in accordance with policy [19.10 Case Management: Analyzing DFCS](#)



History.

3. Contact the reporter, if known, when clarification or additional information related to child safety and/or the allegations of maltreatment is needed.
4. Conduct a joint investigation with law enforcement on all serious and/or complex reports of abuse as outlined by the local Child Abuse Protocol. For additional information see Practice Guidance: Joint Investigations with Law Enforcement in policy [6.1 Special Investigations: Preparing for Special Investigations](#).
5. Conduct a joint investigation with the oversight authority, when applicable. See policy [6.9 Special Investigations: Notifications in Special Investigations](#) for the oversight authorities for residential and non-residential facilities.



As other agencies may have different timeframes for responding to such reports, DFCS staff must adhere to the DFCS assigned response times.

6. When the special investigations involve a daycare conduct an Enforcement Actions Search on the Department of Early Care and Learning (DECAL) website (see Practice Guidance: Enforcement Actions by the Department of Early Care and Learning (DECAL)).
7. Complete attempts to locate the alleged child victim(s) to assess child safety within the assigned response time, including but not limited to:
 - a. Visiting the location where the child is believed to be; and/or
 - b. Contacting persons that could help verify or help locate the child or family, including but not limited to family members, neighbors, childcare agencies, school system, law enforcement, and other agencies that may be involved with the family.
8. Conduct a private face-to-face purposeful contact with each alleged victim child within the assigned response time (see policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#)).
9. Notify the alleged maltreater of the child abuse allegations during the initial contact with him/her via face-to-face contact or telephone.
10. Complete the Safety Assessment in Georgia SHINES within 72 hours of completing the initial response with the alleged victim child(ren).
11. Contact the Facility Director/Designee to:
 - a. Discuss the special investigation process including the need to interview staff members, the alleged maltreater, and other children that reside in, or attend programs offered; and
 - b. Request to review and obtain copies of the following (as applicable):
 - i. List of all staff and residents in the facility at the time of the incident;
 - ii. Witness statements related to the alleged maltreatment;
 - iii. Ratio of staff to children at the time of the incident and any staff logs or verification;
 - iv. Supervision plan for children in the facility, including the recommended type and level of supervision for the alleged victim child.
 - v. Any records of the alleged victim child(ren) maintained by the facility including incident and/or behavior reports;

- vi. Any videos/recordings of the alleged maltreatment;
 - vii. Disciplinary actions involving the alleged maltreater;
 - viii. The facility's policy related to the alleged maltreatment (supervision, bed checks, restraints, or corporal punishment); and/or
 - ix. Training completed by the staff related to the alleged maltreatment (training on the use of restraints, de-escalation techniques and discipline).
12. Engage the following individuals face-to-face and privately to discuss the maltreatment allegations and the care of children at the facility to assess child safety in accordance with policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#):
 - a. The alleged maltreater(s)
 - b. Other children who witnessed the alleged maltreatment
 - c. Facility staff members who witnessed the alleged maltreatment
 13. Conduct a visual assessment of all alleged victim children to determine if any injuries or signs of maltreatment exist as outlined in policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#).
 14. Observe the physical environment of the facility to determine if it is safe and appropriate to meet the needs of the child in accordance with policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#).
 15. Make a safety determination in consultation with the SSS prior to concluding each purposeful contact with the child, staff member, and/or alleged maltreater in accordance with policy [19.11 Case Management: Safety Assessment](#). Take immediate action to control the identified safety threats if the child is unsafe:
 - a. Contact the legal custodian(s), Facility Director/Designee, and the oversight authority and inform of the safety determination. Gather information about plans to ensure immediate child safety (i.e. custodian picks child up from facility, move child to different facility, staff changes etc.); or
 -  Safety plans are not applicable in a facility investigation.
 - b. When the child is in the legal custody of DFCS immediately remove the child from the setting or placement, if applicable.
 16. Engage the parent(s) of the alleged victim child(ren):
 - a. Notify the parent(s) there is an allegation of abuse against their child;
 - b. Provide an update on the well-being of the child.
 - c. Gather information about the child's care at the facility where the alleged abuse occurred.
 -  This is also required when the alleged victim child is in DFCS custody and TPR has not occurred.
 17. Engage collateral contacts that are knowledgeable about the allegations of abuse, child safety, and the care of children at the facility. See Practice Guidance: Collateral Contacts in a Residential/Non-Residential Facility Investigation and policy [19.16 Case Management: Collateral Con-](#)

tacts.

18. Consult with the SSCM with primary case management responsibilities when there is an active child welfare case to discuss the allegations of maltreatment, child safety, and care of the child at the facility.
19. Obtain, review, and analyze reports, professional evaluations and assessments, pictures and other physical evidence gathered during the special investigation.
20. Consult with subject matter experts as necessary (medical, behavioral health, DFCS staff, children's advocacy center, etc.).
21. Make a special investigation determination in consultation with the SSS in accordance with policy [6.8 Special Investigations: Making a Special Investigation Determination](#).
22. Conduct the multi-disciplinary staffing at least 48-hours prior to submitting the special investigation for closure in accordance with policy [6.8 Special Investigations: Making a Special Investigation Determination](#).
23. Upon SSS approval of the investigation determination:
 - a. Engage the parent(s) of any alleged victim child(ren) to discuss:
 - i. Investigation disposition (safety and maltreatment determination)
 - ii. A written notice of the investigation outcome will be sent by mail.
 - iii. When the investigation is substantiated the notice to the maltreater will also include procedures for appeal if he/she disagrees with the decision.
 - iv. Service provision (see policy [19.17 Case Management: Service Provision](#)).

The discussion is also required with the parent of a child DFCS custody when TPR has not occurred.
 - b. Engage the alleged maltreater to discuss:
 - i. Investigation disposition (safety and maltreatment determination).
 - ii. A written notice of the investigation outcome will be sent by mail.
 - iii. When the investigation is substantiated the notice to the maltreater will also include procedures for appeal if he/she disagrees with the decision.
 - iv. Service provision (see policy [19.17 Case Management: Service Provision](#)).

When the alleged maltreater is a minor and the alleged victim child is not the minor's biological child, have this discussion in the presence of the minor's parent(s).
 - c. Engage the Facility Director/Designee to discuss:
 - i. Investigation disposition (safety and maltreatment determination).
 - ii. A written notice of the investigation outcome will be sent by mail.
 - iii. When the investigation is substantiated the notice to the maltreater will also include procedures for appeal if he/she disagrees with the decision.
 - iv. Service provision (see policy [19.17 Case Management: Service Provision](#)).

- v. Any policy violations confirmed and the need for a corrective action plan (CAP) to address situations staff are having difficulty managing. Inform that the Office of Provider Management (OPM) will be in contact to develop the CAP, if applicable.
24. Prepare the written notifications of the special investigation outcome in accordance with policy [6.9 Special Investigations: Notifications in Special Investigations](#).
 25. Submit the special investigation in Georgia SHINES to the SSS for approval within 45 calendar days of the receipt of the intake report.

Social Services Supervisor

1. Assist the SSCM in preparing for the special investigation in accordance with policy [6.1 Special Investigations: Preparing for Special Investigations](#).
2. Consult with the SSCM after each purposeful contact with alleged victim child, school staff member, caregiver and/or the alleged maltreater to:
 - a. Make a safety determination in accordance with policy [19.11 Case Management: Safety Assessment](#);
 - b. Discuss the facility and/or oversight authority's plan to ensure child safety, when applicable; and
 - c. Discuss any inconsistencies identified and follow up needed.
3. Review the Safety Assessment and make an approval decision in Georgia SHINES within 72 hours of submission by the SSCM.
4. In consultation with the SSCM identify relevant collateral contacts who will contribute to an understanding of the maltreatment allegations, child safety and/or the care of child at the facility. See Practice Guidance: Collateral Contacts in a Residential/Non-Residential Facility Investigation and policy [19.16 Case Management: Collateral Contacts](#).
5. Assess the sufficiency of services recommended, when a need is identified in accordance with policy [19.17 Case Management: Service Provision](#).
6. Review documentation and professional assessments to provide guidance regarding the special investigation.
7. Make the special investigation determination in consultation with the SSCM in accordance with policy [6.8 Special Investigations: Making a Special Investigation Determination](#).
8. Ensure the multi-disciplinary staffing is conducted at least 48-hours prior to submitting the special investigation for closure as outlined in policy [6.8 Special Investigations: Making a Special Investigation Determination](#).
9. Review the submitted special investigation and make an approval decision in Georgia SHINES within 45 calendar days of receipt of the intake report.
10. Review and approve the special investigations outcome notifications in accordance with policy [6.9 Special Investigations: Notifications in Special Investigations](#).

Practice Guidance

Collaboration in Special Investigations

Special investigation requires collaborating with both internal and external partners. Upon assignment of special investigation, the DFCS Investigator should communicate with and conduct a joint investigation with the oversight authority, when applicable. In addition, it may also be necessary to coordinate with law enforcement. Working collaboratively provides DFCS a liaison to assist in facilitating interviews, obtaining reports, videos, history, etc. The cooperation between agencies and disciplines also allows for different perspectives when gathering facts, as often the caregiver will tell different agencies different information. Sharing information obtained by each agency provides an opportunity to conduct a fully informed assessment of the incident and how to address any safety issues that are identified in partnership with stakeholders.

When the investigation involves a child with an active child welfare case, the DFCS Investigator should work collaboratively with the SSCM with primary case management responsibilities, who has direct knowledge about the child and family. The DFCS Investigator should consult with the SSCM to obtain insight into child functioning and care of the child at the facility to assist with making a safety and maltreatment determination.

During large facility investigations, it will be necessary to engage other DFCS staff to assist in conducting interviews of multiple alleged victims, facility staff members, witnesses, reviewing documents, tapes etc. In this instance, the DFCS Investigator should:

1. Facilitate an initial meeting to determine roles, responsibilities, investigative activities, benchmarks, and timeframes.
2. Follow up for all parties involved to answer any questions, provide timely feedback, and ensure the assigned tasks were completed.
3. Maintain regular contact with both internal and external partners assisting in the investigation.

Requests by Law Enforcement to Refrain or Delay Interviewing Alleged Maltreaters

Law enforcement may request DFCS refrain or delay interviewing the alleged maltreater due to a criminal case. The SSCM still has a primary obligation to ensure child safety. In this situation open and clear communication with law enforcement is necessary so that each agency understands what is required.

When the alleged maltreater has access to the alleged victim child(ren) and a safety determination cannot be made without conducting an interview, communicate directly with law enforcement to coordinate the interview or to obtain a transcript of the interview conducted by law enforcement. When it is determined that the SSCM will not be conducting a separate interview with the alleged maltreater, a list of questions or information that is needed from the individual(s) can be provided to law enforcement to ask the during the interview.

RESIDENTIAL FACILITIES

Residential facilities provide full-time (24-hour) residential care to children and youth, outside of their home.

Child Care Institutions (CCI)

Residential facilities that provide full-time Room, Board and Watchful Oversight (RBWO) to six or more children through 18 years of age outside of their home environment. CCI's may be transitional living placements (TLP) for youth at least 16 years of age and youth 18 years of age and older who have agreed to participate in the Extended Foster Care (EFC) program. The OPM and Residential Child Care Licensing (RCCL) and are the oversight authorities of CCI.

Children's Transition Care Center (CTCC)	CCI that provides a temporary, home-like environment for medically fragile children, technology dependent children, and children with special health care needs, up to 21 years of age, who are deemed clinically stable by a physician but are dependent on life-sustaining medications, treatments, and equipment. These children require assistance with activities of daily living to facilitate transitions from a hospital or other facility to a home or other appropriate setting. CTCCs are required to be licensed by RCCL.
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Maternity Homes (MH) / Parenting Support Program (Second Chance Homes)	CCI that provides RBWO in a residential setting for adolescents during pregnancy who are 21 years of age and younger. MH provide service to pregnant youth before, during or within two weeks of childbirth through a maximum period of eight weeks following delivery. Second Chance Homes/Parenting Support Programs are licensed MH that provide services beyond the eight weeks following delivery to promote residents' long-term independence and the well-being of their child(ren). MH are required to be licensed by RCCL.
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"Specialty" Camp / Outdoor Child Caring Program (OCCP)	CCI that provides RBWO along with a variety of outdoor activities taking place in a wilderness or camp environment that are designed to improve the emotional and behavioral adjustment of the children, through the age of 18 participating in the activities. OCCPs are required to be licensed by RCCL.
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Commercial Sexual Exploitation Recovery Center	CCI that provides full-time residential care and support services to youth through 18 years of age who are victims of sexual exploitation (sex trafficking). These are certified victim assistance programs.
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Runaway and Homeless Youth Program (RHYP)

RHYP are residential facilities that provide services to children who have run away or children who are homeless. RHYPs are required to be registered as a RHYP with RCCL. Licensed CCI can also be registered as a RHYP. RCCL is the oversight authority of RHYP.

Independent Living Program (ILP) Placements

ILP Placements are residential facilities that provide youth who are at least 18 years of age through 21 years of age with an alternative living arrangement (i.e., community-based housing). The goal is to prepare youth to become socially, emotionally, and personally independent of social services while connecting them to life-long permanent connections and laying the foundation for the pursuit of educational and career opportunities. OPM is the oversight authority of ILP Placements. In unusual circumstances a youth 17 years or younger may be in an ILP Placement. When this occurs, both OPM and RCCL are the oversight authorities.

Psychiatric Residential Treatment Facility (PRTF)

PRTF are residential facilities that provide comprehensive mental health and substance abuse treatment to children, adolescents, and young adults ages 5-21 who, due to severe emotional disturbance, need quality, active treatment that can only be provided in an inpatient treatment setting. Department of Behavioral Health and Developmental Disabilities (DBHDD) and Department of Community Health Healthcare Facility Regulations (HFR) are the oversight authorities of PRTFs.

Regional Youth Detention Centers (RYDC)

Secure short-term residential facilities centers for youth awaiting trial or waiting to enter a community program or long-term facility. Department of Juvenile Justice (DJJ) is the oversight authority of RYDC.

Youth Development Campuses (YDC)


Secure long-term residential facilities for youth sentenced or committed to DJJ custody by juvenile courts. DJJ is the oversight authority of YDC.

NON-RESIDENTIAL FACILITIES

Non-residential facilities provide less than full-time care outside of the home for children under the age of 18 years. Bright from the Start: Georgia Department of Early Care and Learning (DECAL) is the oversight authority for non-residential facilities.

Child Care Learning Centers (CCLC)

CCLC are non-residential facilities that provide programs operated by a person, society, agency, corporation, institution, or group that receives pay for group care. Childcare learning centers care for seven or more children under the age of 18 for less than 24 hours per day, without transfer of legal custody. Bright from the Start: DECAL either licenses or commissions childcare learning centers. Bright from the Start: DECAL is the oversight authority of CCLC.

Early Head Start Programs	CCLC that provides early education and care programs for low-income children ages birth to three years old and their families. It also offers social, emotional, health, mental health, dental, nutrition, and family services as well as special needs requirements to the families it serves. Early Head Start Programs are required to be licensed or commissioned by Bright from the Start: DECAL.
Head Start Programs	CCLC that provides early education and care programs for low-income children ages three to mandatory school age and their families. It also offers social, emotional, health, mental health, dental, nutrition and family services as well as special needs requirements to the families it serves. Head Start Programs are required to be licensed or commissioned by Bright from the Start: DECAL.
Group Day Care Programs	<p>CCLC that provides care and an early learning experiences to support and promote the healthy growth and development of children (i.e. Kids R Kids, Tootie Tots, Discovery Point). Group day care homes are required to be licensed or commissioned by Bright from the Start: DECAL.</p> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;"> <p> Group childcare programs, not operated in a residence, that are not subject to licensure are required to obtain an exemption from Bright from the Start. This will include programs such as Parent’s Morning Out/Night Out; Extracurricular activities: music, swimming lessons; childcare services on site with parents; Tutoring services programs; Programs operated by or affiliated with national member organization: Boys and Girls Club or Boy Scouts. See Bright from the Start: DECAL website at www.decals.ga.gov/CCS/Exemptions.aspx for the type of programs eligible for exemption. If a program is not approved for exemption, it is required to be licensed by Bright from the Start: DECAL.</p> </div>
Pre-K	CCLC that provides educational programs for four years old children with a licensed capacity of 22 four-year-old children. The purpose is to prepare children for success in Kindergarten and later school years. Pre-K programs usually operate on the regular school system calendar for the length of a typical school day. Programs may be offered at local public schools or through private providers of preschool services. Pre-K programs are required to be licensed by Bright from the Start: DECAL.

Day Camps

Programs for children five years and older that are operated between school terms, whose primary purpose is to provide organized recreational, religious, or instructional activities. The day camp programs may operate during summer and other school breaks and shall operate for no more than 12 hours per day. Day camps are required to obtain an exemption from Bright from the Start: DECAL. Bright from the Start: DECAL is the oversight authority of Day Camps.

Family Child Care Learning Home / Home-Based Child Care

Programs that operate in a private residential home less than 24 hours per day. It provides care for three children, but no more than six, under the age of 18 for pay. Family Child Care Learning Homes are required to be licensed by Bright from the Start: DECAL. Bright from the Start: DECAL is the oversight authority of Family Child Care Learning Home/Home-Based Child Care.

Assessment of Residential and Non-Residential Facilities

Federal and state laws authorize DFCS to conduct investigations in situations extending beyond the

traditional parent-child domain or home. A special investigation of a Residential and Non-Residential Facility requires a comprehensive assessment of all alleged victim children (in parental custody or in foster care) and facility caregiver(s). This includes assessing safety, maltreatment, and service needs.

Facility investigations demand that the SSCM evaluates caregiver protective capacities information differently than the traditional “in home” setting. Evaluating the alleged maltreater requires the SSCM to determine if the caregiver(s) exhibits the protective capacities needed to manage all children under his/her care. This means that not only are the vulnerabilities of the alleged victim child pertinent to the investigation, but other children under the care of the alleged maltreater must also be assessed to determine how their vulnerabilities impact the current situation. In addition, some facility settings use a team caregiving approach. In these situations, evaluating the alleged maltreater as a part of the caregiving team is also required.

It may be necessary to engage the alleged victim child’s household members to obtain information about child vulnerabilities and child functioning. Understanding how the alleged victim child functions in their home environment maybe critical in making a safety and maltreatment determination in a facility investigation. This will allow a comparison of child functioning in the care of the parent/guardian/legal custodian and in the care of facility staff member(s). The information can help determine if a facility staff member’s protective capacity impacted the alleged maltreatment at the facility.

Collateral Contacts in a Residential/Non-Residential Facility Investigation

When conducting an investigation involving a residential or non-residential facility the SSCM must assess which collateral contacts will contribute to an understanding of the situation and/or can provide information on the overall treatment of children at the facility. The usual collateral contacts may not be relevant for an out-of-home setting such as a residential or non-residential facility. For example, it may not help determine if maltreatment occurred at a day camp by contacting the victim child’s neighbors, as these persons may have no contact with the camp. Similarly, speaking to the child’s doctor about whether the child receives adequate medical care would not be relevant when the facility is not responsible for that care. On the other hand, it may be important for the SSCM to make certain collateral contacts in a residential or non-residential investigation that may not apply in a familial case. These may include:

1. Other children residing in, attending, or previously attended programs at the residential or non-residential facility.
2. Parents, guardians, or legal custodians of other children who attend or previously attended the residential or non-residential facility.
3. Persons who currently or previously worked or volunteered in the residential or non-residential facility (including any provider or staff on duty at the time of the alleged incident who routinely provide care to the alleged victim children).
4. Other persons, such as physical or speech therapists, food service personnel, etc., who may have information relevant to the allegations in the report and to the safety of the children in the residential or non-residential facility.

Service Provision in a Residential/Non-Residential Facility Investigation

Service provisions can be used to preserve placements for children in foster care, where no safety issues have been identified, to help the facility manage challenging tasks. When a need has been identified for a child in foster care, the DFCS Investigator should notify the Permanency SSCM during the special investigations 48-hour multidisciplinary staffing or sooner (if urgent) to arrange services in accordance with the policy [19.17 Case Management: Service Provision](#). Similarly, when the assessment identifies needs of the children in parental custody, service provisions are used to address any non-safety issues (ex: Babies Can't Wait (BCW), Job Search, Supplemental Nutrition Assistance Program (SNAP), Medicaid, Childcare and Parent Services (CAPS), etc.). When there is safety concern related to an alleged victim child in care of their parent, guardian, or legal custodian a new intake report is required.

Placement Moves of Children in DFCS Custody During a Special Investigation

Although it is the responsibility of DFCS to ensure that a child's needs are being met by his/her caregiver, children in foster care should not be subjected to unnecessary placement moves as each placement disruption is traumatic to the child and may result in emotional challenges. Therefore, the placement should not be disrupted unless the child is determined to be unsafe.

Department of Early Care and Learning (DECAL) - Enforcement Actions

The major responsibilities of the Child Care Services' division (CCS) of the DECAL include regulating the state's childcare programs to ensure they are meeting basic health and safety requirements and supporting/helping programs to meet those requirements. Regulating childcare programs involves issuing an enforcement action when a program is not following current rules and regulations. The enforcement actions that may be used range from providing technical assistance to, in rare cases, license revocations. Regulation is part of DECAL's legal authority. Enforcement Actions for a child care program can be located by conducting an enforcement action search on DECAL's website at decal.ga.gov/EnforcementActions/Search.aspx.

Requesting Criminal History Record Information

A criminal history check maybe warranted during a special investigation when there is an indication that an individual who has a caregiving role may have criminal history that impacts child safety; or when an individual's behavior indicates he/she may be, or have been, involved in criminal activity that could impact child safety.

Forms and Tools


[A Guide to Gathering Information During Investigations](#)

[Human Trafficking Case Management Statewide Protocol](#)

[Infant Safe to Sleep Guidelines and Protocol](#)

[Intimate Partner Violence \(Domestic Violence\) Guidelines & Protocol](#)

6.6 Conducting Special Investigations on Public or Private Non-Residential Schools

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(6) Special Investigations		
	Policy Title:	Conducting Special Investigations on Public or Private Non-Residential Schools		
	Policy Number:	6.6	Previous Policy Number(s):	N/A
	Effective Date:	December 2020	Manual Transmittal:	2020-10



Codes/References

O.C.G.A. § 15-11-30 Rights and Duties of Legal Custodian
 O.C.G.A. § 15-11-125 Venue
 O.C.G.A. § 15-11-133 Removal of Child from the Home; Protective Custody
 O.C.G.A. § 15-11-150 Authority to File Petition
 O.C.G.A. § 15-11-202 Reasonable Efforts by DFCS to Preserve or Reunify Families
 O.C.G.A. §16-12-100 Sexual Exploitation of Children; Reporting Violation; Forfeiture; Penalties
 O.C.G.A. § 19-7-5 (e)(f) Reporting of Child Abuse
 O.C.G.A. § 20-2-730 Policies and Regulations on Use of Corporal Punishment
 O.C.G.A. § 20-2-731 When and How Corporal Punishment May Be Administered
 O.C.G.A. § 20-2-732 When Principal or Teacher not Liable for Administering Corporal Punishment
 O.C.G.A. § 49-5-8 Powers and Duties of Department of Human Services
 O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records
 O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records
 45 CFR Parts 1355.38(a) (5), 1356.21(b) (3) (i), 1356.21(k), and 1356.67
 Title IV-E of the Social Security Act Sections 471(a) (15) (D) and (a) (9) (c), and 475 (9)
 Child Abuse Prevention and Treatment Act (CAPTA)
 Adoption and Safe Families Act (ASFA) P.L. 105-89
 Health Insurance Portability and Accountability Act (HIPAA) of 1996: P.L. 104-191
 Indian Child Welfare Act of 1978 Final Rule (25 CFR Part 23)
 Preventing Sex Trafficking and Strengthening Families Act

Requirements

The Division of Family and Children Services (DFCS) will:

1. Prepare for the special investigation to direct and focus case management activities.
2. Complete a special investigation involving a public or private non-residential school within 45 calendar days of the receipt of the intake report to:
 - a. Conduct a comprehensive assessment of the allegations of child abuse, including assessing child safety;
 - b. Take action when present or impending danger is identified; and

- c. Determine whether child abuse is substantiated or unsubstantiated.
3. Conduct a joint investigation with law enforcement for all serious and/or complex reports of abuse as outlined by the local Child Abuse Protocol.
4. When the public or private non-residential school investigation involves a child death, near fatality or serious Injury (CD/NF/SI) also adhere to policy [6.7 Special Investigations: Conducting Special Investigations of Child Death, Near Fatality or Serious Injury](#).
5. Adhere to Health Insurance Portability and Accountability Act and confidentiality provisions outlined in policies [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#).
6. Keep the identity of the reporting source confidential (see policy [2.6 Information Management: Confidentiality/Safeguarding Information](#)).
7. Analyze DFCS history to ensure a thorough assessment of child safety.
8. Use court intervention and/or request support from law enforcement to interview/observe a child in parental custody, when prevented from doing so, and safety cannot be assured (see policy [17.1 Legal: The Juvenile Court Process](#)).
9. Conduct a private face-to-face purposeful contact with the alleged victim child(ren) within the immediate-24-hour response time to assess and address child safety.
10. Complete the Safety Assessment in Georgia SHINES within 72 hours of completing the initial response with the alleged victim child(ren).
11. Engage the following individuals at the school privately and face-to-face to discuss the maltreatment allegations and caregiver capacity and assess child safety. This includes the following individuals:
 - a. Alleged victim child(ren)
 - b. The alleged maltreater(s)
 - c. Other children who and witnessed the alleged maltreatment
 - d. Staff members who witnessed the alleged maltreatment
-  In consultation with the supervisor, based on the evidence gathered, determine if additional children and/or facility staff members are required to be interviewed face-to-face.
12. Inform the individual subject to a child abuse report (alleged maltreater) of the allegations made against him/her at the time of initial contact. Initial contact may be face-to-face or telephone.
 The Social Services Case Manager (SSCM) must be certain he/she is speaking to the alleged maltreater. If the identity of the alleged maltreater cannot be confirmed, do not discuss specific allegations to protect the confidentiality of the family.
13. Conduct a visual assessment of alleged victim children to determine if any injuries or signs of maltreatment exist.
14. Observe the physical environment of the school to determine if it is safe and appropriate to meet the needs of each alleged victim child.

15. Make a safety determination in consultation with the Social Services Supervisor (SSS) prior to concluding each purposeful contact with the child, facility staff member, caregiver, and/or alleged maltreater; and take immediate action to control the identified safety threats if the child is unsafe.
16. Engage the parent(s) of the alleged victim child(ren) to discuss the child's well-being status and care of the child at school.



This is also required when the child is in DFCS custody and termination of parental rights (TPR) has not occurred.

17. Engage collateral contacts who can provide relevant information for assessing maltreatment allegations, child safety and/or caregiver protective capacities.
18. Obtain, review, and analyze reports, professional evaluations and assessments, pictures and other physical evidence gathered during the special investigation.
19. Conduct a purposeful contact with the alleged victim children every 30 calendar days that the special investigation remains open.
20. Request state criminal history record information of adult facility staff members when criminal history may impact child safety, in accordance with policy [19.8 Case Management: Criminal Records Checks](#).
21. Afford all rights under the Indian Child Welfare Act (ICWA) to any child who is a member of a federally recognized Indian Tribe, or eligible for membership and has a biological parent who is an enrolled member and is subject to removal, placement and/or any other legal action involving DFCS to promote the stability and security of Indian Tribes and their families (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).
22. Report to law enforcement immediately (no later than 24 hours) and refer the child to an available victim assistance organization, as certified by the Criminal Justice Coordinating Council when a child identifies as being a known or is a suspected victim of sex trafficking/sexual servitude. See [Forms and Tools: Human Trafficking Case Management Statewide Protocol](#).
23. Immediately report any new known or suspected instances of child abuse to the CPS Intake Communications Center (CICC) as outlined in policy [3.24 Intake: Mandated Reporters](#).



This includes situations when investigating a public or private non-residential school and there is reasonable cause to suspect that a child in the legal custody of the alleged maltreater is being abused.

24. Conduct efforts to locate a family when they cannot be located or have moved to an unknown location in accordance with policy [19.21 Case Management: Unable to Locate](#).
25. Arrange individualized services for the alleged victim child and family, when a need is identified, to address the developmental challenges they are experiencing in their everyday life.
26. Make a special investigation determination in consultation with the SSS.
27. Conduct a multi-disciplinary staffing at least 48-hours prior to submitting the special investigation for closure.
28. Discuss the investigation determination with the alleged maltreater, School Principal/Designee,

and parent(s) of any alleged victim child(ren), inform:

- a. A written notice of the investigation outcome will be sent by mail; and
- b. When the investigation is substantiated the notice to the maltreater will also include procedures for appeal if he/she disagrees with the decision.



This discussion is also required with the parent of a child DFCS custody when TPR has not occurred.

29. Provide written notification of the special investigation outcome to the required individuals and entities.
30. Document case activities in Georgia SHINES within 72 hours of the occurrence.

Procedures

Social Services Supervisor Manager


1. Prepare for the initiating the special investigation as outlined in policy [6.1 Special Investigations: Preparing for Special Investigations](#).
2. Analyze DFCS history involving the alleged victim child(ren), the alleged maltreater(s), school staff, and the school in accordance with policy [19.10 Case Management: Analyzing DFCS History](#).
3. Contact the reporter, if known, when clarification or additional information related to child safety and/or the allegations of maltreatment is needed.
4. Conduct a joint investigation with law enforcement on all serious and/or complex reports of abuse as outlined by the local Child Abuse Protocol. For additional information see Practice Guidance: Joint Investigations with Law Enforcement in policy [6.1 Special Investigations: Preparing for Special Investigations](#).
5. Complete attempts to locate the alleged child victim(s) to assess child safety within the assigned response time, including but not limited to:
 - a. Visiting the location where the child is believed to be; and/or
 - b. Contacting persons that could help verify or help locate the child or family, including but not limited to family members, neighbors, childcare agencies, school system, law enforcement, and other agencies that may be involved with the family.



As other agencies, may have different timeframes for responding to such reports, DFCS staff must adhere to the DFCS assigned response times.

6. Conduct a private face-to-face purposeful contact with each alleged victim child within the assigned response time (see policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#)).
7. Notify the alleged maltreater of the child abuse allegations during the initial contact with him/her via telephone or through face-to-face contact.
8. Complete the Safety Assessment in Georgia SHINES within 72 hours of completing the initial response with the alleged victim child(ren).

9. Contact the School Principal/Designee to:
 - a. Discuss the special investigation process including the need to interview staff members, the alleged maltreater, and other children that attend the school; and
 - b. Request to review and obtain copies of the following (as applicable):
 - i. List of all school staff and students who witnessed the incident;
 - ii. Witness statements related to the alleged maltreatment;
 - iii. Ratio of staff to children at the time of the incident and any staff logs or verification;
 - iv. Any videos/recordings of the alleged maltreatment;
 - v. Any records of the alleged victim child(ren) maintained by the school including incident and/or behavior reports;
 - vi. Disciplinary actions involving the alleged maltreater;
 - vii. School policy related to the maltreatment allegations (ex: use of restraints, corporal punishment, supervision); and
 - viii. Training completed by the alleged maltreater concerning the maltreatment allegations (restraints and/or de-escalation techniques).
10. Engage the following individuals face-to-face and privately to discuss the maltreatment allegations and assess child safety in accordance with policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#):
 - a. Alleged maltreater(s)
 - b. Other children who witnessed the alleged maltreatment
 - c. School staff members who witnessed or possess knowledge related to the alleged maltreatment
11. Conduct a visual assessment of all alleged victim children to determine if any injuries or signs maltreatment exist as outlined in policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#).
12. Observe the physical environment of the school to determine if it is safe and appropriate to meet the needs of the child in accordance with policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#).
13. Make a safety determination in consultation with the SSS prior to concluding each purposeful contact with the child, school staff member, and/or alleged maltreater in accordance with policy [19.11 Case Management: Safety Assessment](#). Take immediate action to control the identified safety threats if the child is unsafe:
 - a. Contact the legal custodian(s) and School Principal/Designee to inform of the safety determination. Gather information about the school's plans to ensure immediate child safety (i.e. custodian picks child up from school, move child to different school, staff changes etc.); or

 The school is responsible for ensuring the safety of the child. DFCS safety plans are not applicable in a school investigation.
 - b. When the child is in the legal custody of DFCS immediately remove the child from the school setting.

14. Engage the parent(s) of the alleged victim child(ren):

- a. Notify the parent(s) there is an allegation of abuse against their child;
- b. Provide an update on the well-being of the child.
- c. Gather information about the child's care at the school where the alleged abuse occurred.



This is also required when the alleged victim child is in DFCS custody and TPR has not occurred.

15. Engage collateral contacts that are knowledgeable about the allegations of abuse, child safety and/or care of the child(ren) at the school in accordance with policy [19.16 Case Management: Collateral Contacts](#).

16. Consult with the SSCM with primary case management responsibilities when there is an active child welfare case to discuss the allegations of maltreatment, child functioning, and care of the child at the school.

17. Obtain, review, and analyze reports, professional evaluations and assessments, pictures and other physical evidence gathered during the special investigation.

18. Consult with subject matter experts as necessary (medical, behavioral health, DFCS staff, children's advocacy center, etc.).

19. Make a special investigation determination in consultation with the SSS in accordance with policy [6.8 Special Investigations: Making a Special Investigation Determination](#).

20. Conduct the multi-disciplinary staffing at least 48-hours prior to submitting the special investigation for closure in accordance with policy [6.8 Special Investigations: Making a Special Investigation Determination](#).

21. Upon SSS approval of the investigation determination:

- a. Engage the parent(s) of any alleged victim child(ren) to discuss:
 - i. Investigation disposition (safety and maltreatment determination)
 - ii. A written notice of the investigation outcome will be sent by mail.
 - iii. When the investigation is substantiated the notice to the maltreater will also include procedures for appeal if he/she disagrees with the decision.
 - iv. Service provision (see policy [19.17 Case Management: Service Provision](#)).



This discussion is also required with the parent of any alleged victim child in DFCS custody when TPR has not occurred.

b. Engage the alleged maltreater to discuss:

- i. Investigation disposition (safety and maltreatment determination).
- ii. A written notice of the investigation outcome will be sent by mail.
- iii. When the investigation is substantiated the notice to the maltreater will also include procedures for appeal if he/she disagrees with the decision.
- iv. Service provision (see policy [19.17 Case Management: Service Provision](#)).



When the alleged maltreater is a minor and the alleged victim child is not the minor's biological child, have this discussion in the presence of the minor's parent(s).

- c. Engage the School Principal/Designee to discuss:
 - i. Investigation disposition (safety and maltreatment determination).
 - ii. A written notice of the investigation outcome will be sent by mail.
 - iii. When the investigation is substantiated the notice to the maltreater will also include procedures for appeal if he/she disagrees with the decision.
 - iv. Service provision (see policy [19.17 Case Management: Service Provision](#)).
22. Prepare the written notifications of the special investigation outcome in accordance with policy [6.9 Special Investigations: Notifications in Special Investigations](#).
23. Submit the special investigation in Georgia SHINES to the SSS for approval within 45 calendar days of the receipt of the intake report.

Social Services Supervisor

1. Assist the SSCM in preparing for the special investigation in accordance with policy [6.1 Special Investigations: Preparing for Special Investigations](#).
2. Consult with the SSCM after each purposeful contact with the alleged victim child, school staff member and/or alleged maltreater to:
 - a. Make a safety determination in accordance with policy [19.11 Case Management: Safety Assessment](#).
 - b. Discuss the school's plan to ensure the safety of the child, when applicable.
 - c. Discuss any inconsistencies identified and follow up needed.
3. Review the Safety Assessment and make an approval decision in Georgia SHINES within 72 hours of submission by the SSCM.
4. In consultation with the SSCM identify relevant collateral contacts who will contribute to an understanding of the maltreatment allegations, child safety and/or the care of child at the Schools. See Practice Guidance: Collateral Contacts in a Public or Private Non-Residential School Investigation and policy [19.16 Case Management: Collateral Contacts](#).
5. Assess the sufficiency of services recommended when a need is identified in accordance with policy [19.17 Case Management: Service Provision](#).
6. Review documentation and professional assessments to provide guidance regarding the special investigation.
7. Make the special investigation determination in consultation with the SSCM in accordance with policy [6.8 Special Investigations: Making a Special Investigation Determination](#).
8. Ensure the multi-disciplinary staffing is conducted at least 48-hours prior to submitting the special investigation for closure as outlined in policy [6.8 Special Investigations: Making a Special Investigation Determination](#).
9. Review the submitted special investigation and make an approval decision in Georgia SHINES within 45 calendar days of receipt of the intake report.

10. Review and approve the special investigations outcome notifications in accordance with policy [6.9 Special Investigations: Notifications in Special Investigations](#).

Practice Guidance

Public and Private Non-Residential Schools

Public and Private Non-Residential Schools are Institutions for educating children.

1. **Private Non-Residential Schools:** Administered by internal policies. No requirements for accreditation, registration, licensing, or approval.
2. **Public Non-Residential Schools:** Administered by area, county, or independent boards of education (ex: Fulton County Schools, Buford City Schools). Local school districts are supported by Georgia Department of Education (DOE).

Collaboration in Special Investigations

Special investigation requires collaborating with both internal and external partners. Upon assignment of special investigation, the DFCS Investigator should conduct a joint investigation with law enforcement, when applicable. Working collaboratively provides DFCS a liaison to assist in facilitating interviews, obtaining reports, videos, history, etc. The cooperation between agencies and disciplines also allows for different perspectives when gathering facts, as often the caregiver will tell different agencies different information. Sharing information obtained by each agency provides an opportunity to conduct a fully informed assessment of the incident and how to address any safety issues that are identified in partnership with stakeholders.

During a large school investigation, it will be necessary to engage other DFCS staff to assist in conducting interviews of multiple alleged victims, school staff members, witnesses, reviewing documents, tapes etc. In this instance, the DFCS Investigator should:

1. Facilitate an initial meeting to determine roles, responsibilities, investigative activities, benchmarks, and timeframes.
2. Follow up for all parties involved to answer any questions, provide timely feedback, and ensure the assigned tasks were completed.
3. Maintain regular contact with both internal and external partners assisting in the investigation.

Requests by Law Enforcement to Refrain or Delay Interviewing Alleged Maltreaters

Law enforcement may request DFCS refrain or delay interviewing the alleged maltreater due to a criminal case. The SSCM still has a primary obligation to ensure child safety. In this situation open and clear communication with law enforcement is necessary so that each agency understands what is required.

When the alleged maltreater has access to the alleged victim child(ren) and a safety determination cannot be made without conducting an interview, communicate directly with law enforcement to coordinate the interview or to obtain a transcript of the interview conducted by law enforcement. When it is determined that the SSCM will not be conducting a separate interview with the alleged maltreater, a list of questions or information that is needed from the individual(s) can be provided

to law enforcement to ask the during the interview.

Assessment of Public or Private Non-Residential Schools

Federal and state laws authorize DFCS to conduct investigations in situations extending beyond the traditional parent-child domain or home. A special investigation of a Public or Private Non-Residential School requires a comprehensive assessment of all alleged victim children, the alleged maltreater and caregivers in the school. This includes assessing safety, maltreatment, and service needs.

School investigations demand that the SSCM evaluates caregiver protective capacities information differently than the traditional “in home” setting. Evaluating the alleged maltreater requires the SSCM to determine if the caregiver(s) exhibits the protective capacities needed to manage all children under his/her care. This means that not only are the vulnerabilities of the alleged victim child pertinent to the investigation, but other children under the care of the alleged maltreater must also be assessed to determine how their vulnerabilities impact the current situation. In addition, some school settings use a team caregiving approach. In these situations, evaluating the alleged maltreater as a part of the caregiving team is also required.

It may be necessary to engage the alleged victim child’s household members to obtain information about child vulnerabilities and child functioning. Understanding how the alleged victim child functions in their home environment maybe critical in making a safety and maltreatment determination in a school investigation. This will allow a comparison of child functioning in the care of the parent and in the care of the school staff member(s). The information can help determine if a school staff member’s protective capacity impacted the alleged maltreatment at school.

Service Provision in a Public or Private Non-Residential School Investigation

When the assessment identifies needs of the children in the parental custody, service provisions are used to address any non-safety issues (ex: Babies Can’t Wait (BCW), Job Search, Supplemental Nutrition Assistance Program (SNAP), Medicaid, Childcare and Parent Services (CAPS), etc.). When there is safety concern related to an alleged victim child in the care of their parent(s) a new intake report is required.

Collateral Contacts in a Public or Private Non-Residential School Investigation

When conducting an investigation involving a school the SSCM must assess which collateral contacts will contribute to an understanding of the situation and/or can provide information on the overall care of the child at the school. The usual collateral contacts may not be relevant for an out-of-home setting such as a school. For example, it may not help determine if maltreatment occurred at a school by contacting the victim child’s neighbors, as these persons may have no contact with the school. Similarly, speaking to the child’s doctor about whether the child receives adequate medical care would not be relevant when the school is not responsible for that care. On the other hand, it may be important for the SSCM to make certain collateral contacts in a school investigation that may not apply in a familial case. These may include:

1. Other children who currently attend or previously attended the school.
2. Parent(s) of other children who attend or previously attended the school.
3. Persons who currently or previously worked or volunteered at the school (including any

provider or school staff on duty at the time of the alleged incident).

4. Other persons, such as physical or speech therapists, food service personnel, etc., who may have information relevant to the allegations in the report and to the safety of the children at the school.

Corporal Punishment

No principal or teacher who administers corporal punishment to a pupil or pupils under his/ her care and supervision and in conformity with the policies and regulations of the area, county or independent board of education employing him/her, and in accordance also with this subpart shall be held accountable or liable in any criminal or civil action based upon the administering of corporal punishment where the corporal punishment is administered in good faith and is not excessive or unduly severe.

Per Georgia law (O.C.G.A. § 20-2-731) an area, county or independent board of education may, upon the adoption of written policies, authorize any principal or teacher employed by the board to administer, in the exercise of his sound discretion, corporal punishment on any pupil or pupils placed under his supervision in order to maintain proper control and discipline. Any such authorization shall be subject to the following requirements:

1. The corporal punishment shall not be excessive or unduly severe.
2. Corporal punishment shall never be used as a first line of punishment for misbehavior unless the pupil was informed beforehand that specific misbehavior could warrant its use; provided, however, that corporal punishment may be employed as the first line of punishment for those acts of misconduct which are so antisocial or disruptive in nature as to shock the conscience.
3. Corporal punishment must be administered in the presence of a principal or assistant principal, or the designee of the principal or assistant principal, employed by the board of education authorizing such punishment. The principal, assistant principal, or designee of the principal or assistant principal must be informed beforehand and in the presence of the pupil of the reason for the punishment.
4. The principal or teacher who administered corporal punishment must provide the child's parent upon request a written explanation of the reasons for the punishment and the name of the principal or assistant principal or designee of the principal or assistant principal who was present, provided, however, that such an explanation shall not be used as evidence in any subsequent civil action brought because of the corporal punishment.
5. Corporal punishment shall not be administered to a child whose parents or legal guardian has upon the day of enrollment of the pupil filed with the principal of the school a statement from a medical doctor licensed in Georgia stating that it is detrimental to the child's mental or emotional stability.

Forms and Tools


[A Guide to Gathering Information During Investigations](#)

[Human Trafficking Case Management Statewide Protocol](#)

[Infant Safe to Sleep Guidelines and Protocol](#)

[Intimate Partner Violence \(Domestic Violence\) Guidelines & Protocol](#)

6.7 Conducting Special Investigations of a Child Death, Near Fatality, or Serious Injury

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(6) Special Investigations		
	Policy Title:	Conducting Special Investigations of a Child Death, Near Fatality, or Serious Injury		
	Policy Number:	6.7	Previous Policy Number(s):	N/A
	Effective Date:	December 2020	Manual Transmittal:	2020-10

Codes/References

- O.C.G.A. § 15-11-30 Rights and Duties of Legal Custodian
- O.C.G.A. § 15-11-125 Venue
- O.C.G.A. § 15-11-133 Removal of Child from the Home; Protective Custody
- O.C.G.A. § 15-11-150 Authority to File Petition
- O.C.G.A. § 15-11-202 Reasonable Efforts by DFCS to Preserve or Reunify Families
- O.C.G.A. §16-12-100 Sexual Exploitation of Children; Reporting Violation; Forfeiture; Penalties
- O.C.G.A. § 19-7-5 Reporting of Child Abuse (e)(f)
- O .C.G.A. § 49-5-8 Powers and Duties of Department of Human Services
- O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records
- O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records
- 45 CFR Parts 1355.38(a) (5), 1356.21(b) (3) (i), 1356.21(k), and 1356.67
- Title IV-E of the Social Security Act Sections 471(a) (15) (D) and (a) (9) (c), and 475 (9)
- Child Abuse Prevention and Treatment Act (CAPTA)
- Adoption and Safe Families Act (ASFA) P.L. 105-89
- Health Insurance Portability and Accountability Act (HIPAA) of 1996: P.L. 104-191
- Indian Child Welfare Act of 1978 Final Rule (25 CFR Part 23)
- Preventing Sex Trafficking and Strengthening Families Act

Requirements

The Division of Family and Children Services (DFCS) will:

1. Complete the Child Death, Near Fatality, Serious Injury (CD/NF/SI) report for special investigations involving a CD/NF/SI.
2. Conduct a joint investigation with law enforcement in accordance with the local Child Abuse Protocol.
3. In addition to the provisions outlined in this policy also adhere to the following corresponding policy sections based on the legal status and/or the placement setting of the child or where the incident occurred:
 - a. Policy [5.1 Investigations: Conducting an Investigation](#) when the special investigation involves a CD/NF/SI of a child that is not in DFCS custody and the incident did not occur in a

foster/adoptive home, foster care kinship placement, residential/non-residential facility or a public/private school.

- b. [Policy 6.3 Special Investigations: Conducting Special Investigations on DFCS or Child Placing Agency Foster or Adoptive Homes](#) when the special investigation involves a CD/NF/SI in a foster or adoptive home.
- c. [Policy 6.4 Special Investigations: Conducting Special Investigations on Foster Care Kinship Placements](#) when the special investigation involves a CD/NF/SI in a foster care kinship placement.
- d. [Policy 6.5 Special Investigations: Conducting Special Investigations on Residential or Non-Residential Facilities](#) when the special investigation involves a CD/NF/SI in a residential or non-residential facility.
- e. [Policy 6.6 Special Investigations: Conducting Special Investigations on Public or Private Non-Residential Schools](#) when the special investigation involves a CD/NF/SI in a public or private non-residential school.



When a special investigation involves a child death, in lieu of observing the deceased child within the immediate-24-hour response time the investigator may contact any professional (e.g., coroner, medical examiner, law enforcement) who observed the child during the timeframe that could provide pertinent information.

- 4. Determine whether there are other children in the home are safe and any actions needed to ensure their safety if they are determined to be unsafe.
- 5. Engage healthcare professionals who provided direct emergency and/or ongoing care to the alleged victim child(ren) and obtain medical records.
- 6. Refer a child involved in a CD/NF/SI case to have a forensic interview by a trained professional (i.e. Child Advocacy Center (CAC), Children Health of Atlanta (CHOA) or law enforcement), as applicable, based on the local child abuse protocol.
- 7. Participate in the CAC Multi-Disciplinary Team (MDT) meeting to coordinate and discuss the case information with other child welfare professionals involved with the case, when applicable.
- 8. Engage the coroner to obtain information about the cause, time, and manner of death, when the special investigation involves a child death.
- 9. Engage the medical examiner (ME) and obtain the autopsy report, when the special investigation involves a child death.



Autopsy reports may not be available prior to closure of the investigation. Efforts to secure the autopsy report must continue regardless of case closure.

- 10. Substantiate neglect when evidence confirms that unsafe sleep practices were the cause or a contributing factor to the death of an infant (under the age of one) and case documentation supports that DFCS staff previously educated the caregiver(s) of the dangers of an unsafe sleep environment to child safety.
- 11. Notify the Regional Director and DHS Office of Communications of any media request concerning the CD/NF/SI in accordance with [policy 2.7 Information Management: Contacts with Media, Legislators, County Officials](#).


12. Document case activities in Georgia SHINES within 72 hours of the occurrence.

Procedures

Social Services Case Manager

1. Complete the Child Death, Near Fatality, Serious Injury report in accordance with policy [6.10 Special Investigations: Reporting a Child Death, Near Fatality or Serious Injury](#).
2. Conduct a joint investigation with law enforcement as outlined by the local Child Abuse Protocol.
3. In addition to the provisions outlined in this policy also adhere to the following corresponding policy sections based on the legal status and/or the placement setting of the child or where the incident occurred:
 - a. [5.1 Investigations: Conducting an Investigation](#)
 - b. [6.3 Special Investigations: Conducting Special Investigations on DFCS or Child Placing Agency Foster or Adoptive Homes](#)
 - c. [6.4 Special Investigations: Conducting Special Investigations on Foster Care Kinship Placements](#)
 - d. [6.5 Special Investigations: Conducting Special Investigations on Residential or Non-Residential Facilities](#)
 - e. [6.6 Special Investigations: Conducting Special Investigations on Public or Private Non-Residential Schools](#)
4. Respond to the site of the CD/NF/SI with law enforcement, when possible, to:
 - a. Gain firsthand information concerning the events leading up to the CD/NF/SI; and
 - b. Observe the scene where the CD/NF/SI occurred. Document observations and take pictures of the scene.
5. Interview everyone who had access to, and/or was acting as a caregiver for the child during the window of time the CD/NF/SI is believed to have occurred. Gather information about the condition and behaviors of the child and the caregivers during the time the child was with the caregiver (ex: child was lethargic, sick; caregiver was intoxicated, sleeping etc.).
6. Engage law enforcement and emergency medical services (EMS) to gather information about:
 - a. The child's injuries;
 - b. The parent, caregiver, or legal guardians' explanation at time of arrival; and
 - c. Obtain a copy of EMS run report.
7. Engage healthcare providers who provided emergency medical care to the alleged victim child and obtain medical certification as to whether the child's injuries meet the criteria for a near fatality (see Practice Guidance: Near Fatality).
8. Refer a child involved in a CD/NF/SI case to have a forensic interview, as applicable, based on the local child abuse protocol:
 - a. Attend or review the recorded forensic interview of the child(ren).
 - b. Obtain a copy of the forensic interview.

9. Participate in the CAC MDT meeting to coordinate and discuss the findings with other child welfare professionals.
10. Engage the following collateral contacts in accordance with policy [19.16 Case Management: Collateral Contacts](#):
 - a. The coroner to obtain information about the cause, time, and manner of death, when the special investigation involves a child death.
 - b. The ME to obtain information about the cause, time, and manner of death, when the special investigation involves a child death.
 - i. Request a copy of the autopsy report;
 - ii. When the autopsy report is not available, request the preliminary cause of death; and
 - iii. Provide any pertinent information about the child including DFCS history.
 - c. The alleged victim child's primary healthcare provider(s) to gather information about the child's general well-being.
11. Review the findings of the autopsy report to gather information about the cause, time, and manner of death. Determine additional action steps based on the results.
 - a. Consult with the Social Services Supervisor (SSS), if the ME refuses to release an autopsy report to DFCS.
 - b. When an autopsy report is received after case closure:
 - i. Immediately make a new report to the CPS Intake Communications Center (CICC) in accordance with policy [3.24 Intake: Mandated Reporters](#) if the autopsy report indicates a different cause of death than initially predicted and it is attributed to child abuse; and
 - ii. Upload to Georgia SHINES External Documentation and denote in the comments section any additional steps taken.

 The autopsy report may not be available prior to closure of the investigation, the case disposition will be made based on the available information. Efforts to secure the autopsy report must continue regardless of case closure.
12. Upload to Georgia SHINES External Documentation, prior to closure:
 - a. Forensic interviews (including a video when available)
 - b. Police reports (responding officer and detective)
 - c. EMS run reports
 - d. Medical records
 - e. Autopsy report (if applicable and available)
13. Complete additional reporting requirements in accordance with policy [6.10 Special Investigations: Reporting of a Child Death, Near Fatality or Serious Injury](#).
14. Document case activities in Georgia SHINES within 72 hours of the occurrence.

Social Services Supervisor

1. Ensure the Child Death, Near Fatality, Serious Injury report is completed and submitted in

accordance with policy [6.10 Special Investigations: Reporting of a Child Death, Near Fatality or Serious Injury](#).

2. Also adhere to the appropriate investigations or special investigations policy based on the legal status of the victim child and/or where the incident occurred when supervising a special investigation involving a CD/NF/SI.
3. Ensure healthcare providers are contacted as collateral contacts on a special investigation involving a CD/NF/SI.
4. Consult with subject matter experts (SME) as necessary to assist in making an investigation determination.
5. Ensure an autopsy report is obtained on cases involving a child death, or efforts continue beyond case closure to obtain an autopsy report. Consult with the SAAG when the ME denies access to the autopsy report.
6. Assess the findings of the autopsy report, verify the cause of death is consistent with the preliminary findings obtained during the special investigation and determine if further action is required.

Child Death Due to Unsafe Sleeping Environments

The SSCM will:

1. Interview the caregiver(s):
 - a. Develop a timeline of events including the days and hours leading up to the death of the child:
 - i. Determine when, where, and how the caregiver placed the infant to sleep, e.g. was the infant put to sleep on the stomach, side, or back, etc., was the caregiver co-sleeping with the infant? Was the mother planning to breastfeed or was breastfeeding at the time of death;
 - ii. How often did the caregiver check on the infant? At what time did the caregiver last check on the infant and how long following that period was the infant found unresponsive.
 - iii. Who found the child and what was the child's position when they were found unresponsive (e.g. on the back, stomach, under a blanket, etc.); and
 - iv. Who provided care for the children within the previous three days (daycare, grandparents, etc.).
 - b. Gather information about the infant's health, including but not limited to:
 - i. Was the child full term and of a normal birth weight;
 - ii. Was the infant diagnosed with any medical conditions such as colic or reflux;
 - iii. Any recent illness such as a cold or fever; and
 - iv. Were immunizations up to date (if applicable).
 - c. Gather information about the caregiver and other household members, including but not limited to:
 - i. The caregiver's emotional, behavioral, and/or cognitive protective capacities based on

interviews and observations;

- ii. The caregiver(s) condition at the time of the child's death, e.g. was the caregiver under the influence of alcohol or drugs at the time of the child's death (prescription or non-prescription); and
 - iii. Do the household members smoke tobacco in the home or are there other possible contributing factors (see [Forms and Tools: Infant Safe to Sleep Guidelines and Protocol in Forms and Tools](#)).
- d. Determine the level of understanding the caregiver(s) has of safe sleep environments:
- i. Has DFCS staff previously discussed and addressed the dangers of unsafe sleeping environments with the caregiver(s);
 - ii. Has the caregiver(s) received education from the birthing hospital about safe sleeping environments and the dangers to the infant; and
 - iii. Has the caregiver(s) received information from other sources (e.g. hospital, lactation specialists, and pediatrician) who recommended co-sleeping or sleeping practices for purposes of breastfeeding, bonding, soothing, historical sleeping practices, etc. If so, who and what were the specific recommendations.
2. Observe the sleep environment of the infant and document the following:
- a. Where the child was located when found deceased (e.g. swing, bassinet, adult bed, etc.);
 - b. Any pillows, soft bedding, blankets, or any other objects that were found near or on the infant at the time of death;
 - c. How was the infant clothed or swaddled;
 - d. If co-sleeping was involved; and
 - e. The condition and temperature of the home and the room where the child was found deceased.
3. Take pictures of the sleep environment;
4. Engage collateral contacts including individuals who can provide relevant information on the education the caregiver(s) has received regarding safe sleeping arrangements and verify recommendations made to the caregiver by other agencies or professionals (see policy [19.16 Case Management: Collateral Contacts](#)).
5. Request copies of any reports, interviews, photos, or video evidence that was obtained by law enforcement independent of DFCS.
6. Review and analyze DFCS history (see policy [19.10 Case Management: Analyzing DFCS History](#)).
- a. Does the documentation support that DFCS provided education and addressed safe sleeping environments with the caregiver(s) including whether the caregiver(s) agreed to utilize safe sleep practices;
 - b. Is there a pattern of behavior showing that the caregiver allowed the infant to remain in an unsafe sleeping environment, or continued unsafe sleep practices after receiving education by DFCS; and
 - c. Was a safety plan implemented addressing unsafe sleep practices in the current DFCS case, and whether the caregiver(s) adhered to the safety plan.

7. During the supervisory staffing to make a special investigation determination, establish if the evidence supports that DFCS staff provided education and addressed safe sleep environments with the caregiver(s) (see policy [6.8 Special Investigation: Making a Special Investigation Determination](#)).
8. Substantiate neglect when evidence confirms that an unsafe sleep practice was the cause or contributing factor to an infant (under the age of one) death and documentation supports that DFCS staff previously educated the caregiver(s) of the dangers of an unsafe sleep environment to child safety.

Practice Guidance

Serious Injury

Serious Injury means bodily injury that involves substantial risk of death, extreme physical pain, prolonged and obvious disfigurement, or prolonged loss or impairment of the function of a body part, organ, or mental capability. Examples include burns, head trauma, blunt trauma, internal bleeding, multiple bruising and contusions, lacerations of organs, broken bones and amputation.

Near Fatality

Near fatality means as an act that, as certified by a physician, places the child in serious or critical condition. Once the child meets this criterion then the allegation of “near fatality” should be marked along with any other type(s) of maltreatment.

How to determine a near fatality:

- Hospital records reflect that the child’s condition is serious or critical.
- Ask the treating physician if the child’s condition is serious or critical.

The Nature of Child Fatality Cases

Awareness of some basic dynamics and issues is critical to effective investigations of child fatalities.^[8] Research has shown that children are most at risk of dying of maltreatment during the first 4 years of life. In fact, 40 percent of children who are victims of fatal maltreatment are infants (younger than 1-year-old) and 75 percent are younger than 5 years old. The Center for Disease Control and Prevention has reported that the chances of being murdered are greater on the day of birth than at any other point in a person’s life.

Caring for children during their preschool years can be very stressful for parents and other caretakers. Faced with a young child’s persistent problems with sleeping, feeding, and/or toilet training a caretaker may lose control and assault the child in anger or may cause injury while punishing the child. Some inexperienced caretakers have unrealistic expectations about what is appropriate child behavior and what children can do in the early stages of development. Some caretakers become angry because they view a child’s crying or bedwetting as an act of defiance rather than as normal behavior for a young child. The deadly combination of an angry adult and a physically vulnerable child can result in fatal or life-threatening injuries. When discussing child deaths related to maltreatment, the majority of child fatalities can be categorized as a variation of either acute or chronic maltreatment:

1. Acute Maltreatment - the child's death is directly related to injuries suffered as a result of a specific incident of abuse. Often in such cases, the child has not been previously abused.
 - a. In cases involving acute physical abuse, the caretaker may have fatally assaulted the child in either an inappropriate response to the child's behavior or a conscious act to hurt the child. Offenders in cases of Shaken Baby Syndrome (SBS), in which a child's brain is injured from violent shaking, often cite the child's crying as the "triggering event".
 - b. In cases of acute neglect, a caretaker's one-time failure to properly supervise the child may result in a fatal injury. A common example is a fatal drowning that occurs when a parent leaves an infant briefly unsupervised in a bathtub or when children sustain fatal gunshot wounds when caretakers fail to properly secure loaded firearms.
2. Chronic Maltreatment - in chronic maltreatment cases, the child's death is directly related to injuries caused by abuse occurring over an extended period. Battered Child Syndrome is an example of chronic physical abuse. Although the direct cause of death in a battering case is usually a single specific injury (often brain trauma), numerous indications of previous maltreatment—old and new injuries and possible signs of neglect—are usually present. Depriving a child of food for a significant period of time is a common form of chronic neglect. In cases of chronic abuse, a history of the child's previous maltreatment often will appear in either CPS or medical records.

Child Deaths and Joint Investigations with Law Enforcement and DFCS

Law enforcement is the criminal investigative agency in the community and often must investigate the same incident as DFCS.^[9] Conducting a parallel investigation where CPS and law enforcement collaborate and work as a team allows both law enforcement and CPS to avoid potential conflict and to improve investigative outcomes.^[10] These joint investigations should be conducted as outlined by the local Child Abuse Protocol and may include:

1. Developing a plan to complete the investigation.
2. Responding with law enforcement.
3. Frequent and open communication to discuss the status of the case.
4. Obtaining and sharing information in a timely manner, particularly at the following critical communication points:
 - a. Completion of interviews
 - b. Filing a dependency petition
 - c. Prior to the return of the child victim to the home at any time during the life of a case
 - d. Prior to the return of an alleged maltreater to the home at any time during the life of a case
 - e. Reassessment of safety including changes to the safety plan or changes in placement
 - f. Disclosure of information about criminal conduct
5. Refraining or delaying an interview with the alleged maltreater due to a criminal case.

DFCS' role is different from law enforcement. The role of DFCS is to determine whether maltreatment was involved in the child's death or serious injury, identify the responsible party, and then take appropriate action to protect any surviving siblings. The role of the law enforcement is to

determine whether a crime has been committed and who is responsible. To be successful, law enforcement and DFCS need to coordinate their efforts and use their respective resources and skills collaboratively. Thus, it is imperative that law enforcement assumes the leadership role in the investigation. This is necessary because of the legal and practical issues involved in obtaining evidence and confessions. Only a law enforcement investigator has the training, expertise, and legal mandate to execute search warrants, collect and evaluate evidence, interrogate suspects, and file criminal charges. If a SSCM prematurely confronts an individual suspected of fatally abusing a child, law enforcement may find it more difficult, if not impossible, to successfully interrogate that same individual later.

Requests by Law Enforcement to Refrain or Delay Interviewing Alleged Maltreaters

Law enforcement may request DFCS refrain or delay interviewing the alleged maltreater due to a criminal case. The SSCM still has a primary obligation to ensure child safety. In this situation open and clear communication with law enforcement is necessary so that each agency understands what is required.

When the alleged maltreater has access to the alleged victim child(ren) and a safety determination cannot be made without conducting an interview, communicate directly with law enforcement to coordinate the interview or to obtain a transcript of the interview conducted by law enforcement. When it is determined that the SSCM will not be conducting a separate interview with the alleged maltreater, a list of questions or information that is needed from the individual(s) can be provided to law enforcement to ask the during the interview.

Children's Advocacy Centers (CAC)

Child advocacy centers (CACs)^[11] are community-based, child-friendly, multidisciplinary services for children and families affected by sexual abuse or severe physical abuse. CACs bring together, often in one location, child protective services investigators, law enforcement, prosecutors, and medical and mental health professionals to provide a coordinated, comprehensive response to victims and their caregivers. This is called the MDT response and is a core part of the work of CACs. CACs offer therapy and medical exams, plus courtroom preparation, victim advocacy, case management, and other services.

Forensic Interviews

The forensic interview is generally conducted at the local CAC by a professional specially trained in conducting forensic interviews with children.^[12] In addition to yielding the information needed to make a determination about whether abuse has occurred, this approach produces evidence that will stand up in court if the investigation leads to criminal prosecution. Properly conducted forensic interviews are legally sound in part because they ensure the interviewer's objectivity, employ non-leading techniques, and emphasize careful documentation of the interview.

Children's Advocacy Centers (CAC) Multi-Disciplinary Team (MDT)

Multidisciplinary teams represent a variety of disciplines that interact and coordinate their efforts to diagnose, treat, and plan for children and families receiving child welfare services.^[13] They may also be referred to as a "child protection team," "interdisciplinary team," or "case consultation team". Due to the complex nature of child abuse investigations and family assessments, MDTs are

often used to enhance and improve investigations and responses for children and families.

Children’s Healthcare of Atlanta - Stephanie V. Blank Center for Safe and Healthy Children

Stephanie V. Blank Center for Safe and Healthy Children provides forensic medical evaluations and interviews, behavioral health assessments and counseling, multidisciplinary team review and case tracking and research. In addition to clinical services, the Stephanie V. Blank Center for Safe and Healthy Children offers ongoing training, education, and consultation as well as collaborative partnerships within the community. Some of services the Center for Safe and Healthy Children provide, include:

1. Personalized, age-appropriate exam education and preparation
2. A comprehensive medical history and examination by a forensic physician or nurse practitioner
3. Colposcopy exams using video camera equipment for detailed, high quality photographic documentation
4. Recorded forensic interviews
5. Second-opinion consultations
6. Expert witness testimony

For more information or to schedule an appointment please call Scottish Rite (404-785-3820) or Hughes Spalding (404-785-9930).

Child Abuse Investigative Support Center

The Georgia Bureau of Investigation’s (GBI) Child Abuse Investigative Support Center^[14] assists law enforcement, child protective services, and district attorneys with the investigation of physical and sexual abuse of children. The Child Abuse Investigative Support Center provides forensic medical consultations in which the child’s injuries are evaluated and medical records and the social/home environment are reviewed. An expert opinion is rendered and a letter detailing the accidental or inflicted nature of the injuries is provided. Expert testimony regarding the opinion is also available as needed. Services from the support center can be obtained by contacting:

Child Abuse Investigative Support Center
GBI Headquarters
3121 Panthersville Road
Decatur, Georgia 30034
404-270-8194
FAX 404-270-8183

Autopsy Reports

An autopsy determines the cause, manner, and underlying mechanism of death. This procedure also documents all the significant pathologic conditions present in the body at the time of death.

Child Fatality Review Committees (CFRC)

Each county shall participate as a member of the local multi-disciplinary CFRC that will review all deaths of children ages birth through age 17 years. County Departments must designate a represen-


tative to serve on the local CFRC based on the County’s Child Abuse Protocol and CFRC requirements. The SSCM may be contacted by the local county DFCS representative of the CFRC and/or asked to participate in the meetings. During the CFRC meetings, the SSCM/DFCS Designee may request an official copy of the death certificate or autopsy findings to include in the case record even after DFCS’ investigation has been completed. See policy [1.10 Administration: Child Fatality Review](#) for additional information about the role of the CFRC.

Forms and Tools

[Child Abuse Investigative Support Center \(CAISC\) - GBI](#)

[Frequently Asked Questions About Autopsies - GBI Medical Examiner’s Office](#)

6.8 Making a Special Investigation Determination

	Georgia Division of Family and Children Services Child Welfare Policy Manual		
	Chapter:	(6) Special Investigations	
	Policy Title:	Making a Special Investigation Determination	
	Policy Number:	6.8	Previous Policy Number(s):
Effective Date:	January 2022	Manual Transmittal:	2022-01

Codes/References

O.C.G.A. § 19-7-5 Reporting of Child Abuse

O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records

O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records

Requirements

The Division of Family and Children Services (DFCS) will:

1. Make the following determinations upon the conclusion of a special investigation:
 - a. Maltreatment determination (substantiated or unsubstantiated);
 - b. Safety determination (safe or unsafe); and
 - c. Whether any policy violation(s) occurred (when applicable).
2. Complete a thorough review and analysis of the information gathered, including DFCS history, during the special investigation to support decision-making.
3. Conduct a supervisor staffing to make a special investigation determination.
4. Conduct a multi-disciplinary staffing at least 48 hours prior to submitting the special investigation for closure to discuss the case disposition, the assessment of child safety, well-being, and permanency, policy violations supported or concerns, and/or any recommendations regarding the child’s placement and the status of the placement resource.
5. Substantiate neglect when evidence confirms that unsafe sleep practices were the cause or a

contributing factor to the death of an infant (under the age of one) and case documentation supports that DFCS staff previously educated the caregiver(s) of the dangers of an unsafe sleep environment.

6. Document the special investigation determination and the evidence to support the safety and maltreatment determination on the Allegation Detail page and Investigation Conclusion page in Georgia SHINES.

Procedures

Social Services Case Manager

1. Document all investigative activities in Georgia SHINES including:
 - a. Interviews, observations, and collaterals;
 - b. Joint investigative activities with law enforcement and/or the oversight authorities; and
 - c. Upload into External Documentation reports, forms, medical reports, professional assessments, pictures, notifications, letters, etc.
2. Analyze information gathered relative to each area of family functioning:
 - a. Interviews and observations of all household members, alleged maltreater(s), facility personnel and/or facility residents;
 - b. Observations of the home environment and/or the location in which the abuse occurred, including observation of objects that may have been named in the allegations of maltreatment;
 - c. Collateral contacts;
 - d. Videos, assessments, forensic reports, police reports, medical reports, educational reports, pictures, etc.;
 - e. Records obtained from the oversight authority concerning the alleged victim child(ren) and/or alleged maltreater(s);
 - f. DFCS history and how it relates to the current allegations (see policy [19.10 Case Management: Analyzing DFCS History](#));
 - g. Safety Screenings; and
 - h. Any other information relevant to the allegations of maltreatment and child safety.
3. Consider the challenges the family is facing related to their developmental stage and tasks and any correlation to alleged child abuse.
4. When substance abuse is suspected or alleged see policy [19.26 Case Management: Case Management Involving Abuse or Use](#) for additional steps that need to be completed and considered when making a determination.
5. Make additional contacts or obtain additional information to resolve and/or provide clarification of inconsistencies (see Practice Guidance: Resolving Discrepancies and Conflicting Information).
6. Participate in a supervisor staffing to make the following determinations:
 - a. Safety (safe or unsafe) for each alleged victim child in accordance with policy [19.11 Case](#)

Management: Safety Assessment.

- b. Maltreatment (unsubstantiated or substantiated) for each alleged victim child;



Substantiate neglect when evidence confirms that an unsafe sleep practice was the cause or contributing factor to the infant's death and documentation supports that DFCS staff previously educated the caregiver(s) of the dangers of an unsafe sleep environment to child safety.

- c. Whether a policy violation(s) by a DFCS approved caregiver of children in DFCS custody is supported or there is a concern a policy violation has occurred;
 - d. Whether further DFCS intervention is required to ensure child safety; and
 - e. Service provision needed to assist the family, caregiver, or resource with managing the challenging situation(s).
7. Notify the following participants, as applicable, of the multi-disciplinary staffing at least two business days prior to the staffing:
 - a. The primary case SSCM and Social Services Supervisor (SSS) when the child or family has an active child welfare case.
 - b. Resource Development SSS and SSCM when the case involves a DFCS foster or adoptive home;
 - c. Child Placing Agency (CPA) Director/Designee when the case involves a CPA foster or adoptive home.
 - d. Regional Adoption Coordinator, when the case involves a child in DFCS custody with a permanency plan of adoption or guardianship;
 - e. CCI Director/Designee when the case involves a CCI;
 - f. Independent Living Coordinator, when the case involves a youth in DFCS custody 14 years of age or older;
 - g. Oversight authority (for a list of oversight authorities see policy [6.9 Special Investigations: Notifications in Special Investigations](#)); and
 - h. Interstate Compact on the Placement of Children (ICPC) Administrator, when the case involves a child placed in Georgia in accordance with ICPC.
 8. Conduct a multi-disciplinary staffing at least 48-hours prior to submitting a special investigation for closure and discuss at minimum:
 - a. Maltreatment determinations (substantiated and unsubstantiated);
 - b. Safety determination, including any safety strategies needed and/or implemented for children in DFCS custody and/or in the legal custody of the caregiver;
 - c. Policy violations, for special investigations involving DFCS approved caregivers of children in DFCS custody, including:
 - i. Policy violations supported and recommendations for a corrective action plan (CAP); and/or
 - ii. Concerns that a policy violation has occurred.



Policy violations concerns not assessed during the special investigation requires the initiation of a policy violation assessment by the resource maintainer in accordance with policy [14.22 Resource Development: Policy Violations](#).

- d. The reason for a change in the DFCS placement resource status (suspended, on hold, or closure, reopen) when applicable;
 - e. Assessment findings of well-being or permanency and any service needs identified.
 - f. Medical diagnosis as a result of abuse, including the autopsy findings, if available and applicable;
 - g. The transition plan for a child in DFCS custody if a placement change is necessary, including providing the required placement move notifications (see policy [10.3 Foster Care: Changes in Placement](#)).
9. Document the 48-hour staffing including who was present and any recommendations in Georgia SHINES.
10. Complete the Safety Assessment in Georgia SHINES to document the safety determination.



For special investigations where the Family Functional Assessment (FFA) is required, the safety assessment is completed as part of the FFA.

11. Document the maltreatment determination on the Allegation Detail page in Georgia SHINES:
- a. Verify the address of the alleged maltreater is correct on the Person Detail Page and make corrections as necessary;
 - b. Verify the category/type of child abuse and maltreatment code is matched to the appropriate victim child;
 - c. Designate the appropriate individual(s) as the alleged maltreater for each applicable category/type of child abuse and corresponding maltreatment code;



When the alleged maltreater is unknown and the evidence gathered during the investigation supports that child abuse occurred, the maltreatment determination must be substantiated.

- d. Select “Substantiated” or “Unsubstantiated” for each child abuse allegation;



If the category/type of child abuse and/or maltreatment code(s) is incorrect, unsubstantiate the allegation and add the correct of maltreatment category/type and corresponding maltreatment code(s). The addition of the category/type of maltreatment and corresponding code(s) must be related to the information reported at intake. If not related to the incident, a new intake report is required.


- e. Complete the Evidence Summary section by documenting a detailed summary of evidence that supports each maltreatment determination (photos, videos o bservations, diagnoses, disclosures during interviews); and
- f. Write a concise statement in the Justification of Findings section that supports the maltreatment determination to include the type of child abuse being substantiated or unsubstantiated. See Practice Guidance: Allegation Detail Page and the Justification of Findings.

- g. When a special investigation involving a child death, near fatality, serious injury (CD/NF/SI) is substantiated and the alleged abuse occurred during the period the child was in the legal custody of DFCS, classify the special investigation as:
 - i. Child Death-In Care;
 - ii. Near Fatality-In Care; or
 - iii. Serious Injury-In Care.
 - h. When a special investigation involving a CD/NF/SI is substantiated and the alleged abuse occurred during the period the child was not in the legal custody of DFCS, classify the special investigation as:
 - i. Child Death-Not in Care;
 - ii. Near Fatality-Not in Care; or
 - iii. Serious Injury-Not in Care.
12. Complete the Investigative Conclusion page in Georgia SHINES, including writing an Investigation Conclusion Summary that includes:
- a. A detailed summary of evidence that supports the maltreatment and safety determination for each child abuse allegation investigated (photos, videos, observations, diagnoses, disclosures during interviews),
 - b. An analysis of DFCS history and how it affected the maltreatment and safety determination;
 - c. Whether consensus was achieved with the family;
 - d. Safety interventions in place (as applicable); and
 - e. Recommendations for services.

See Practice Guidance: Investigation Conclusion Page for examples of investigation conclusion summaries.

Social Services Supervisor

1. Conduct a supervisor staffing as outlined in policy [19.6 Case Management: Supervisor Staffing](#) to make the following determinations:
 - a. Safety (safe or unsafe) for each alleged victim child in accordance with policy [19.11 Case Management: Safety Assessment](#).
 - b. Maltreatment (unsubstantiated or substantiated) for each alleged victim child;

 Substantiate neglect when evidence confirms that an unsafe sleep practice was the cause or contributing factor to the infant's death and documentation supports that DFCS staff previously educated the caregiver(s) of the dangers of an unsafe sleep environment to child safety.
 - c. Whether a policy violation(s) by a DFCS approved caregiver of children in DFCS custody is supported or there is a concern a policy violation has occurred;
 - d. Whether further DFCS intervention is required to ensure child safety; and
 - e. Services provision needed to assist the family, caregiver, or resource with managing the

challenging situation(s).

2. Participate in the 48-hour staffing, ensure all required participants are notified, and recommendations are provided.
3. Review the case record in Georgia SHINES within 45 calendar days of receipt of the intake report to ensure the case determination is accurately reflected:
 - a. Log of Contacts;
 - b. Allegation Detail Page:
 - i. The child abuse category and maltreatment code(s) correspond to the appropriate child victim and that the maltreatment determination of substantiated or unsubstantiated is correct;
 - ii. The alleged maltreater identified is correct for each alleged victim child and maltreatment determination.
 - iii. Justification of Findings statement supports the decision to substantiate or unsubstantiate the category/type of child abuse selected.
 - c. Investigation Conclusion, including the Investigation Conclusion Summary to ensure it supports the decisions made during the dispositional staffing:
 - i. A detailed summary of evidence that supports the maltreatment findings and safety determination for each allegation investigated (photos, videos, observations, diagnoses, disclosures during interviews, etc.);
 - ii. An analysis of DFCS history and how it affected the maltreatment and safety determination;
 - iii. Safety interventions in place (as applicable); and
 - iv. Recommendations for services.

Practice Guidance

The Role of Intent in Maltreatment

A caregiver often states that he/she did not mean or intend to harm their child. For example, a caregiver may choose to punish his/her child by spanking the child using an instrument such as a belt. Once this choice is made the caregiver's "intent" is not relevant as to whether the child was maltreated. The natural consequences of the actions or inactions of the caregiver determine whether maltreatment occurred. The caregiver may not have "meant" to leave the marks, but because he/she made the decision to use the belt when hitting the child, marks occurred. The marks were left as a natural consequence of using the belt to spank the child. When maltreatment meets the statutory language in the definition, intent is not relevant; maltreatment occurred, and the allegation of abuse must be substantiated. However, the intent of the caregiver may be considered when making a safety determination.

Resolving Discrepancies or Conflicting Information

During an Investigation, often there are discrepancies in information collected or there are conflicting accounts regarding the allegations of abuse. It is important to attempt to resolve discrepancies or conflicts to ensure that the information gathered accurately supports the investigation determi-

nation. Some ways to address these situations include but are not limited to:

1. Reviewing the information gathered again to determine what information is needed to resolve the issue(s).
2. Seeking supervisory assistance to review the information or develop a plan to resolve the issue(s).
3. Conducting additional interviews with the family members, reporter, collaterals, etc.
4. Engaging subject matter experts to assist in the review of evidence or to discuss the information.
5. Requesting additional professional assessments or evaluations for the child(ren) or caregiver(s).

Maltreatment Determination

The maltreatment determination considers whether the alleged child abuse is substantiated or unsubstantiated.

1. Substantiated means the allegations of child abuse, as defined by Georgia statute, is supported by a preponderance of the evidence. A preponderance of evidence means that the greater the weight of the evidence makes it more probable than not that child abuse occurred. A substantiation determination also means harm to the child is severe enough to constitute maltreatment and there is sufficient evidence to support child maltreatment. When evidence supports maltreatment occurred, regardless of whether the identity of the maltreater is known or unknown the case determination must be substantiated.
2. Unsubstantiated means the allegations of child abuse, as defined by Georgia statute, is not supported by a preponderance of the evidence. An unsubstantiated determination means harm to the child is not severe enough to constitute maltreatment and/or there is not sufficient evidence to support child maltreatment. Even though a maltreatment determination may be unsubstantiated, documentation may show a pattern of behavior that may be useful in decision-making.

Safety Determination

The safety determination identifies the child as either safe or unsafe based on the safety assessment as outlined in policy [19.11 Case Management: Safety Assessment](#). The existence of maltreatment (substantiated or unsubstantiated) and a safety determination (safe or unsafe) are two separate determinations. A child may have been maltreated but could still be considered safe based on individual family circumstances and caregiver protective capacities.

When a case involves a child death, a case determination must take into consideration whether they are other children in the home, and whether the other children in the home are safe. If there is a determination that any child in the home is unsafe then DFCS must transfer the case to Family Preservation Services or Permanency for further intervention.

Making an Investigative Decision - Maltreater Unidentified or Unknown

Questions about the identity of a maltreater occur primarily when a child is injured, he/she is unable to identify the maltreater and there is more than one caregiver that could have caused the injury. In these circumstances, case managers and supervisors will need to reach a judgement as to

whether there is a preponderance of the evidence that one of the possible caregivers, as compared to other caregivers, injured the child. A preponderance of evidence means that the greater the weight of the evidence makes it more probable than not that the caregiver caused the injury to the child. Reaching such a conclusion may require an investigation which is more time consuming and detailed than an investigation in which this issue is not present. There may be instances where the decision is made to substantiate child abuse against more than one caregiver, especially when the injuries have occurred over time. When the alleged maltreater is unknown and the evidence gathered during the investigation supports that child abuse occurred, the maltreatment determination must be substantiated.

Investigation Conclusion Page

The Investigation Conclusion Page in Georgia SHINES is where the overall finding case disposition is recorded. Included on the Investigation Conclusion page is the Investigation Conclusion Summary. The purpose of this summarized what occurred during the investigation from beginning to end. This does not mean that the Log of Contacts should be copied and pasted into this section. An Investigation Conclusion Summary should include:

1. What was alleged.
2. Evidence to support or refute the allegations. Evidence may include pictures, direct witness statements, observations, formal diagnosis, evaluations from licensed clinicians, disclosures by the alleged victim child or other children subject to the care of the alleged maltreater, interviews with the alleged maltreater, history that shows a pattern of behavior, or information obtained by collateral resources.
3. Family Functioning information relevant to the case determination.
4. Safety related information and interventions put in place during the Investigation.
5. The overall case determination including whether the case will be closed, or stage progressed to Family Preservation Services or Foster Care.

Example of Substantiated-Open Investigation Conclusion

On 3/1/2017 a report was received indicating that the Lannister family moved from Florida to Georgia in December 2016. At the time of the move the family had an open CPS case in FL and failed to notify their case manager of the move to Georgia. The case was open due to medical neglect resulting from prescription substance abuse by the mother, Ms. Jane Lannister and her live-in paramour, John Baratheon.

Ms. Lannister and Mr. Baratheon have one child, Joffery, age 2. Joffery was born premature and has not been seen in the doctor's office since he was 9 months old. Joffery's pediatrician in FL indicated that Ms. Lannister missed several follow up appointments to treat a severe asthma condition. Ms. Lannister stated that she took Joffery to the doctor before leaving FL and was up to date on all well-checks and immunizations, however medical records verified this was untrue. Ms. Lannister also stated that she applied for Medicaid upon arriving in GA, however the application could not be located by Office of Family Independence (OFI). The sole income in the home is Mr. Baratheon's SSI, received for a chronic seizure condition that is currently untreated. Both caregivers admitted to spending the SSI money on purchasing illegal prescription medications.

The home was observed to be in disarray. Dirty dishes were piled up in the sink and all over the

counter and food that appeared to be several days old was left on the table in dishes. Joffery was wandering around the home in a dirty diaper that had not been recently changed based on the amount of urine that saturated the diaper. He was also observed to be coughing and wheezing by the SSCM during the visit.

The drug screen results on both caregivers were positive for opiates and benzodiazepines. SSCM also noted that Ms. Lannister and Mr. Baratheon appeared to be under the influence of substances as evidenced by sleeping during the day, slurred words when talking, and dilated pupils. Prior medical conditions were cited as the basis for the prescription drug use, however neither caregiver could produce valid prescriptions from a medical provider. Results of a substance abuse assessment included several recommendations for follow up treatment for both caregivers.

Impending dangers were identified based on the caregivers' inability to control their behavior and complete daily life activities (cleaning, taking child to the doctor, etc.) due to the illegal use of prescription drugs and the inability of both caregivers to give a valid explanation as to why Joffery had not been taken to the doctor to deal with his severe asthma in both FL and GA.

A safety plan was completed to address the condition of the home, follow up on Joffery's medical care for observed respiratory issues, and to develop a plan for supervision of Joffery if Ms. Lannister or Mr. Baratheon are using prescription medications (legally or illegally) that affect their judgment and/or rendered them unable to care for the children. The home was cleaned on a follow up visit and Joffery was enrolled in daycare. An appointment was also made with a local pediatrician. Both caregivers indicate a willingness to attend substance abuse treatment based on the recommendations of the substance abuse assessments.

Neglect (Medical Neglect) is substantiated due to Ms. Lannister failing to provide adequate medical care for Joffery's continued respiratory issues and the case opened for FPS. Recommended initial services are:

- Ms. Lannister and Mr. Baratheon need to follow up on recommendations from the substance abuse assessment.
- Follow up medical care for Joffery

Example of Unsubstantiated-Closed Investigation Conclusion

On 3/2/17 DFCS received a report concerning Arya Stark stating that Arya was being abused by her father, Ned Stark. Arya was interviewed and stated that her father, Mr. Stark slammed her head into the head rest in the car. She also stated that Mr. Stark emotionally abuses her by calling her names.

Collateral contacts and interviews with Arya's siblings did not support Arya's statement of abuse. Arya did not have any marks/bruises and Arya's siblings (Sansa, Robb, and Bran) stated that Arya is not physically disciplined. Arya also could not remember important details of her account such as when the alleged incident happened or why Mr. Stark allegedly did it.

Arya has been seeing a therapist for approximately one year. The therapist reported that Arya never disclosed any abuse/neglect during the sessions. Arya did sustain an injury when Mr. Stark restrained her from running away, which was a minor bruise to the lip approximately a year and a half ago. Mr. Stark obtained therapy for Arya soon after the incident. Mr. Stark is a single parent,

after losing his wife to cancer. The therapist indicated that there have been incidents of the family using name calling when they are angry, but she is doing both individual and family counseling with them to help work through these issues and feels that most of the problems are related to the family's grief. Mr. Stark has extended family support who assist him with the children. Other personal collateral contacts did not reveal any information that would indicate Mr. Stark was being abusive to his children. No impending dangers were noted. Allegations of physical abuse (bruises, welts, abrasions) are unsubstantiated. There is no CPS history, and no further services are recommended.

Allegation Detail Page and the Justification of Findings

The Allegation Detail page in Georgia SHINES is where the SSCM documents a disposition (substantiated or unsubstantiated) for each allegation of child abuse investigated. The justification of findings supports the decision to substantiate or unsubstantiate the allegations. It is a clear and concise description of facts and evidence gathered during the investigation and details a preponderance of credible evidence to support the findings concerning one of the forms of child abuse investigated (prenatal abuse, risk of imminent harm, labor servitude emotional abuse, neglect, physical abuse, sexual abuse, and sexual exploitation). Below is an example of a justification of findings for neglect.

- Ms. Jones is substantiated for neglect due to abandonment. For six months from approximately August 8, 2021, through February 14, 2022, Ms. Smith abandoned her two children, S.D. and M.D., age 13, by leaving them with their grandmother Ms. Scott, without provision for their support and without regularly visiting them.
- Ms. Jackson is substantiated for neglect due to inadequate supervision. On January 11, 2022, Ms. Jackson neglected I.J., age 8 by failing to provide him with adequate supervision by leaving him alone at home while she was away from home at work for nine hours.

Policy Violations


Policy Violations are actions performed by a DFCS agent that may breach any DFCS policy and/or RBWO Minimum Standards, but do not constitute child abuse. For additional information on policy violations see policy [14.22 Resource Development: Policy Violations](#).

When a policy violation is supported or identified it should be discussed during the 48-hour staffing. The resource maintainer (Permanency SSCM, RD SSCM or OPM) has the responsibility to address the policy violation with the caregiver including implementing a CAP (if applicable) or initiating a policy violation assessment as outlined in policy [14.22 Resource Development: Policy Violations](#).

Forms and Tools

[Maltreatment Codes](#)

6.9 Notifications in Special Investigations

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(6) Special Investigations		
	Policy Title:	Notifications in Special Investigations		
	Policy Number:	6.9	Previous Policy Number(s):	N/A
	Effective Date:	November 2023	Manual Transmittal:	2023-03

Codes/References

O.C.G.A. § 19-7-5 Reporting of Child Abuse


O.C.G.A. § 49-5-8 Powers and Duties of Department of Human Services

O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records

O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records

Requirements

The Division of Family and Children Services (DFCS) will:

1. Upon assignment of the special investigation, provide notification to the following:
 - a. Oversight authorities (as applicable);
 -  CPS Intake Communications Center (CICC) shall provide notifications to the oversight authority upon assignment of a special investigation.
 - b. Child Placing Agency (CPA) Director/Designee when the case involves a CPA foster or adoptive home;
 - c. Interstate Compact for the Placement of Children (ICPC) Unit when the case involves a child placed in Georgia in accordance with ICPC;
 - d. Permanency Social Services Case Manager (SSCM) and Social Services Supervisor (SSS) when the case involves a child in DFCS custody or a foster care kinship placement;
 - e. Resource Development (RD) SSCM and SSS when the case involves a DFCS foster or adoptive home; and
 - f. State Adoption Unit when the case involves a child in DFCS custody with a permanency plan of adoption or guardianship.
2. Provide notification of the special investigation to the military at any point during the case it is discovered that the parent/guardian of the alleged victim child(ren) is on active duty in the Armed Forces of the United States, and the notification was not completed by CICC.
3. Provide written notification of the special investigation outcome within five calendar days of the conclusion of the special investigation to the:
 - a. Parent(s) of the alleged victim child, if he/she is not the substantiated maltreater, via the Notification of Child Protective Services Investigation Outcome to the Parent/ Legal Custodian Not Alleged as a Child Maltreater.



If the alleged victim child is in DFCS custody and termination of parental rights (TPR)

has occurred, notification to the parent(s) is not required.

- b. Alleged maltreater, only if the allegations are unsubstantiated via the Notice of Unsubstantiated Child Protective Services Investigation Outcome.
 - c. Minor (under the age of 18) named as the alleged or substantiated maltreater via the Notification of Child Protective Services Investigation Outcome to a Minor outlining procedure for appeal if he/she disagrees with the decision.
 - d. Oversight authority (as applicable) via the Notification of Child Protective Services Investigation Outcome to Oversight Authority, Agency, Facility, or School.
 - e. Director/Designee of a residential or non-residential facility (as applicable) via the Notification of Child Protective Services Investigation Outcome to Oversight Authority, Agency, Facility, or School, when the case involves a residential or non-residential facility.
 - f. Principal/Designee of a public or private non-residential school (as applicable) via the Notification of Child Protective Services Investigation Outcome to Oversight Authority, Agency, Facility, or School, when the case involves a public or private non-residential school.
 - g. Mandated reporter (school personnel) who made the report via the Mandated Reporter Investigation Outcome Letter. Send the notification to the school counselor for the school the child was attending at the time of the reported child abuse. If a school does not have a school counselor, send the notification to the principal.
4. Provide notification to the mandated reporter (non-school personnel) of the special investigation outcome, upon request, regarding the child concerning whom the report was made and disclose only whether the special investigation of the reported abuse is ongoing or completed, and if completed, was substantiated or unsubstantiated.
 5. Provide written notification of the investigation outcome within ten calendar days of the conclusion of the special investigation to the substantiated maltreater via the Notice of Child Protective Services Investigation Substantiation outlining procedures for appeal if he/she disagrees with the decision.



This notification does not apply to minors named as the substantiated maltreater as they receive a separate notification.

6. Provide written notification of the special investigation outcome within 10 calendar days of the conclusion of the special investigation to following:
 - a. ICPC Unit: when the case involves a child placed in Georgia in accordance with ICPC.
 - b. State Adoption Unit: when the case involves a child in DFCS custody with a permanency plan of adoption or guardianship.
 - c. Support Services Provider: when the alleged victim child is in DFCS custody, and the case involves a support service provider.
7. Upload notifications into Georgia SHINES External Documentation within 72 hours of the occurrence.

Procedures

Social Services Supervisor Manager

1. Upon assignment of the special investigation, provide notification of the special investigation to the following:

a. Oversight authorities, as applicable.



CICC shall provide notifications to the oversight authority upon assignment of a special investigation.

b. CPA Director/Designee when the case involves a CPA foster or adoptive home.

c. ICPC Unit when the case involves a child placed in Georgia in accordance with ICPC.

d. Permanency SSCM and SSS when the case involves a child in DFCS custody or a foster care kinship placement.

e. Resource Development SSCM and SSS when the case involves a DFCS foster or adoptive home.

f. State Adoption Unit when the case involves a child in DFCS custody with a permanency or guardianship plan of adoption.

2. Provide notification of the special investigation to the military at any point during the case it is discovered that the parent/guardian of the alleged victim child(ren) is on active duty in the Armed Forces of the United States, and the notification was not completed by CICC. The military notification should be conducted in accordance with [3.25 Intake: Sharing Intake Reports with Law Enforcement, District Attorney or Military](#).

3. Provide written notification of the special investigation outcome to the parent(s) of the alleged victim child, if he/she is not the substantiated maltreater, within five calendar days of the conclusion of the special investigation:

a. Launch the Notification of Child Protective Services Investigation Outcome in Georgia SHINES to the Parent/ Legal Custodian Not Alleged as a Child Maltreater, identifying the child by initials only.

b. Obtain supervisor approval and signature on the notice.

c. Send the notice to the parent via first-class mail.



If the alleged victim child is in DFCS custody and TPR has occurred, notification to the parent(s) is not required.

4. Provide written notification of the special investigation outcome to the alleged maltreater when the investigation is unsubstantiated, within five calendar days of the conclusion of the special investigation:

a. Complete the Notice of Unsubstantiated Child Protective Services Investigation Outcome, identifying the child by initials only.

b. Obtain supervisor approval and signature on the notice.

c. Send the notice to the unsubstantiated alleged maltreater via first-class mail.



This notification does not apply to minors named as the substantiated maltreater as they

receive a separate notification.

5. Provide written notification of the special investigation outcome within five calendar days of the conclusion of the special investigation to the minor named as the alleged or substantiated maltreater:
 - a. When the alleged victim child is the minor's biological child:
 - i. Complete the Notification of Child Protective Services Investigation Outcome to a Minor, identifying the alleged victim child by initials only.
 - ii. Obtain supervisor approval and signature on the notice.
 - iii. Send the notice and the Guide to Child Protective Services Administrative Reviews to the minor via first-class mail.
 - b. When the alleged victim child is **not** the minor's biological child:
 - i. Complete the Notification of Child Protective Services Investigation Outcome to a Minor, identifying the alleged victim child by initials only.
 - ii. Obtain supervisor approval and signature on the notice.
 - iii. Send the notice and the Guide to Child Protective Services Administrative Reviews to the minor via first-class mail.
 - iv. Send a copy of the notice and the Guide to Child Protective Services Administrative Reviews to the minor's parent via first-class mail.
6. Provide written notification of the special investigation outcome to the mandated reporter (school personnel) who made the intake report, within five calendar days of the conclusion of the special investigation via mail, email, or fax.
 - a. Launch the Mandated Reporter Investigation Outcome Letter in Georgia SHINES.
 - b. Obtain supervisor approval and signature on the notice.
 - c. Send the notification to the school counselor for the school the child was attending at the time of the reported child abuse. If a school does not have a school counselor, such disclosure shall be made to the principal.
7. Upon request, provide notification (verbal or written) to the mandated reporter (non-school personnel) who made the intake report, within five calendar days of the receipt of the request. The notification will include the:
 - a. Information only concerning the child for whom the report was made;
 - b. Status of the special investigation (completed or ongoing); and
 - c. If completed, the special investigation conclusion (substantiated or unsubstantiated).
8. Provide written notification of the special investigation outcome to the oversight authority (as applicable), within five calendar days of the conclusion of the special investigation.
 - a. Identify the appropriate oversight authority by reviewing Practice Guidance: Oversight Authorities.
 - b. Complete the Notification of Child Protective Services Investigation Outcome to Oversight Authority, Agency, Facility, or School, identifying the child by initials only.
 - c. Obtain supervisor approval and signature on the notice.

- d. Send the notification via email, mail, or fax.
9. Provide written notification of the special investigation outcome to the Residential or Non-Residential Facility Director/Designee when the special investigation involves a residential or non-residential facility, within five calendar days of the conclusion of the special investigation.
 - a. Complete the Notification of Child Protective Services Investigation Outcome to Oversight Authority, Agency, Facility, or School, identifying the child by initials only.
 - b. Obtain supervisor approval and signature on the notice.
 - c. Send the notification via email, mail, or fax.
10. Provide written notification of the special investigation outcome to the School Principal/Designee when the special investigation involves a public or private non-residential school, within five calendar days of the conclusion of the special investigation.
 - a. Complete the Notification of Child Protective Services Investigation Outcome to Oversight Authority, Agency, Facility, or School, identifying the child by initials only.
 - b. Obtain supervisor approval and signature on the notice.
 - c. Send the notification via email, mail, or fax.
11. Provide notification of the special investigation outcome to the following DFCS units, within 10 calendar days of the completion of the special investigation:
 - a. CRRU: when there is a recommendation to close a DFCS foster/adoptive home or foster care kinship placement based on a policy violation.
 - b. ICPC Unit: when the case involves a child placed in Georgia in accordance with ICPC.
 - c. State Adoption Unit: when the case involves a child in DFCS custody with a permanency plan of adoption or guardianship.
 - d. Support Services Provider Unit: when the alleged victim child is in DFCS custody and the case involves a support service provider.



When notifying DFCS units the Notification of Child Protective Services Investigation Outcome to Oversight Authority, Agency, Facility, or School may be attached and sent in one email to all applicable parties or the DFCS units may be copied on an email notification to Facility Director, School Principal, or CPA Director.

12. Upload all written notifications into Georgia SHINES External Documentation within 72 hours of the occurrence.

Social Services Supervisor

1. Upon assignment of the special investigation ensure notification of the special investigation is provided to the appropriate oversight authority, DFCS Units, and/or CPA (as applicable)
2. Upon the conclusion of the special investigation ensure notifications of the special investigation outcome are provided to the:
 - a. Parent(s), alleged maltreater, minor (under the age of 18), or mandated reporter (school personnel), as applicable within five calendar days of the conclusion of the special investigation.

- b. Appropriate oversight authorities and DFCS Units within 10 calendar day of the conclusion of the special investigation.
- 3. Upon request, ensure mandated reporters (non-school personnel) are notified (verbal or written) of the status of the special investigation and/or special investigation outcome within five calendar days of the receipt of a request.
- 4. Review the written notifications and ensure:
 - a. Accuracy;
 - b. Only the child’s initials have been used as identification; and
 - c. Upon approval, provide signature on the notification.
- 5. Ensure all written notifications are uploaded to Georgia SHINES External Documentation.

Investigation Outcome Notification System (IONS) staff will:

- 1. Review information for accuracy upon the notification of a substantiated case of child abuse.
- 2. Provide written notification of the special investigation outcome to the substantiated maltreater within ten calendar days of receipt of the conclusion of the investigation:
 - a. Complete the Notice of Child Protective Services Investigation Substantiation letter.
 - b. Send the Notice of Child Protective Services Investigation Substantiation and the Guide to Child Protective Services Administrative Reviews to the substantiated maltreater via first class mail.
- 3. Upload a copy of the notice into Georgia SHINES External Documentation.



This notification does not apply to minors named as the substantiated maltreater as they receive a separate notification.

Practice Guidance

CHILDREN IN DFCS CUSTODY
Child in the legal temporary or permanent custody of DFCS.
DFCS FOSTER OR ADOPTIVE HOMES
DFCS foster homes provide temporary care for children in foster care. Similarly, DFCS adoptive homes provide care for children in foster care, however, the adoptive parents have formally committed to the adoption of the children. In addition, DFCS kinship foster homes or kinship adoptive homes, share the same corresponding responsibilities and requirements though the caregivers are kin to the children placed in their home. DFCS County Departments are responsible for evaluating, approving, and monitoring DFCS foster or adoptive homes.
CPA FOSTER OR ADOPTIVE HOMES
CPA foster homes provide temporary care for children in foster care. Similarly, CPA adoptive homes provide care for children in foster care, however, the adoptive parents have formally committed to the adoption of the children. CPA foster and adoptive homes are evaluated, approved, and administered by a CPA. A CPA is any institution, society, agency, or facility which places children in foster homes for temporary care or in prospective adoptive homes for adoption. The Office of Provider Management (OPM) and Residential Child Care Licensing (RCCL) is the oversight authorities for CPA foster or adoptive homes.

KINSHIP FOSTER CARE PLACEMENTS

Kinship foster care placements provide temporary care for children in foster care for whom the caregivers are kin (relative or fictive kin). DFCS County Departments are responsible for evaluating, approving, and monitoring kinship foster care placements.

RESIDENTIAL FACILITIES

Residential facilities provide full-time (24-hour) residential care to children and youth, outside of their home.

Child Care Institutions (CCI)

CCIs are residential facilities that provide full-time Room, Board and Watchful Oversight (RBWO) to six or more children through 18 years of age outside of their home environment. CCI may also be transitional living placements (TLP) for youth 16 through 21 years of age who have agreed to Extended Foster Care (EFC) to prepare youth to become socially, emotionally, and personally independent. The OPM and RCCL are the oversight authorities of CCI.

Children's Transition Care Center (CTCC)	CCI that provides a temporary, home-like environment for medically fragile children, technology dependent children, and children with special health care needs, up to 21 years of age, who are deemed clinically stable by a physician but are dependent on life-sustaining medications, treatments, and equipment. These children require assistance with activities of daily living to facilitate transitions from a hospital or other facility to a home or other appropriate setting. CTCCs are required to be licensed by RCCL.
Maternity Homes (MH) / Parenting Support Program (Second Chance Homes)	CCI that provides RBWO in a residential setting for adolescents during pregnancy who are 21 years of age and younger. MH provide service to pregnant youth before, during or within two weeks of childbirth through a maximum period of eight weeks following delivery. Second Chance Homes/Parenting Support Programs are licensed MH that provide services beyond the eight weeks following delivery to promote residents' long-term independence and the well-being of their child(ren). MH are required to be licensed by RCCL.
Specialty Camp / Outdoor Child Caring Program (OCCP)	CCI that provides RBWO along with a variety of outdoor activities taking place in a wilderness or camp environment that are designed to improve the emotional and behavioral adjustment of the children, through the age of 18 participating in the activities. OCCPs are required to be licensed by RCCL.

Runaway and Homeless Youth Program (RHYP)

RHYP are residential facilities that provide services to children who have run away or children who are homeless. RHYPs are required to be registered as a RHYP with RCCL. Licensed CCI can also be registered as a RHYP. RCCL is the oversight authority of RHYP.

Independent Living Program (ILP) Placements

ILP Placements are residential facilities that provide youth who are at least 18 years of age through 21 years of age with an alternative living arrangement (i.e., community-based housing). The goal is to prepare youth to become socially, emotionally, and personally independent of social services while connecting them to life-long permanent connections and laying the foundation for the pursuit of educational and career opportunities. OPM is the oversight authority of ILP Placements. In unusual circumstances a youth 17 years or younger may be in an ILP Placement, when this occurs, both OPM and RCCL are the oversight authorities.

Psychiatric Residential Treatment Facility (PRTF)

PRTF are residential facilities that provide comprehensive mental health and substance abuse treatment to children, adolescents, and young adults ages 5-21 who, due to severe emotional disturbance, need quality, active treatment that can only be provided in an inpatient treatment setting. Department of Behavioral Health and Developmental Disabilities (DBHDD) and Department of Community Health Healthcare Facility Regulations (HFR) are the oversight authorities of PRTFs.

Regional Youth Detention Centers (RYDC)

Secure short-term residential facilities centers for youth awaiting trial or waiting to enter a community program or long-term facility. Department of Juvenile Justice (DJJ) is the oversight authority of RYDC.

Youth Development Campuses (YDC)


Secure long-term residential facilities for youth sentenced or committed to DJJ custody by juvenile courts. DJJ is the oversight authority of YDC.

NON-RESIDENTIAL FACILITIES

Non-residential facilities provide less than full-time care outside of the home for children under the age of 18 years. Bright from the Start: Georgia Department of Early Care and Learning (DECAL) is the oversight authority for non-residential facilities.

Child Care Learning Centers (CCLC)

CCLC are non-residential facilities that provide programs operated by a person, society, agency, corporation, institution, or group that receives pay for group care. Childcare learning centers care for seven or more children under the age of 18 for less than 24 hours per day, without transfer of legal custody. Bright from the Start: DECAL either licenses or commissions childcare learning centers. Bright from the Start: DECAL is the oversight authority of CCLC.

Early Head Start Programs	CCLC that provide early education and care programs for low-income children ages birth to three years old and their families. It also offers social, emotional, health, mental health, dental, nutrition, and family services as well as special needs requirements to the families it serves. Early Head Start Programs are required to be licensed or commissioned by Bright from the Start: DECAL.
Head Start Programs	CCLC that provide early education and care programs for low-income children ages three to mandatory school age and their families. It also offers social, emotional, health, mental health, dental, nutrition and family services as well as special needs requirements to the families it serves. Head Start Programs are required to be licensed or commissioned by Bright from the Start: DECAL.
Group Day Care Programs	<p>CCLC that provide care and an early learning experiences to support and promote the healthy growth and development of children (i.e., Kids R Kids, Tootie Tots, Discovery Point). Group day care homes are required to be licensed or commissioned by Bright from the Start: DECAL.</p> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;"> <p> Group childcare programs, not operated in a residence, that are not subject to licensure are required to obtain an exemption from Bright from the Start. This will include programs such as Parent’s Morning Out/Night Out; Extracurricular activities: music, swimming lessons; childcare services on site with parents; Tutoring services programs; Programs operated by or affiliated with national member organization: Boys and Girls Club or Boy Scouts. See Bright from the Start: DECAL website at www.dec.al.ga.gov/CCS/Exemptions.aspx for the type of programs eligible for exemption. If a program is not approved for exemption, it is required to be licensed by Bright from the Start: DECAL.</p> </div>
Pre-K	CCLC that provides educational programs for four year old children with a licensed capacity of 22 four-year-old children. The purpose is to prepare children for success in kindergarten and later school years. Pre-K programs usually operate on the regular school system calendar for the length of a typical school day. Programs may be offered at local public schools or through private providers of preschool services. Pre-K programs are required to be licensed by Bright from the Start: DECAL.

Day Camps

Day camps are programs for children five years and older that are operated between school terms, whose primary purpose is to provide organized recreational, religious, or instructional activities. The day camp programs may operate during summer and other school breaks and shall operate for no more than 12 hours per day. Day camps are required to obtain an exemption from Bright from the Start: DECAL. Bright from the Start: DECAL is the oversight authority of Day Camps.

Family Child Care Learning Home / Home-Based Child Care

Family Child Care Learning Home/Home Based-Child Care are programs that operates in a private residential home less than 24 hours per day. It provides care for three children, but no more than six, under the age of 18 for pay. Family Child Care Learning Homes are required to be licensed by Bright from the Start: DECAL. Bright from the Start: DECAL is the oversight authority of Family Child Care Learning Home/Home-Based Child Care.

OVERNIGHT CAMPS

Overnight camps are programs established solely for recreational and educational programs. Administered by internal policies. No registration, licensing, approval, or oversight authority.

SCHOOLS

Schools are Institutions for educating children.

- Private Non-Residential Schools: Administered by internal policies. No requirements for accreditation, registration, licensing, or approval.
- Public Non-Residential Schools: Administered by area, county, or independent boards of education (ex: Fulton County Schools, Buford City Schools). Local school districts are supported by Georgia Department of Education (DOE).

SPECIAL INVESTIGATION OUTCOME NOTIFICATIONS MATRIX

	Parent of the Alleged Victim Child	Adult Alleged Mal-treater	Minor Alleged Mal-treater (unsubstantiated or substantiated)	Director, Child Placing Agency	Director, Residential / Non-Residential Facility	Principal Public/Private School	Mandated Reporter (who made the Intake Report)
DFCS Foster or Adoptive Home	X*	X#	X				X^
CPA Foster or Adoptive Home	X*	X#	X	X			X^
Foster Care Kinship Placements	X*	X#	X				X^
Residential Facilities / Non-Residential Facilities	X*	X#	X		X		X^
Schools: Public and Private Non-Residential Schools	X*	X#	X			X	X^

NOTES

SPECIAL INVESTIGATION OUTCOME NOTIFICATIONS MATRIX

* When the alleged victim child is in DFCS custody and TPR has occurred, notification to the parent is not required.

Unsubstantiated notifications are sent to the alleged maltreater by the SSCM. Substantiated notifications are sent to the alleged maltreater by the State Office Investigation Outcome Notification Section (IONS).

^ Upon request when the mandated reporter is not the school.

The special investigations-oversight authorities-notification matrix is a visual aide provided as additional guidance. Policy requirements must be reviewed to determine if a notification is required based on the circumstances of the case.

OVERSIGHT AUTHORITIES

Governmental agencies responsible for the licensure and/or approval of organizations to operate in a certain capacity. This may also include monitoring and supervision of the organization, programs and/or activities.

Residential Child Care Licensing (RCCL)

The RCCL unit inspects, monitors, licenses, and registers a variety of childcare facilities. The purpose is to ensure that facilities and programs operate at acceptable levels, as mandated by State Statutes and by rules and regulations adopted by the Department of Human Services (DHS) Board of Human Services. Facilities requiring a license from RCCL include Child Caring Institutions, Child Placing Agencies, Outdoor Child Caring Programs, Children's Transition Care Centers and Maternity Homes. Send notifications for RCCL to RCCREPORTS@dhs.ga.gov or by contacting RCCL at 404-657-9651.

Bright from the Start: Georgia Department of Early Care and Learning (DECAL)

Bright from the Start: DECAL is responsible for meeting the childcare and early education needs of Georgia's children and their families. In Georgia there are approximately 3100 childcare learning centers, 1500 family childcare learning homes and 6500 exempt programs. It supports licensed childcare learning centers and family childcare learning homes through monitoring, technical assistance, and training to assure safe and healthy environments and to improve the quality of services to children. Bright from the Start also investigates complaints of childcare programs and reports of unlicensed childcare operations. Send notifications for Bright from Start: DECAL to CCSCComplaints@decalfga.gov or by contacting Bright from Start: DECAL at 404-657-5562.

Department of Juvenile Justice (DJJ)

The DJJ is a multi-faceted agency that serves the state's youthful offenders up to the age of 21. DJJ operates 26 safe and secure facilities throughout the state. DJJ employees work diligently to effect justice as well as redirect and shape the young lives in the agency's care so they can take responsibility for their delinquent conduct as well as become contributing members of society. Send notifications for DJJ to DJJDFACSAAlerts@dj.state.ga.us.

Healthcare Facility Regulations (HFR)

Department of Community Health HFR licenses, monitors, and inspects a variety of facilities and services through Health Care Licensing, including hospitals, assisted living facilities, personal care homes and nursing homes. The division investigates complaints and inspects these and other health care facilities. HFR is the state survey agency performing federal certification inspections in health care facilities participating in the Medicare and/or Medicaid programs. Send notifications for HFR using their online [HFRD Complaint Form](#), intake fax line 404-657-8935, or by contacting the HFR Central intake line at 404-232-1717, 404-657-5728, or 404-657-5726.

Department of Behavioral Health and Developmental Disabilities (DBHDD)

The DBHDD provides treatment and support services to people with mental health challenges and substance use disorders and assists individuals who live with intellectual and developmental disabilities. The Division of Behavioral Health manages programs and services delivered by DBHDD's community-based behavioral health providers. Send notifications for DBHDD to DBHDDincidents@dbhdd.ga.gov.

Office of Provider Management (OPM)

The OPM contracts with and monitors Child Caring Institutions and Child Placing Agencies provision of RBWO services. OPM employs various data, on-site, records review and collateral report mechanisms to monitor provider’s adherence to RBWO Minimum Standards and contractual obligations which direct performance expectations regarding the safety, permanency, and well-being of children. The foundational objective of OPM is to ensure that children placed in RBWO care are safe from abuse. OPM also provides training and technical assistance to providers to support their ability to meet quality of care and performance expectations. Send notifications for OPM to opmreports@dhs.ga.gov.

OVERSIGHT AUTHORITIES MATRIX						
	Department of Behavioral Health and Developmental Disabilities (DBHDD)	Bright from the Start: Department of Early Care and Learning (DECAL)	Department of Juvenile Justice (DJJ)	Healthcare Facility Regulations (HFR)	Office of Provider Management (OPM)	Residential Child Care Licensing (RCCL)
CPA Foster/Adoptive Homes					X	X
Child Care Institutions (CCIs)					X	X
Runaway and Homeless Youth Program						X
Independent Living Program (ILP) Placements					X	X*
Psychiatric Residential Treatment Facilities	X			X		
Regional Youth Detention Center (RYDC) / Youth Development Campuses (YDC)			X			
Child Care Learning Centers		X				
Day Camps		X				
Family Child Care Learning Home		X				

NOTES

* Only provide notification to RCCL when the intake report involves a youth 17 years or younger in an ILP Placement.

DFCS foster or adoptive homes, foster care kinship placements, overnight camps, public or private non-residential schools, are not included on the chart due to not having an identified oversight authority.

The special investigations-oversight authorities-notification matrix is a visual aide provided as additional guidance. Policy requirements must be reviewed to determine if a notification is required based on the circumstances of the case.

DFCS Units

- **Caregiver Recruitment and Retention Unit**

The CRRU is responsible for the administration of DFCS' foster/adoptive parent recruitment and retention. Send notifications to CRRU@dhs.ga.gov.

- **Interstate Compact for the Placement of Children (ICPC) Unit**

ICPC Unit ensures that children placed out-of-state or in the state of Georgia are placed with caregivers who are safe, suitable, and able to meet the child's needs. It also ensures the child's safety and well-being by requiring supervision of the child in the approved out-of-state or in Georgia placement. Send notifications to ICPC@dhs.ga.gov.

- **State Adoption Unit**

The State Adoption Unit works with other state office units, local county offices and child placing agencies to provide a continuum of available, accessible, and effective services that enable and support the placement of children in adoptive families. Send notifications to adoption.mic@dhs.ga.gov.

- **Support Services Unit**

The In-Home and Support Services Team works monitors the effectiveness of In-Home and Support Services provided as a part of a safety and/or case plan to ensure families and children are progressing positively toward self-sufficiency. These programs include: Prevention of Unnecessary Placement (PUP), Comprehensive Child and Family Assessment (CCFA), WRAP Around, Early Intervention, Parent-Aide, Homestead, and Paternity Testing. Send notifications to supportservices@dhs.ga.gov.

Forms and Tools

[Guide to Child Protective Services Administrative Review](#)


[Guide to Child Protective Services Administrative Review \(Spanish\)](#)

[Notification of Child Protective Services Investigation Outcome to a Minor](#)

[Notification of Child Protective Services Investigation Outcome to a Minor \(Spanish\)](#)

[Notification of Child Protective Services Investigation Outcome to Oversight Authority, Agency, Facility, or School](#)

6.10 Reporting of a Child Death, Near Fatality or Serious Injury

 Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(6) Special Investigations		
Policy Title:	Reporting of a Child Death, Near Fatality or Serious Injury		
Policy Number:	6.10	Previous Policy Number(s):	N/A
Effective Date:	December 2020	Manual Transmittal:	2020-10

Codes/References

O.C.G.A. §19-7-5 Reporting of Child Abuse

O.C.G.A. §19-15-3 County Multiagency Child Fatality Review Committee

Child Abuse and Prevention Treatment Act (CAPTA)

Requirement

The Division of Family and Children Services (DFCS) will:

1. Submit a Child Death, Near Fatality, or Serious Injury (CD/NF/SI) report within 24 hours of:

a. Receipt of an Intake Report involving CD/NF/SI; and



The Child Death, Near Fatality, or Serious Injury report is not required for screen-out and screen-out and refer CD/NF/SI Intake Reports.

b. Notification of a CD/NF/SI that occurs on an active case.



Completion of the CD/NF/SI report is not required for youth over the age of 18.

2. Notify the Knowledge Management CD/NF/SI Review Team of screen-out or screen-out and refer Intake Reports involving CD/NF/SI in accordance with policy [3.13 Intakes: Intakes Involving Child Death, Near Fatality or Serious Injury](#).

3. Assess all available information regarding the circumstances of the CD/NF/SI and the events that occurred leading up to the CD/NF/SI incident.

4. Make a new intake report to the CPS Intake Communication Center (CICC) if maltreatment is suspected and was not previously reported.

5. Provide supplemental information regarding the CD/NF/SI, upon request, to the Knowledge Management CD/NF/SI Review Team.

6. Document in Georgia SHINES any child death that occurred in a family currently involved with DFCS, if that death occurred within the 12 months prior to the start of the family's DFCS involvement, even if the circumstances of the child death were not related to maltreatment.

7. Notify the Regional Director and DFCS Office of Communications immediately if contacted by the media concerning a CD/NF/SI (see policy [2.7 Information Management: Contact with the Media, Legislators, County Officials and Board Members](#)).

Procedures

Reporting

The County Director/Designee will:

1. Notify the Regional Director/Designee of the CD/NF/SI, when the county department is notified of an assigned CD/NF/SI Intake Report or becomes aware of a CD/NF/SI on an active case.

2. Gather and assess information regarding the circumstances of the CD/NF/SI and the event(s) leading up to the CD/NF/SI:

- a. Review the intake report if one was completed;
 - b. Analyze DFCS case history, if applicable;
 - c. Review purposeful contacts;
 - d. Contact law enforcement or other professionals who can provide direct information on the circumstances that occurred; and
 - e. Obtain medical reports and evaluations to verify the circumstances and cause of the child's death from the attending medical provider.
3. Consult with the Social Services Supervisor (SSS) to discuss the circumstances.
 - a. Determine if there are any maltreatment or safety threats identified.
 - b. Determine if there are any safety concerns for any child that remains in the home and take appropriate action to ensure child safety (see policy [19.12 Case Management: Safety Plan & Management](#)).
 - c. Ensure a new intake report is made to the CPS Intake Communication Center (CICC) if maltreatment is suspected and was not previously reported (see policy [3.24 Intake: Mandated Reporters](#)).
 4. Ensure completion of the CD/NF/SI report within 24 hours in Georgia SHINES. The CD/NF/SI report will be automatically submitted to the CD/NF/SI mailbox upon approval.
 - a. Ensure the Person Detail page has been updated with the child's date of death for reports involving a child death.
 - b. Ensure the Person ID is linked to the case history. All information will be merged immediately and pre-populated onto the report.
 5. Document supplemental information (e.g., death certificates, medical records, law enforcement reports, etc.) in Georgia SHINES within 72 hours of receipt, including:
 - a. New case information on the appropriate page (e.g., Contact Detail, Person Detail, Health Detail, etc.).
 - b. Any additional activities/steps/tasks completed in Contacts and Summaries.
 - c. Uploading to External Documentation denoting in the comments if additional steps were taken based on the results of the information.
 - d. Making a new intake report to the CPS Intake Communication Center (CICC), if necessary.

Documenting Child Deaths Occurring prior to DFCS Involvement

When DFCS learns of a child death in a family within the 12 months prior to the start of DFCS involvement, even if the circumstances of the death were unrelated to maltreatment, the Social Services Case Manager (SSCM) will:

1. Gather as much information as possible from the family about the child's death.



Although the death may not have been reported to DFCS at the time, the circumstances may have some relevance to the open case.

2. Enter the deceased child's name, date of birth, date of death, and reason for death on the deceased child's Person Detail page in Georgia SHINES.

3. Document the conversation with the caregiver(s) on the Contact Detail page under the Contacts/Summaries tab.

Practice Guidance

Purpose of CD/NF/SI Reporting

1. Provide immediate notification to DFCS leadership of the child death/near fatality/serious injury of a child.
2. Ensure all appropriate steps are being taken to ensure the safety of the victim child and any child(ren) remaining in the home.
3. Initiate a process that will allow the Division to identify trends that may suggest changes needed to policy, practice, and procedure to improve safety for children.

The County Director is responsible for ensuring timely and accurate completion of all CD/NF/SI reports. The Regional Director is responsible for ensuring a second level review process is in place for all completed reports prior to submission to the state office.

Reporting a CD/NF/SI

During an Open DFCS Case Related to a Previous Injury

Sometimes a serious injury or near fatality eventually leads to a death. When a child death occurs following a previously reported serious injury or near fatality, the CD/NF/SI report must be completed and approved in Georgia SHINES within 24 hours of receiving notification of the child's death.

Related to a Pre-Existing Medical Condition

When a child dies or is seriously injured as the result of a documented pre-existing medical condition, or the death is expected and there are no additional allegations of child maltreatment, it is not necessary to complete a new intake report. When there is documented evidence to support the pre-existing condition, the County Department must complete an evaluation of the circumstances that led up to the CD/NF/SI incident and complete the CD/NF/SI report in the applicable stage in Georgia SHINES within 24 hours of receiving the notification.

When there is an Expected Death

Natural deaths due to documented medical conditions are managed by the medical professional who has been caring for the child. At the time of death, the coroner may accept the opinion of the medical professional and use his/her medical findings for the death certificate or may take possession of the body and conduct a separate investigation and autopsy. In Georgia, the county coroner usually enlists the state medical examiner to perform pediatric autopsies. However, there are instances in which natural deaths will be noted by a physician signing the death certificate without an autopsy. When no autopsy is performed, it is critical that DFCS continue to assess the circumstances of the child's death, obtain a copy of the death certificate, and upload it into Georgia SHINES. This assessment will confirm that the death occurred resulting from a medical condition and was anticipated or expected, and that there were no allegations or suspicions of abuse or neglect related to the death.

Documenting Child Deaths Occurring Prior to DFCS Involvement

When DFCS becomes involved with a family and learns of a child death that occurred in the 12 months prior to the start of DFCS' involvement with the family, it is important to ask questions about the death, even if that death was unrelated to abuse or neglect. The circumstances of the death may have some relevance to the open case, and it will be helpful to understand the effect of that death on the family's functioning. It is critical to gather as much information as possible to accurately reflect information about prior child deaths within the family.

State Office Reviews

All Child Death, Near Fatality and Serious Injury (CD/NF/SI) reports are reviewed and tracked by the Knowledge Management CD/NF/SI Review Team. The team consists of DFCS staff with a high level of expertise in Child Protective Services with a focus on safety related practice. Tracking includes gathering detailed information, such as: age of caretaker (CT), prior type of agency CPS history, length of time between the CD/NF/SI event and prior case closure, and outcomes of prior reports or current report. Risk factors identified may include substance abuse, domestic violence, prenatal drug exposure, prematurity, special needs child or CT, mental health and criminal history of CT, etc.

Sometimes a more in-depth review of prior history may be warranted when there is no clear alleged maltreatment, even if the cause of death initially appears to be related to natural or accidental causes. Some benefits of the review process include:

1. Live-learning and involvement of others in case assessment;
2. Consulting and collaborating with internal and external partners;
3. Identifying critical child safety issues and brainstorming on needed safety measures;
4. Identifying trends, high risk indicators, and immediate safety needs;
5. Identifying systemic issues and needs that can improve agency practice (for example: coding clarity, lack of substantiation on physical abuse cases where clear and convincing evidence was obtained, safety resources, or screen outs when safety concerns exist);
6. Improving assessments; and
7. Agency accountability and oversight.

Autopsy Reports

DFCS does not hold an investigation open for the sole purpose of waiting for an autopsy report. If all other investigative activities and services have been completed, DFCS may close the case (see [policy 6.7 Special Investigations: Conducting Special Investigations of Child Death, Near Fatality, or Serious Injury](#)). Although the investigation may be closed, efforts to obtain the final autopsy results must continue. If the original case has been closed or there was no investigation, and the autopsy report generates new information indicating maltreatment that was not previously reported or investigated or identifies parental behavior that impacted the death which was previously unknown to DFCS, then a new intake report must be submitted.

Child Deaths Not Reported to DFCS

O.C.G.A. § 19-7-5 requires that a report be made to DFCS when there is reasonable cause to believe

that suspected child abuse has occurred. If DFCS learns of a child death due to circumstances or events unrelated to abuse or neglect, no intake report is required. When DFCS learns of a child death through media reports or other sources in the community, and the death was not reported to the CPS Intake Communication Center (CICC) as a child abuse or neglect referral, it is not necessary to complete the CD/NF/SI report.

Child Fatality Review Committees

The purpose of the Child Fatality Review Committee (CFRC) is to review the causes and circumstances of a child's death and make recommendations for prevention. DFCS County Departments must designate a representative to serve on the local CFRC. County Directors or their designee shall actively engage committee members and participate in meetings of the local review committee, and share requested data to inform the committee's findings (see policy [1.10 Administration: Child Fatality Review](#)).

If, during a CRFC meeting, it is determined that a child death was not previously reported to DFCS and maltreatment is suspected or alleged, the County Department representative may accept the committee's information as a new child abuse and neglect report and make an immediate report to CICC. A new intake report will then be generated in Georgia SHINES containing the committee's information and recommendations (see policy [3.1 Intake: Receiving Intake Reports](#)).

Near Fatality

Near fatality means as an act that, as certified by a physician, places the child in serious or critical condition. Once the child meets this criterion then the allegation of "near fatality" should be marked along with any other type(s) of maltreatment.

How to determine a near fatality:

- Hospital records reflect that the child's condition is serious or critical.
- Ask the treating physician if the child's condition is serious or critical.


Serious Injury

A serious injury is one that involves substantial risk of death, extreme physical pain, disfigurement or prolonged loss or impairment of the function of a body part, organ or mental capability. Examples include burns, head trauma, blunt trauma, internal bleeding, multiple bruising and contusions, lacerations of organs, broken bones, and amputation.

Forms and Tools

N/A

6.11 Special Investigations and Policy Violations Review Process

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(6) Special Investigations		
	Policy Title:	Special Investigations and Policy Violations Review Process		
	Policy Number:	6.11	Previous Policy Number(s):	6.5
	Effective Date:	April 2020	Manual Transmittal:	2020-04

Code/References

O.C.G.A. § 19-7-5 Reporting of Child Abuse

O.C.G.A. § 49-5-8 Powers and Duties of Department of Human Services

O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records

Adoptions and Safe Families Act (ASFA)

Title IV-E of the Social Security Act Section 471(a)(9)

Requirements

The Division of Family and Children Services (DFCS) will:

1. To initiate the review process, notify the following Units within the State Placement and Permanency Section within 10 calendar days of the completion of the special investigation when the circumstances apply:
 - a. Caregiver Recruitment and Retention Unit (CRRU): when there is a recommendation to close a DFCS foster/adoptive home, kinship foster home or foster care kinship placement based on a policy violation(s).

i The Office of Provider Management (OPM) reviews all policy violations for Child Placing Agency (CPA) foster or adoptive homes for concurrence to ensure all pertinent issues were adequately addressed and make a decision regarding continue utilization of the placement resource for children in DFCS custody (see policy [14.22 Resource Development: Policy Violations](#)).
 - b. State Adoption Unit: when the case involves a child with a permanency plan of adoption or guardianship with the caregiver who is the subject of the report.
2. Conduct a review of a special investigation or policy violation assessment on a DFCS foster/adoptive home or foster care kinship placement within 15 business days of notification of completion to evaluate retention options for the resource and to examine if the foster parent's rights have been violated.
3. Conduct a review of a special investigation within two business days of being notified of completion when the case involves a child in DFCS custody with a permanency plan of adoption to ensure the outcome is in the best interest of achieving permanency for the child.
4. Conduct a review of a special investigation or policy violation assessment within ten business days of being notified of completion when the case involves a child in DFCS custody with a permanency plan of guardianship to ensure the outcome is in the best interest of achieving permanency for the child.

Procedures

Review – Recommendation to Close a DFCS Foster/Adoptive Home or Kinship Foster Care Kinship Placement

The Permanency SSCM or Resource Development (RD) Social Services Case Manager (SSCM) will:

1. Submit to CRRU within 10 calendar days of the conclusion of the special investigation or policy violation assessment when there is a recommendation to close a DFCS foster/adoptive home, kinship foster home, or foster care kinship placement due to a policy violation(s):
 - a. A detailed outline of closure reasons;
 - b. DFCS policies violated;
 - c. Corrective action plan (CAP) information; and/or
 - d. Requests for the placement resource to remain open for the purposes of achieving permanency for the child, if applicable.
2. Upload information received from CRRU into Georgia SHINES External Documentation upon receipt.



The Permanency SSCM will notify CRRU when the recommendation is to close a foster care kinship placement based on a policy violation. The RD SSCM will notify CRRU when the recommendation is to close a foster/adoptive home or kinship foster home based on a policy violation.

CRRU will:

1. Acknowledge receipt of a request for a review of the special investigation or policy violation assessment.
2. Complete a review of the DFCS foster/adoptive home, kinship foster home, or foster care kinship placement closure recommendation due to a policy violation(s) within 15 business days of receiving notification from the RD or Permanency SSCM.



CRRU will coordinate the review with the State Adoption Unit when the child's permanency plan is adoption and includes the DFCS foster or adoptive parent.

3. Conduct staffings and/or contact the field for additional information, as applicable.
4. Provide a written response to the requesting RD SSCM, County Director, and Regional Director of the decision.


Review – Achieving Permanency Through Adoption or Guardianship

The Permanency SSCM will:

1. Submit to the State Adoption Unit within 10 calendar days of the conclusion of the special investigation for children with a permanency plan of adoption:
 - a. A detailed outline of the investigation findings, including reasons for closure of the placement resource (when applicable);
 - b. Any policy violations;

- c. CAP information; and/or
 - d. Requests for the placement resource to remain open for the purposes of achieving permanency for the child, if applicable.
2. Upload information received from the State Adoption Unit in Georgia SHINES External Documentation upon receipt.

The State Adoption Unit will:

1. Conduct a review of the permanency case within 10 business days of being notified of an assignment of a special investigation involving a child in DFCS custody with a permanency plan of adoption or guardianship (see policy [6.9 Special Investigations: Notifications in Special Investigations](#)).
2. Conduct a review of the special investigation within two business days of being notified of the investigation outcome from the CPS Investigator as outlined in policy [6.9 Special Investigation: Notifications in Special Investigations](#) and make a recommendation regarding permanency for the child(ren) with the alleged maltreater/caregiver in both unsubstantiated and substantiated cases.
 -  The State Adoption Unit will coordinate the review with the Office of Provider Management (OPM) when the child's permanency plan includes a CPA foster or adoptive parent.
3. Review all waiver requests for the placement resource to remain open for the purpose of adoption of a child in the home.

Practice Guidance

Special Investigation Reviews

Reviews of special investigations involving placement resources or children in DFCS custody provide valuable feedback and shared decision making when there are complex case issues or decisions pertaining to child safety, permanency, or well-being. Additionally, the review process may identify policy violations not noted during the special investigation or identify trends for targeted technical assistance, training and/or services for placement resources and children in their care.

Caregiver Recruitment and Retention Unit (CRRU)

The CRRU is responsible for the oversight of DFCS foster and adoptive parent recruitment and retention. CRRU completes a concurrence review when a special investigation indicates maltreatment or policy violations exist resulting in a recommendation to close the resource. This review evaluates retention options for the resource, such as the completion of a CAP and examines if any of the Bill of Rights impacting foster parent grievances have been violated either directly or indirectly. Programs, practices, procedures, service provision, communication, and partnership between DFCS and the placement resource is incorporated into the review. A written concurrence/non-concurrence with the recommendation to close the resource is provided to the County Department/Region upon completion. Send notifications to CRRU@dhs.ga.gov.

State Adoption Unit

The State Adoption Unit works with other state office units, local county offices and child placing agencies to provide a continuum of available, accessible, and effective services that enable and support the placement of children in adoptive families. This unit reviews all special investigations on children who have a permanency plan of adoption to ensure the outcome is in the best interest of achieving permanency for each child on a case by case basis. In certain instances, waivers may be sought to achieve permanency regardless of the outcome of the special investigation. Send notifications to adoption.mic@dhs.ga.gov.

Forms and Tools

N/A

[1] The Role of Law Enforcement in the Response to Child Abuse and Neglect, U.S. Department of Health, and Human Services, 1992.

[2] Serious Injury means an injury such as bodily injury that involves substantial risk of death, extreme physical pain, disfigurement or prolonged loss or impairment of the function of a body part, organ, or mental capability. Examples include burns, head trauma, blunt trauma, internal bleeding, multiple bruising and contusions, lacerations of organs, broken bones, and amputation.

[3] Near Fatality means an act that, as certified by a physician, places the child in serious or critical condition in accordance with CAPTA regulations. Once the child meets this criterion, then the allegation of “near fatality” should be marked along with any other type(s) of maltreatment.

[4] Product of “Reducing the Trauma of Investigation, Removal and Initial Out-of-Home Placement Project” (2008-09) conducted by Portland State University, Center for Improvement of Child and Family Services, funded through the Children’s Justice Act Task Force at the Oregon Department of Human Services.

[5] Developed from the Administration for Children and Families; Unannounced Home Visits – Critical Assessment Tool or Barrier to Family Engagement? Centennial Topical Webinar Series September 26, 2012, Theresa Costello, Presenter

[6] Serious Injury means an injury such as a bodily injury that involves substantial risk of death, extreme physical pain, disfigurement or prolonged loss or impairment of the function of a body part, organ, or mental capability. Examples include burns, head trauma, blunt trauma, internal bleeding, multiple bruising and contusions, lacerations of organs, broken bones, and amputation.

[7] Near Fatality means an act that, as certified by a physician, places the child in serious or critical condition in accordance with CAPTA regulations. Once the child meets this criterion then the allegation of “near fatality” should be marked along with any other type(s) of maltreatment.

[8] Investigating Child Fatalities, Lieutenant Bill Walsh (Retired); Crimes Against Children Unit, Special Investigation Division, Reserve Battalion, Dallas Police Department; Issued through the U.S. Department of Justice Office of Justice Programs and Office of Juvenile Delinquency Prevention, Portable Guides, August 2005

[9] Investigating Child Fatalities, Lieutenant Bill Walsh (Retired); Crimes Against Children Unit, Special Investigation Division, Reserve Battalion, Dallas Police Department; Issued through the U.S. Department of Justice Office of Justice Programs and Office of Juvenile Delinquency Prevention, Portable Guides, August 2005

[10] The Role of Law Enforcement in the Response to Child Abuse and Neglect, U.S. Department of Health, and Human Services, 1992

[11] Copyright ©2014 National Children’s Alliance


[12] Children’s Services Practice Notes for North Carolina’s Child Welfare Social Workers; From the Division of N.C. Division of Social Services and Family and Children’s Resource Program Vol. 8, No. 1, December 2002, © 2002 Jordan Institute for Families

[13] U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau, Child Welfare Information Gateway

[14] Georgia Bureau of Investigation, Medical Examiner’s Office, The Child Abuse Investigative Support System PDF; www.gbi.ga.gov

Chapter 7 Family Support Services

7.0 Introduction to Family Support Services

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(7) Family Support Services		
	Policy Title:	Introduction to Family Support Services		
	Policy Number:	7.0	Previous Policy Number(s):	N/A
	Effective Date:	November 2023	Manual Transmittal:	2023-03

Codes/References

O.C.G.A. § 19-7-5 Reporting of Child Abuse (e)(f)

O.C.G.A. § 49-5-8 Powers and Duties of Department of Human Services

O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records

O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records

O.C.G.A. § 20-1A-12 Definitions

Child Abuse Prevention and Treatment Act (CAPTA)

Discussion

The Division of Family and Children Services (DFCS) has a two-track differential response system to address reports of known or suspected child abuse and neglect, Investigations and Family Support Services (FSS). FSS is an alternative child protective services (CPS) response for providing protection to children by engaging the family to build consensus around the everyday life situations which may interfere with the family's ability to nurture and protect their child(ren). The family's participation in FSS is not voluntary as there are allegations of maltreatment. FSS are designed to ensure child safety and prevent future involvement in the child welfare system using formal and informal services to strengthen and support families.

The FSS track is utilized when the Initial Safety Assessment (ISA) does not indicate a present danger situation or impending danger safety threat. An assessment of child safety and family functioning is required just as it is during an Investigation. However, there is no formal finding of substantiated or unsubstantiated concerning the allegations of abuse or neglect.

When the assessment identifies the need for formal and/or informal non-safety related services, DFCS partners with families to develop strategies to address these needs. Upon the conclusion of the FSS assessment, when the child(ren) are determined to be safe and non-safety related services are recommended, the family will be engaged to build consensus regarding the benefit of the recommended services in enhancing family functioning. If consensus cannot be reached regarding the family's participation in services, the family will be provided with a list of available services prior to case closure. If present or impending danger is indicated at any time during the FSS case, FSS is terminated and an investigation is initiated.

DFCS' new Practice Model, informed by Solution-Based Casework (SBC), is embedded in the provi-

sion of FSS. SBC is best thought of as the architecture that holds our practice to a consistent focus on safety outcomes. At the heart of SBC is the belief that by building a partnership with the family, solutions to the everyday problems can be developed. This partnership, along with acknowledging, documenting, and celebrating successes, provides a framework for the family to sustain positive change moving forward. By using the SBC model, the case manager is able to follow a conceptual map for family-centered practice from assessment through case closure.^[1]

The Family Support Services philosophy is:

1. The family is the best entity to protect their child(ren) and the family network can be a positive force in helping to achieve a successful outcome.
2. Partnering with the family in order to reach a consensus concerning the difficulties they are experiencing is the best approach to successful intervention.
3. Developing mutual respect with the family is the best way to gain a family’s trust and obtain engagement in service provision.
4. Intervention is best when it is solution based, individualized, and family centered.
5. Family strengths are considered a positive asset and should be used in achieving and sustaining success.
6. Prompt access to formal or informal supports contributes to success.
7. Positive changes in family functioning should be celebrated.

Initiating the Assessment (ISA, Investigations, Special Investigations, or FSS)

Initiating the assessment is defined as making or attempting to contact the family or another person who can provide information essential to the disposition of the investigation or assessment.



CPS Communication Center (CICC) contacting the family or another person during the intake assessment phase to determine the location of the alleged maltreated child does not constitute initiation of the assessment.

Parent(s)

Parent(s) is used to refer to person(s) legally obligated to provide or secure adequate care for a child including his/her parent, guardian, or legal custodian.

7.1 Conducting Family Support Services Assessments

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(7) Family Support Services		
	Policy Title:	Conducting Family Support Services Assessments		
	Policy Number:	7.1	Previous Policy Number(s):	N/A
	Effective Date:	March 2023	Manual Transmittal:	2023-01

Codes/References

O.C.G.A. § 15-11-2 Definition

O.C.G.A. § 19-7-5 Reporting of Child Abuse (e)(f)

O.C.G.A. § 49-5-8(a) (2) Powers and Duties of Department of Human Services

O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records

O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records


Title IV-E of the Social Security Act §§ 471(a) (9)(c) and 475 (9)

Child Abuse Prevention and Treatment Act (CAPTA)

Public Law 104-191 Health Insurance Portability and Accountability Act (HIPAA) of 1996

Requirements

The Division of Family and Children Services (DFCS) will:

1. Prepare for the Family Support Services Assessment (FSS) to direct and focus case management activities.
 2. Complete a FSS assessment within 45 calendar days of the receipt of the intake report to:
 - a. Conduct a comprehensive assessment of the allegations of child abuse, including child safety;
 - b. Take action when a safety threat is identified; and
 - c. Determine whether service provision is needed to address any developmental challenges which comprise family functioning and/or well-being.
 - d. Determine whether further DFCS involvement is required.
-  Complete the FSS Assessment within three business days of identifying a safety threat to initiate an investigation.
3. Adhere to Health Insurance Portability and Accountability Act and confidentiality provisions outlined in policies [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#).
 4. Keep the identity of the reporting source confidential (see policy [2.6 Information Management: Confidentiality/Safeguarding Information](#)).
 5. Analyze DFCS history to ensure a thorough assessment of safety and family functioning.
 6. Engage household members face-to-face as a group in the home to discuss the maltreatment allegations and assess child safety and family functioning. This includes the following individuals:
 - a. Alleged victim child(ren)
 - b. Other children in the home
 - c. Parent(s)
 - d. Other adult household members
 - e. Alleged maltreater(s)



Family members shall be engaged privately when they were not interviewed during the Initial Safety Assessment (ISA) or if during a family group purposeful contact, it becomes apparent that a private interview with any household member is needed to assess child safety.

7. Inform the individual subject to a child abuse report (alleged maltreater) of the allegations made against him/her at the time of initial contact, whether face-to-face or by telephone.



The Social Services Case Manager (SSCM) must be certain he/she is speaking to the alleged maltreater. To protect the confidentiality of the family, if the identity of the alleged maltreater cannot be confirmed, do not discuss specific allegations.

8. Conduct a visual assessment of all children to determine if any injuries or signs maltreatment exist.
9. Observe the physical home environment, including every room in the home to determine if it is safe and appropriate to meet the needs of each child.
10. Assess and discuss safe sleep practices with any caregiver who has an infant (up to one year of age) in the home. Take action to remedy unsafe sleeping situations prior to leaving the home (see [Forms and Tools: Infant Safe to Sleep Guidelines and Protocol](#)).
11. Make a safety determination in consultation with the Social Services Supervisor (SSS) prior to concluding each purposeful contact with the child, parent, adult household member, and/or alleged maltreater; and take immediate action to control the identified safety threats if the child is unsafe.
12. Progress the Family Support Services case to an Investigation in Georgia SHINES within three business days of the identification of a safety threat.
13. Engage any child(ren) in the legal custody of the parent(s) in a face-to-face purposeful contact(s) who do not reside in the home concerning child safety and family functioning.
14. Engage collateral contacts who can provide relevant information for assessing maltreatment allegations, child safety and family functioning.
15. Obtain, review, and analyze reports, professional evaluations and assessments, pictures and other physical evidence gathered during the FSS assessment.
16. Develop an Agreement Strategy with the family within five calendar days of identifying a need to address developmental challenges that compromise family functioning and/or well-being.



An Agreement Strategy should not be developed when safety threats are identified. The case must be transferred to an Investigation.

17. Request state criminal history record information of adult household members when criminal history may impact child safety, in accordance with policy [19.8 Case Management: Criminal Records Checks](#).
18. Conduct a purposeful contact with the parent(s) and all children in the household every 30 calendar days that the FSS assessment remains open.
19. Immediately report any new, known, or suspected instances of child abuse to the CPS Intake Communications Center (CICC) as outlined in policy [3.24 Intake: Mandated Reporters](#).
20. Conduct efforts to locate a family when they cannot be located or have moved to an unknown

location in accordance with policy [19.21 Case Management: Unable to Locate](#).

21. Make the FSS determination in consultation with the SSS at the conclusion of the assessment.
22. Arrange individualized services for the family to address the developmental challenges they are experiencing in their everyday life when a need is identified.
23. Discuss the FSS determination with the parent of the alleged victim child and the alleged maltreater.
24. Provide written notification of the FSS assessment outcome to the parent(s) within five calendar days of closure.
25. Document case activities in Georgia SHINES within 72 hours of occurrence.

Procedures

Social Services Supervisor Manager

1. When case responsibility transfers from a different SSCM:
 - a. Prepare for the FSS assessment to direct and focus case management activities.
 - b. Participate in the case transfer process in accordance [19.4 Case Management: Case Transfer](#).
2. Contact the reporter, if known, when clarification and/or additional information related to child safety and the allegations of maltreatment is needed.
3. Complete attempts to locate the alleged child victim(s) to assess child safety including:
 - a. Visiting the location where the child is believed to be; and/or
 - b. Contacting persons that could help verify or help locate the child or family, including but not limited to family members, neighbors, childcare agencies, school system, law enforcement, and other agencies that may be involved with the family.
4. Inform the alleged maltreater of the child abuse allegations during the initial contact with him/her via telephone or through face-to-face contact (when applicable).
5. Schedule a home visit when all household members will be present.
6. Engage household members face-to-face as a group in the home to discuss the maltreatment allegations and to assess child safety and family functioning in accordance with policy [7.2 Family Support Services: Purposeful Contacts During Family Support Services](#). This includes the following individuals:
 - a. Alleged victim child(ren)
 - b. Other children in the home
 - c. Parent(s)
 - d. All adult household members
 - e. Alleged maltreater(s)
7. Conduct a visual assessment of all children to determine if any injury or signs of maltreatment exist as outlined in policy [7.2 Family Support Services: Purposeful Contacts During Family Support Services](#).
8. Observe the physical home environment, including every room in the home to determine if it is

safe and appropriate to meet the needs of each child in accordance with policy [7.2 Family Support Services: Purposeful Contacts During Family Support Services](#).

9. Make a safety determination in consultation with the SSS prior to concluding each purposeful contact with the child, parent, adult household member, and/or the alleged maltreater in accordance with policy [19.11 Case Management: Safety Assessment](#). Take immediate action to control the identified safety threats if the child is unsafe:
 - a. Develop and implement with the parent(s) a safety plan in accordance with policy [19.12 Case Management: Safety Plan & Management](#); or
 - b. Initiate court/legal intervention in accordance with policy [17.1 Legal: The Juvenile Court Process](#).
10. Submit the FSS assessment to the SSS in Georgia SHINES for stage progression to investigations within three business days of identifying a safety threat in accordance with policy [7.3 Family Support Services: Making a Family Support Services Determination](#).
11. Engage any child(ren) in the legal custody of the parent(s) in a face-to-face purposeful contact(s) who do not reside in the home concerning child safety and family functioning (see policy [7.2 Family Support Services: Purposeful Contacts During Family Support Services](#)).
12. Engage collateral contacts that are knowledgeable about the allegations of child abuse, child safety and family functioning in accordance with policy [19.16 Case Management: Collateral Contacts](#).
13. Obtain, review, and analyze reports, professional evaluations and assessments, collateral statements, pictures, and other physical evidence gathered during the FSS assessment.
14. Consult with subject matter experts as necessary (medical, behavioral health, DFCS staff, children's advocacy center, etc.).
15. Develop an Agreement Strategy to address developmental challenges that compromise family functioning and/or well-being in accordance with policy [7.4 Family Support Services: Agreement Strategy](#).
16. Make an FSS assessment determination in consultation with the SSS in accordance with policy [7.3 Investigation: Making a Family Support Services Determination](#).
17. Upon SSS approval of the FSS assessment determination, engage the family in a discussion of:
 - a. The FSS assessment determination (safety);
 - b. Any safety plan to address safety concerns; and
 - c. Service provision (see policy [7.4 Family Support Services: Agreement Strategy](#)).
18. Provide written notification of the FSS assessment outcome to the parent(s) of the alleged victim child within five calendar days of case closure:
 - a. Complete the Notification of Child Protective Services Family Support Services Case Closure identifying the child by initials only.
 - b. Obtain supervisor approval and signature on the notice.
 - c. Send the notification via first class mail.
 - d. Upload FSS assessment outcome notifications into Georgia SHINES External Documentation.
19. Submit the FSS assessment to the SSS for approval within 45 calendar days of the receipt of the

intake report.

Social Services Supervisor

1. When case responsibility transfers from a different SSCM, participate in the case transfer process in accordance [19.4 Case Management: Case Transfer](#).
2. Consult with the SSCM after each purposeful contact with child, parent, adult household member, and/or the alleged maltreater to:
 - a. Make a safety determination in accordance with policy [19.11 Case Management: Safety Assessment](#);
 - b. Discuss safety interventions to control any identified safety threats including safety planning in accordance with policy [19.12 Case Management: Safety Plan & Management](#); and
 - c. Discuss any inconsistencies identified and follow up needed.
3. Ensure the FSS assessment is stage progressed to the Investigations stage in Georgia SHINES within three business days of identifying a safety threat in accordance with policy [7.3 Family Support Services: Making a Family Support Services Determination](#).
4. Review the sufficiency of any Safety Plan for managing or controlling threats to child safety in accordance with policy [19.12 Case Management: Safety Plan and Management](#).
5. Ensure an Agreement Strategy is developed with the family to address developmental challenges that compromise family functioning and/or well-being in accordance with policy [7.4 Family Support Services: Agreement Strategy](#).
6. Review documentation and professional assessments to provide guidance regarding the FSS assessment.
7. Make the FSS assessment determination in consultation with the SSCM in accordance with policy [7.3 Family Support Services: Making a Family Support Services Determination](#).
8. Review the FSS assessment and make an approval decision in Georgia SHINES within 45 calendar days of receipt of the intake report.
9. Review the Notification of Child Protective Services Family Support Services Case Closure:
 - a. Ensure only the child's initials have been used as identification; and
 - b. Upon approval provide signature on the notification.
 - c. Ensure the notifications are uploaded to Georgia SHINES External Documentation.

Practice Guidance

A FSS assessment must reflect a continuous, and comprehensive assessment of child safety and family functioning. The assessment should focus on identifying the problem task or situation that led to DFCS involvement and exploring the underlying causes of the problem. In addition, explore exceptions for when the situation was managed more appropriately, to assist the family in recognizing that they can deal with difficulties in a more suitable manner. Once consensus is reached on the issue(s) case management activities can focus on further evaluating the family's strengths, including caregiver protective capacities, support systems, and other services available that can assist in managing or controlling the difficulties the family or individual is facing.

Working in partnership with the family is an effective way to achieve buy-in regarding the need for change, as well as maintain the motivation to complete and sustain the behavioral change necessary to ensure child safety. FSS assessments should not be closed without making efforts to engage the family in reaching consensus on the benefits of recommended service provision. When consensus is not reached, the family is provided with a list of formal and informal services for use now or in the future.

Any inconsistencies noted must be addressed and clarified with the family prior to case closure, as they may be related to the identification of a safety threat. Additionally, if a family is not engaged or unwilling to participate in the services recommended this information must be considered when making a case determination. When safety threats are determined to exist, a safety plan must be implemented, and the case progressed to an Investigation.


Forms and Tools

[Infant Safe to Sleep Guidelines and Protocol](#)

[Notification of Child Protective Services Family Support Services Case Closure](#)

[Notification of Child Protective Services Family Support Services Case Closure \(Spanish\)](#)

7.2 Purposeful Contacts During Family Support Services

	Georgia Division of Family and Children Services		
	Child Welfare Policy Manual		
	Chapter:	(7) Family Support Services	
	Policy Title:	Purposeful Contacts During Family Support Services	
	Policy Number:	7.2	Previous Policy Number(s):
Effective Date:	June 2021	Manual Transmittal:	2021-02

Codes/References

O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records

O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records

Child and Family Services Improvement Act of 2006 (P.L. 109-288)

Child Abuse Prevention and Treatment Act (CAPTA)

Health Insurance Portability and Accountability Act (HIPAA) of 1996: P.L. 104-191




J.J. v. Ledbetter Consent Decree


Requirements

The Division of Family and Children Services (DFCS) will:

1. Prepare for each contact to ensure it is planned and has a clear purpose.
2. Engage the family in a manner that is beneficial to establishing a partnership by:
 - a. Engaging from the viewpoint that families go through developmental stages and encounter

common challenges;


- b. Normalizing the challenges, the family identifies in their everyday life routine; and
 - c. Separating their intent from actions.
3. Conduct face-to-face purposeful contact(s) with household members as a group, in the home, to discuss the maltreatment allegations, and build consensus around the tasks or situations in their everyday life that they are having difficulty managing (see policy [7.1 Family Support Services: Conducting Family Support Services Assessments](#)). This includes:
- a. Every alleged victim child subject to allegations of maltreatment;
 - b. All other children who reside in the home or have direct access to the alleged maltreating caregiver;
 -  Conduct a private face-to-face interview with the alleged maltreater, if he/she does not reside in the home and/or was not interviewed during the ISA.
 - c. Caregiver(s) and other adult household members;
 - d. Any child that is seriously injured or attempted self-injury or suicide during the FSS case, within 24 hours of notification to assess if the injury or attempted injury is related to maltreatment.
 -  Family members shall be engaged privately if they were not interviewed during the ISA; or if during a family group purposeful contact, it becomes apparent that a private interview with any household member is needed to assess child safety. The private conduct the private interview(s) immediately following the family interview.
4. Conduct additional face-to-face purposeful contacts with the family:
- a. Every 30 calendar days that the FSS case remains open; and/or
 - b. When a purposeful contact is necessary to further assess or address child safety, or to implement and monitor the Agreement Strategy.
5. Observe family functioning around everyday life tasks including parent/children interaction, interaction of all household members, and the caregiver's ability to meet the needs of the child(ren) under his/her care.
6. Observe all children for physical signs of maltreatment. If the child is four years old and under or there is cause to believe any child may have been harmed, observe areas of the child's body that may be covered by clothing. Such observation shall occur in the least invasive manner possible, and every effort should be made to ensure children are not fully unclothed during the observation.
 -  Physical signs of maltreatment may include suspicious injuries, marks, cuts, bruises, areas of swelling, protruding limbs, damaged skin, malnourishment, lethargy, severe tooth decay, matted hair, pungent body odor, etc.
7. Assess the physical home environment to confirm that it is safe and appropriate to meet the needs of each child, including examination of every room in the home and sleep arrangements for all household members.

8. Adhere to Health Insurance Portability and Accountability Act and confidentiality provisions outlined in policies [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#).
9. Assess and discuss infant safe sleep practices with any caregiver who has an infant (birth to 12 months of age) in the home and address any unsafe sleeping situations prior to leaving the home.
10. Discuss motor vehicle safety precautions with caregivers (not leaving children unattended in cars). (See Practice Guidance: [Motor Vehicle Safety Recommendations](#)).
11. Refer to policy [19.26 Case Management: Case Management Involving Substance Abuse or Use](#) when caregiver substance use/abuse is confirmed, suspected, or alleged.
12. Make a safety determination, in consultation with the Social Services Supervisor (SSS), prior to concluding each purposeful contact with the caregiver(s), child(ren), or alleged maltreater(s). If it is determined that the child is unsafe, prior to leaving the home, take immediate and appropriate action to control the safety threats to ensure child safety by:
 - a. Developing and Implementing with the caregiver in-home or out-of-home safety plan; and/or
 - b. Initiating court/legal intervention.
13. Immediately report to the Georgia Bureau of Investigation (GBI) (no later than 24 hours) any child or youth who the agency identifies as being a known or suspected victim of sex trafficking/sexual servitude; or red flags exist that suggest a child might be a sex trafficking/sexual servitude victim and follow the procedures outlined in the Commercial Sexual Exploitation/Domestic Minor/Sex Trafficking Case Management Protocol in Forms and Tools.
 If the GBI was notified at the time of intake or ISA, a second report is not required.
14. Document purposeful contacts in Georgia SHINES within 72 hours of the occurrence including uploading any pictures to External Documentation.

Procedures

Preparation

The Social Services Case Manager (SSCM) will:

1. Thoroughly review the intake assessment and the Initial Safety Assessment (ISA) documentation and analyze the following information:
 - a. Allegations of maltreatment;
 - b. Analysis of DFCS history from Intake and ISA;
 - c. Results of safety screenings;
 If all safety screenings were not completed during the Intake or ISA, conduct required screenings (see policy [19.9 Case Management: Safety Screenings](#)).
 - d. The developmental stage(s) of the family. What developmental issues might the family be facing based upon their developmental stage? What specific task(s) is the family having dif-

ficuity with (see policy [19.2 Case Management: Family Developmental Stages and Tasks](#)).

- e. If intimate partner violence/domestic violence (IPV/DV) is suspected or alleged, refer to the [IPV/DV Guidelines and Protocol](#) in Forms and Tools for additional guidance;
 - f. If substance abuse is suspected or alleged, also see policy [19.26 Case Management: Case Management Involving Substance Abuse or Use](#).
2. Verify confidentiality and safeguarding of information was shared with the parents and signed copies of the following uploaded to Georgia SHINES External Documentation:
 - a. Notice of Privacy Practices; and
 - b. Notice of Case Record Information Available to Parents/Guardians
 3. Contact the reporter if not done during the ISA to fill in any gaps and/or to obtain any additional relevant, clarifying information related to the reported maltreatment allegations if the reporter is known. The reporter is not considered a collateral contact. Confidentiality must be maintained.
 4. When a new report is received on an active FSS case, carefully review the new intake report to be able to have an in-depth discussion with the family about what task(s) were supposed to occur and what tasks did and/or did not occur.
 5. Develop a plan for the visit:
 - a. Determine strategies for engaging the family members separately as well as a group. Discuss information gathering approaches, including persons to be engaged, order, and when purposeful contact will occur. Consider factors such as subject matter, DV/IPV, child safety, etc., when determining how or whether to convene the family together.
 - b. Prepare a list of questions to ensure all issues/concerns are addressed.
 - c. Determine the need to contact another county/state to conduct the interview or observation of a child or adult when the child or adult is located in another county; and
 - d. Identify potential child safety and family service needs.
 6. Determine the need for interpretation services for non-English speaking individuals or auxiliary aids for sensory impaired individuals. If required, Limited English Proficiency and Sensory Impaired Customer Services (LEP/SI) is used to assist DFCS in providing meaningful language access to customers. Contact LEP/SI via lepsi@dhs.ga.gov. The use of family members as interpreters is not appropriate.
 7. Identify possible collaterals (see policy [19.16 Case Management: Collateral Contacts](#)).
 8. Participate in a staffing with the SSS to present and discuss strategies for continuing the assessment, and reconfirm what was determined regarding the challenges the family was facing in their everyday life during the ISA.
 9. Gather forms and other required material, including but not limited to:
 - a. A Caregiver's Guide to a Child Protection Services (CPS) Investigation (Brochure)
 - b. Authorization for Release of Information
 - c. Notice of Case Record Information Available to Parents/Guardians
 - d. Notice of Privacy Practices
 - e. Safe Sleep for Your Baby educational resources

f. Suggestions for Parents/Tip Sheet

10. Document the analysis of DFCS history and any preparation activities in Georgia SHINES Contact/Summaries as early as possible, but no later than within 72 hours of the occurrence.

Conducting

The SSCM will:

1. Determine if any household member will be interviewed privately, based on the following:
 - a. Household members or alleged maltreater(s) that were not interviewed during the ISA;
 - b. The subject matter being discussed;
 - c. The need to gather additional information to assess child safety and/or family functioning.

(See policy [4.3 Initial Safety Assessment: Purposeful Contacts During Initial Safety Assessments](#) for guidelines on conducting private purposeful contacts.)


2. Engage household members in a face-to-face conversation in the home to assess the maltreatment allegations to determine child safety and family functioning.
 - a. Describe the FSS process. Answer any questions he/she may have and provide a copy of the Caregiver's Guide to a Child Protective Services (CPS) Investigation.
 - b. Explain DFCS' obligation to maintain confidentiality and safeguard information to prevent unauthorized disclosure:
 - i. Personal information provided during the completion of the FSS assessment will be kept confidential (see policy [2.6 Information Management: Confidentiality/Safeguarding Information](#)).
 - ii. DFCS cannot share protected health information (PHI) with any person, agency, or contractor without prior written authorization from the owner of the PHI, unless otherwise permitted by law. Provide a copy of the Notice of Privacy Practices and obtain signature(s). See policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#).
 - iii. The type of information that will be maintained in the DFCS case record and of the information that can and cannot be released to the parent(s) upon request. Provide a copy of the Notice of Case Record Information Available to Parents/Guardians and obtain signatures (see policy [2.10 Information Management: J.J. v. Ledbetter Parent or Guardian Request for Information](#)).
 - c. Use age and developmentally appropriate language and questions.
 - d. Obtain demographic information regarding caregivers, household members, alleged maltreaters and absent/non-custodial parents, if not obtained during the ISA. This information can be used to start the genogram.
 - e. Explore the extent and circumstances of the maltreatment including the sequence of events that led up to and followed the reported, including but not limited to the following:
 - i. Who was present during the incident;
 - ii. How the destructive behavior occurred (i.e., child left home alone, the child was disci-

- plined with an extension cord, etc.);
 - iii. When does this problem occur;
 - iv. Who was involved; Who was not involved;
 - v. Who did what and when;
 - vi. What usually occurs prior to the problem;
 - vii. What did the maltreater say about the problem after it occurred;
 - viii. What did others say about the problem after it occurred;
 - ix. Have there been similar situations or events when the caregiver(s) or alleged maltreater(s) were able to manage without destructive behavior;
 - x. What was he/she thinking leading up to, during and following the problematic issue/event;
 - xi. How did he/she feel leading up to, during and following the problematic issue/event; and/or
 - xii. What was he/she doing leading up to, during and following the problematic issue/event; and
 - xiii. What solutions were tried in the past to resolve the problem? Why does he/she believe those solutions have not been successful?
- f. Discuss situations when the family was able to manage the challenges, they identified within their everyday life routines and how they were able to successfully manage these challenges without leading to an unsafe situation or maltreatment;
 - g. Identify the family developmental stages and tasks, including any cultural or health issues that are impacting the tasks the family must carry out on a day to day basis;
 - h. Explore the family's pattern of disciplining their children;
 - i. Explore adult functioning/physical adult patterns of behavior, including parents absent from the home and their involvement and role in the family;
 - j. Identify family support system and resources, including information on non-custodial parents, maternal and paternal relatives and other persons who have demonstrated an ongoing commitment to the child(ren) and as applicable,
 - k. Identify family relationships and role of each household member;
 - l. Identify the child/youth development and functioning including any physical, educational, medical and/or mental health needs or concerns, extracurricular activities; and any services the child is receiving.
3. Observe all children for physical signs maltreatment. If the child is four years old or under, or there is cause to believe any child has been harmed:
- a. In the least invasive manner possible, observe areas of the body that may be clothed.
 - i. Explain to the caregiver and child the reason for observing areas of the body that may be covered by clothing.
 - ii. Arrange for another adult to be present when possible (e.g., non-offending parent or legal guardian, relative, foster parent, school nurse, daycare staff, etc.).

- iii. If the child is four years old and under, ask the caregiver to adjust one area at a time (e.g., raising a shirt sleeve, pant leg, raise the shirt to view their back, etc.), ask them to replace the clothing before proceeding to the next area of the body. Take pictures of any injuries noted.
- iv. If the child is older than four and is capable, ask the child to adjust their own clothing as outlined above.


 If a full examination is needed, a medical provider may be used.


- b. If a suspicious injury or other signs of maltreatment is observed, gather information around the circumstances surrounding the injury by asking who, what, when, where and how. What was used to cause the injury (ex: hand, fist, belt, bat, extension cord)? Describe the object that was used to cause the injury. Observe the object used to cause the injury. Where did the incident that resulted in the injury occur (ex: bedroom, bathroom, grandma's kitchen)? Observe the specific location in the home where the incident occurred.
- c. What was the caregiver's response to the injury or being notified of the injury? Was medical treatment sought? Whenever there is a question of whether or not a child needs to be examined by a medical professional have the caregiver seek a medical consultation (e.g., 24-hour nurse helpline, poison control center). If medical treatment is recommended from the consult, insist the caregiver take the child to be examined by a medical professional within a specific timeframe.
- d. Determine whether there are any additional injuries that are not immediately apparent. Is there bruising or is the area sensitive to the touch? Does the child complain of discomfort or pain? Has the child suffered any other injuries or does the child have a history of injuries?
- e. Document any observed injuries or physical signs of maltreatment by taking quality pictures and/or a detailed written description.

 Pictures can also be used to document a lack of maltreatment, injury, or condition.

4. Identify everyday life situation(s) that are challenging to manage and that make the child unsafe or put the child at risk for maltreatment.
5. Identify with the caregiver the personal issue(s) that one or more caregivers have that makes caring for the children difficult as it relates to child safety and risk. Identify skills that the individual possesses that help to manage unwanted behavior.
6. Observe the family functioning and interactions around everyday tasks:
 - a. Parent/caregiver-child interaction:
 - i. How the caregiver(s) relates to the child;
 - ii. Whether the caregiver(s) appears to be calm, gentle, relaxed, and confident about parenting or if the caregiver appears anxious, easily frustrated, inattentive, indifferent, or detached; and
 - iii. What the caregiver(s) communicates to the child non-verbally (e.g., looks, touches, and gestures).
 - b. Interactions of all household members; and
 - c. The caregiver's ability to meet the needs of all children under their care and supervision.

7. Assess the physical home environment to determine if it is safe and appropriate to meet the needs of each child:
 - a. Examine every room in the home for present or potential environmental concerns or hazards. Take appropriate action to remedy environmental concerns or hazards (i.e., loose wires or cords, alcohol or beer bottles, any drug paraphernalia, broken glass or windows, medications or toxic cleaning items that are in reach of small children) prior to leaving the home;
 - b. Review the sleeping arrangements for all household members;
 - c. When an infant under one year of age is in the home assess and discuss safe sleep practices with the caregiver(s). Take appropriate action to remedy unsafe sleep situations prior to leaving the home such as helping a caregiver to prepare a safe sleeping area for an infant (see [Infant Safe to Sleep Guidelines and Protocol in Forms and Tools](#));

 A caregiver’s willingness or unwillingness to address a safe sleep environment must be considered when evaluating caregiver protective capacities and documented in Georgia SHINES.
 - d. Take pictures and/or document in writing the condition of the home when concerns or hazards are identified including the inside and outside of the home such as the yard, porch, etc.
8. Discuss motor vehicle safety precautions including not leaving children unattended in cars (see [Practice Guidance: Motor Vehicle Safety Recommendations](#)).
9. Build a consensus with the caregiver(s) regarding the family and individual challenges by summarizing how the old plan does not seem to be working very well and how it seems a new plan needs to be developed to address the challenges.
10. Notice and celebrate the caregiver(s) positive behavioral change with the family.
11. Make a safety determination, in consultation with the SSS, prior to concluding each purposeful contact with the parent, caregiver, adult household member or alleged maltreater (see [policy 19.11 Case Management: Safety Assessment](#)). If it is determined that the child is unsafe, prior to leaving the home, take immediate and appropriate action to control the safety threats to ensure child safety by:
 - a. Developing and Implementing with the caregiver in-home or out-of-home safety plan (see [policy 19.12 Case Management: Safety Plan & Management](#)); and/or
 - b. Initiating court/legal intervention (see [policy 17.1 Legal: The Juvenile Court Process](#)).
12. Thoroughly explain what will happen next and answer any questions he/she may have.

 When conducting the family interview and it becomes apparent that a private interview with any household member is needed to assess child safety conduct the interview(s) immediately following the family interview.

Analyzing Information

Upon the completion of each purposeful contact with the child, caregiver(s), or another household member the SSCM will:

1. Review and analyze the information gathered during the interview(s). Identify inconsistencies

or discrepancies.

2. Make necessary safety decisions in response to information gathered during interviews and the visit to the home in consultation with the SSS.
3. Consult with the SSS and/or other subject matter experts (i.e., Wellbeing Consultant, Field Program Specialist) for assistance as needed.
4. If a present danger situation was noted during a home visit, obtain the SSS signature of approval on the safety plan developed with the family.
5. Conduct safety screenings on additional household members or caregivers revealed during purposeful contacts who were not identified at intake (see policy [19.9 Case Management: Safety Screenings](#)).
6. Engage collateral contact as outlined in policy [19.16 Case Management: Collateral Contacts](#) to obtain pertinent and purposeful information for:
 - a. Determining child safety, well-being, and permanency;
 - b. Assessing caregiver protective capacities, and family functioning; and
 - c. Monitoring progress on Agreement Strategies when applicable.
7. Make referrals to implement needed services (see policy [19.17 Case Management: Service Provision](#)).
8. Follow up on commitments made during the visit.
9. Identify areas for discussion and follow up during the next visit.
10. Document purposeful contacts and any related activities in Georgia SHINES within 72 hours of occurrence, including updating the Person Detail Page and uploading any pictures or documents to External Documentation.

Supervisor's Role

1. Ensure purposeful contacts are occurring according to policy or as frequently as necessary to assess and ensure safety and determine family functioning.
2. Use the following reports to track purposeful contacts:
 - a. Family Support Activity Reports (Lenses); and
 - b. Log of Contacts (Georgia SHINES).
3. Assist the SSCM in preparing an agenda to ensure purposeful contacts are focused on the everyday life situations the family is having difficulty managing.
4. Ensure he/she is accessible to provide guidance and consult with the SSCM to discuss:
 - a. Information gathered concerning areas of family functioning (extent and circumstances concerning maltreatment, child development, and functioning, adult functioning and patterns of behavior, family choice of discipline, and family support system and resources);
 - b. A safety determination (safe or unsafe); and/or
 - c. Present danger situations or impending danger safety threats identified requiring the development of an in-home or out-of-home safety plan to control the present danger situation or impending danger safety threat and the case to be stage progressed to Investigation.

5. Document the supervisory staffing in Georgia SHINES within 72 hours of occurrence.
6. Ensure purposeful contacts are documented timely in Georgia SHINES within 72 hours of the occurrence, including pictures and observations.
7. Determine the sufficiency of the purposeful contacts through a Georgia SHINES documentation review, considering the following:
 - a. Documentation meets guidelines as outlined in Documenting Purposeful Contacts in Practice Guidance;
 - b. Does the documentation support the purposeful contact(s) conducted provides sufficient information to assess child safety and current family functioning;
 - c. Is the information gathered sufficient to support the safety decision;
 - d. Was the family engaged in manner that is conducive to building a partnership;
 - e. Was the discussion with the family focused on the everyday life tasks the family is struggling with;
 - f. Are inconsistencies documented that need to be resolved; and
 - g. Are there any services that have been identified that need to be linked to the family?
8. When inconsistencies or follow up is needed based on the review of documentation provide feedback and guidance to the SSCM in order to resolve the inconsistencies and ensure service provision, as necessary.

Practice Guidance

All contacts made with parents and their children provide an opportunity to build a trusting and supportive partnership. Contacts should be well planned and have a clear purpose. In order to thoroughly assess a child's safety, permanency, and well-being, it is important to assess the functioning of the family that is caring for the child. Some key principles to keep in mind when performing purposeful contacts include:

1. Recognizing the family providing care as a system - Each member of the family, including the child, has a role and responsibility within the family. If any one person is unable to fulfill their responsibilities, then the whole family is impacted.
2. Engagement and partnership building - purposeful contacts are not only about engaging and building a relationship with the caregiver, but also about engaging and building a relationship with the entire family including absent parents.
3. Involvement of families and youth - Because each member of a family has a role and responsibilities, it is essential to obtain input from all family members when assessing family functioning. When family members are engaged, this will re-affirm their importance in ensuring the success of the family system.
4. Recognizing all members are individuals – Each family members will adjust differently to challenges to everyday life tasks. It is important to recognize the individuality of each family member and the impact DFCS involvement has on their lives.
5. Cultural awareness - Each family has their own culture. Culture impacts family rituals and traditions. As family functioning is assessed, we must be respectful of all cultures involved and how they impact the functioning of the family.

6. Empathy, authenticity, and transparency - During purposeful contact with family, we should be mindful of these three words: empathy, authenticity, and transparency. When engaging we must be able to identify with their thoughts and feelings even though we may not always agree. We also must be genuine and open in our communication with all family members and recognize that we have some accountability regarding the success or failure of the family. Purposeful contacts are also a time for the family to hold us accountable for what we may or may not be doing on behalf of the family who has joined in partnership with us.
7. Remaining focused on safety, permanency, and well-being throughout the process.

Observing Children for Physical Signs of Maltreatment

Observing children for physical signs of maltreatment is an important part of ensuring child safety. To determine if there is cause to believe a child may be harmed, requiring the SSCM to view areas of the body that may be clothed, consider the following:

1. Non-verbal cues from the child or the caregiver that raise concern.
2. The age and special needs of the child. Young children and those with certain special needs are especially vulnerable and may not be able to verbalize when they are being abused or neglected. Therefore, the SSCM cannot depend on the child to say how they are feeling and must be keenly aware of non-verbal cues. For instance, if the child is wincing or drawing back slightly, it may be an indication of pain.
3. Statements made by the child, other children/household members/collaterals, etc. that indicate him/her may have been subjected to physical harm, etc.
4. Physical indicators of maltreatment such as suspicious injuries, marks, cuts, bruises, areas of swelling, protruding limbs, damaged skin, malnourishment, unexplained weight loss, lethargy, severe tooth decay, matted hair, pungent body odor, etc.
5. The child resides with the caregiver or other individual that harmed the child or another child.
6. The child indicates that physical discipline is being used; or that inappropriate methods of discipline is utilized by the caregiver or others in the home.

The SSCM may need to view areas of a child's body that are covered by clothing to observe for signs of maltreatment and determine if the child needs medical treatment. This may require that the child (or caregiver for younger children) adjust their clothing. This can be embarrassing and anxiety provoking for the child. SSCMs must be sensitive to the child's level of comfort and make every effort to reduce their discomfort. This can be accomplished by having an adult present that the child knows and trusts, and by asking the child or the caregiver (for children four years and under or those with special needs) to adjust one area of a child's clothing at a time. Asking the child or the caregiver to raise a child's pant leg or shirt sleeve one at a time, is less invasive, while allowing the SSCM to observe for signs of maltreatment. When possible, arrange for a staff person of the same sex as the child to conduct the observation.

Assessing Injuries

Some characteristics of injuries are considered red flags and warrant further scrutiny, these include but are not limited to:

1. Injuries on children who are not mobile, especially infants.

2. Injuries on protected surfaces of the body, such as the back and buttocks, ears, inside the mouth, genitalia and inner thighs, the neck, arms or legs, and underarms.
3. Multiple injuries in various stages of healing (i.e., skin injuries, lesions of varying ages, bruises).
4. Patterned trauma, even if the object used to commit the abuse cannot be determined.
5. Injuries that routine, age-appropriate supervision of the child should have prevented.
6. Significant injury with either no explanation or an explanation that is not plausible.

The SSCM may also need to observe the scene of the injury, to ascertain whether the caregiver and/or child's statement of what happened is plausible.

1. Ask the caregiver and/or child to show him/her exactly what happened, and where.
2. Note anything about the physical environment that refutes the statement(s) provided. For example, if the caregiver claims that the child fell out of bed and hit his head on the floor, causing a severe bruise, the SSCM should look at the bed, the floor, and height from the bed to the floor. Is the floor carpeted? Is it plausible that the injury occurred on the carpeted floor?
3. Obtain a detailed, precise timeline of events surrounding the incident or track the sequence of events. The more detailed the history, the more likely the assessment of the injury will be accurate. This can be helpful when communicating with medical staff to determine if the injury could have been caused in the manner described by the caregiver and/or child.
4. Document the caregiver's/child's words in quotes. Whenever possible, do not paraphrase. Clarify vague references to times, places, or observers.

Documenting Injuries

As injuries fade, photographs are needed to document the injuries, which may be used as evidence in an investigation or in court. When taking photographs of injuries (bruises, lacerations, etc.), ensure the following:

1. The caregiver and the child are informed of the reason for taking the photographs.
2. At least one photograph includes the adult witness with the alleged child victim.
3. Each photograph should have one identifier present (i.e., piece of the child's clothing), at least one photograph should include the child's face and the clothing, to assure that the evidence collected demonstrates the series of photographs of the same child.
4. Use measurable objects (i.e., ruler, coin, pencil) to depict the size of the injury. Photograph the object that caused the injury (whether the injury was accidental or not)
5. All photographs should be identified with the following information: the individuals who took the photo, the date it was taken, name and DOB of the alleged child victim, and if applicable address of the living environment.

Deliberate Information Gathering (DIG)

Seek to understand the caregiver, his/her point of view, story, and experience. That means to dig deeper for the information needed in order to understand the person, the situation and how these help explain both threats to child safety and caregiver protective capacities. The DIG^[2] idea is to be very deliberate in gathering information and seeking to understand while behaving very naturally.

The following interpersonal techniques can be used while gathering information:

1. Attending Behavior

Attending behavior refers to focusing attention on the caregiver rather than the SSCM's agenda or line of questioning. Attending behavior involves "matching" a caregiver's nonverbal behavior by consciously manipulating and controlling the SSCM's own nonverbal skills and responses. Primary attending behaviors include eye contact, facial expressions, body language, posturing and gesturing, following, reflecting and vocal qualities-tone and pace.

2. Open Questions

Open questions help to remove the SSCM from the responsibility of "carrying" the interview by establishing a conversational quality to the interaction. Open questions cannot be answered "yes" or "no" or in just a few words. Open questions require the caregiver to elaborate with a wider range of responses. Open questions are the "what" and "how" type questions.

3. Closed Questions

Closed questions should be used to restrict or narrow the focus of a caregiver's response. Closed questions should be used purposefully when precise detail and greater clarity is needed from the caregiver. As an exception, closed questions may be used more frequently when there are time constraints or when the SSCM is interviewing a caregiver who is very concrete or is not very verbal.

4. Paraphrasing

The primary intent of paraphrasing is to facilitate the clarification of statements, issues, and concerns. Paraphrasing may involve the SSCM selecting and using a caregiver's own keywords. Paraphrasing involves formulating the essential message that the caregiver is conveying and then stating that message back to the caregiver in the SSCM's own words. When paraphrasing, check for accuracy of the statement by concluding the paraphrase with a simple question such as, "Is that correct?" or "Does that sound accurate?"

5. Encouraging

This technique serves to keep people talking about a particular topic, issue, or concern. Encouraging may be as simple as using a slight verbal prompt, such as "uh-huh", "I see", "go on", or "then what?"

6. Conversational Looping

Conversational looping is a skill for gathering information that first involves the SSCM identifying some key general topic or area for discussion with a caregiver (e.g., approach to parenting, problem-solving, dealing with stress, etc.). Once a topic has been identified, begin the conversation with a broad non-threatening open question. As the conversation progresses related to the identified topic, continue with a line of questioning (primarily open-ended) based on previous caregiver responses that progressively moves the discussion toward a more specific and intimate inquiry. A key to effective conversational looping is the ability of the interviewer to maintain a caregiver's focus on a particular topic, which will then enable the interviewer to gather more detailed information from the caregiver about the issue, concern, or topic inquiry.

Example: Parenting Approach

"So, how would you describe yourself as a parent?"

"Where do you learn parenting skills from?"

"What brings you the most satisfaction as a parent?"

"How does what you're saying relate to your feelings about being a single parent?"

The content areas that are explored through conversational looping or for any technique are the six family functioning areas.

7. Reflective Listening Statements

Reflective listening statements involve the SSCM's attempts to interpret what a caregiver believes, thinks and/or feels, and then state the SSCM's interpretation back to the caregiver. The interpretation of what the caregiver is communicating is based on both verbal responses and nonverbal cues from the caregiver. A statement is used rather than a question because the statement is less likely to produce caregiver resistance, and, further, a statement triggers the caregiver to re-examine the accuracy of his/her perceptions and thoughts.

Example:

Caregiver: "I may have a couple of beers every once in a while, with my friends, but I don't have a drinking problem."

SSCM: "For you, drinking is no big deal...it's just something you do socially with your friends?"

Separating Intentions from Actions

An individual can experience differing even conflicting feelings about any given situation. It is not uncommon to have two thoughts on the same subject "I would like to..., but I am scared". Individuals who may have caused harm to a child also experiences these conflicting feelings. "He deserved to be punished for not following the rules..., but I didn't mean to hurt him. "He just would not stop crying, I was exhausted and wanted to sleep..., but I didn't mean to shake him that hard."

Separating intentions from actions means joining in partnership with the part of the person's thoughts (intentions) related to not wanting this event to occur again, while helping them to acknowledge their unacceptable actions. Two methods used to help separate intentions from actions are:

1. Normalizing Family Struggles

Normalizing is a form of empathy (understanding) that acknowledges the family's problems is part of the struggle of negotiating difficult life cycle stages, as well as strengths and efforts in coping with the problems. It also helps families learn that many others are in the same situation. It does not downplay or dismiss the problem. It also does not condone or endorse the harmful behavior.

For example, can you remember failing a test in college to only find out the majority of the class failed the test too? It does not remove the failing grade, but deep down it does make you feel a little better that others are in the same situation. Sometimes knowing others failed too provides confirmation that the test was difficult.

It is not unusual for families to start off defensively in their relationship with the case manager. Sometimes a simple introduction can evoke a defensive response from the family. Normalizing can enable an assessment to be more complete by minimizing the possibility of the family or individual becoming defensive and refusing to engage with the case manager. When a partnership is not established, information is not being shared openly, therefore obstructing the gathering information process (assessment). Normalizing a family's struggles can reduce the risk of defensive behavior by the family by attributing the family's problems to struggles associated with difficult life cycle stages.

Problem	Normalizing Language
Father who locked his teenage daughter in the basement to prevent her from leaving the house during the night while he sleeps.	“Teenagers today sometimes fail to understand the dangerous out in the world and the struggles to keep them away from harm. I found it so difficult when dealing with my teenage daughter, particularly if I knew she was hanging with the wrong crowd. You must feel horrible, how did the evening start?”
A mother who has neglected her children due to drug use (previous sex abuse victim by the biological father).	”Single mothers say all the time how hard it is raising children alone; I can only imagine how difficult it is to focus on the constant demands of raising two children while simultaneously trying to overcome the abuse you sustained as a child. It must be so hard. Tell me when you noticed things were more than you could handle?”
A mother who (education) neglects her children.	“As a parent, I found mornings extremely stressful. It took all I had to get the children up and out of the house to catch the school bus on time. I am sure it is especially difficult for you when your child makes up illnesses to avoid going to school and you do not have a car to transport him to school if he misses the bus. Tell me when this began.”
Foster mother spans a child in foster care in her home. (policy violation assessment)	“A lot of foster parents have expressed how challenging it is to integrate a child into their home when the child may have come from a home with different rules or values. How did this all get started?”
Relative placement resource who spanked a child in foster care placed in their home who is diagnosed ADHD.	“Relatives who agree to be a placement resource for the child often experience problems adhering to the no spanking guidelines required by DFCS, especially when they have cared for the child before the child went into foster care and was able to use physical discipline with the child. Tell what behaviors you were trying to deter?”
Adolescent in foster care who is experiencing problems adjusting to the school environment after being brought into foster care.	“I understand you are trying to focus on school, but it is hard to focus after being removed from your family and placed into foster care. Teenagers have told me how difficult it is returning to school after being brought into foster care and everyone at school is aware of the situation. Tell me about that.”
Adolescent in foster care who is having a problem establishing his career objectives for the creation of the WTLP.	“Teenagers often have trouble pinpointing their career path, it seems so far off and not like a big deal at this age. Let’s talk about it, what things are you good at?”
Adoptive parents who are experiencing doubts about adopting a child.	“This is not uncommon, several adoptive parents have expressed their apprehension to adopting a child following the adoptive placement, you are not alone, and adding a member to your family is a difficult process. Tell me about your concerns.”
A non-custodial parent who has a limited bond with the child wants to be a relative placement. (Relative care assessment)	“Parents who do not live with their child and only see the child sporadically, say it is very challenging to establish and maintain a bond with the child, particularly when the relationship with the caregiver who is caring for the child each day is strained. Tell me about that.”
A non-custodial parent who has a limited interaction with the child wants to be a relative placement. (Relative care assessment)	“I understand you were trying to get yourself financially established before engaging in your child’s life because you wanted to have something to offer your child. Parents who are not involved in their child’s life or have limited interactions with their child often say it is difficult to just show up when you have nothing tangible to offer. Tell me about this.”

2. Externalizing the Problem Pattern

Externalizing the problem allows the family or individual to detach themselves from their problem. Externalizing the problem does not mean minimizing the personal responsibility or shifting blame, rather, it allows the individual to view the problem as something that is separate from their identity as a person. In short, the person is not the problem, the problem is the prob-

lem. Language that externalizes the problem can reduce criticism, blame, and guilt. If one of the family members has an “anger” problem, externalizing the problem will free up the family to work on the problem rather than exhausting energy opposing each other or defending themselves. This opens up the opportunity for the SSCM to work with the family to address the problem.

For example, asking the individual, “How long have you struggled with the problem of controlling your temper?” “Has the anxiety problem been around for a while?” “Can you see how anxiety has limited your family from engaging in fun activities?” “If your family wasn’t plagued with the anxiety problem, what kind of activities would your family enjoy?”

Problem	Externalizing Language
Mother who beats her child (prior abuse victim)	“Maybe you would like to put an end to this cycle of violence that has been passed on to you; would you like to be one to defeat this monster and keep it from hurting future generations.”
Stepfather who slapped his teenage stepdaughter	“When you described those episodes when everybody gets into it and you end up losing it, you seemed to be saying that you hate these episodes because they keep you from being the father you really want to be to your stepdaughter.”
Mother who neglects her children due to depression	“This dark curtain that you mentioned, tell me about a time when you fought back, or slipped by, or fooled this dark curtain that descends on you.”
A mother who neglected her child due to drug use.	“When you said you vowed not to be like your mom and use drugs and not care for your children, you seemed to be saying the drug use keeps you from being the mother you really want to be to your children.”

Engagement of the Noncustodial Parent

Engagement of noncustodial parents is more than contacting them inquiring as to their interest in being involved with the child(ren). It requires trying to understand their situation and why they may feel the way they do. It is important to be aware of certain dynamics that may come into play in this process. Their behavior may be in response to previous negative experiences they have had with the custodial parent, preconceived notions about how they are perceived by others regarding the status of their parental involvement, or they may be reluctant because of their views about the child welfare system. Engagement of noncustodial parents can be facilitated by educating them on the process and exploring with them their possible role and how they can be a resource for the child(ren). The discussions with the custodial parent surrounding the involvement of the non-custodial parent need to occur during the development of the case plan. Engagement should revolve around the noncustodial parent’s presence/engagement in the child’s life, caregiving abilities, cooperative parenting, and emotional contributions to the child. A determination must be made about the non-custodial parent involvement with the child and their ability to contribute the outcomes of the case plan prior to establishing contact standards for the non-custodial parent.

Observing Parent/Guardian and Child Interaction

Direct observation of parent and child interactions: What is the quality of the parent and child bonding? Does the parent engage the child in developmentally stimulating activities? Does the parent handle the child roughly or is there an apparent comfort level in providing for the child’s needs? Does the parent identify the child’s needs and respond to them in a nurturing way? Does the

child seem fearful of the parent? Parent-child interaction in the parents' home should be observed prior to reunification.

Hearing and seeing how the parent and child communicate: Is communication verbal, non-verbal, physical, positive, negative, passive, more negative than positive?

Determine if progress on the specified steps of the case plan are met: What changes in the parent's interaction with a child are observed since the previous meeting and/or the implementation of service provisions (i.e., counseling, parenting skills training)? Is the parent learning and practicing better ways of parenting? Are they utilizing their action plan to avoid, interrupt or escape situations that would usually lead to high-risk behaviors? Does the parent redirect the child when unwanted behaviors are noticed? If service provision is effective, there should be evidence of enhanced parenting skills.

These are only a few of the many insights that may be gained from direct observation of parent and child interactions. Using what is directly observed as a major component of case decision making is vital. A case decision based only on what is reported by the parent is never sufficient.

Why Make Contacts in the Home?

It is important to visit children in the home environment to assess safety and gain an understanding of the child's living conditions and provide important firsthand observations of the home environment to which a child may be returning. Home visits allow for case managers to observe the interactions between the children and parents, as well as the way the family functions together in the home. Home visits provide optimum observations of families as they reflect how they behave in their natural setting.

Announced or Unannounced Home Visits

During an FSS case, contacts with the family are generally announced in an effort to engage the family collectively.^[3] However, there may be times when the indication of a present danger situation or impending danger safety threat, occurring during the FSS intervention, requires consideration of whether to make an announced or unannounced visit. If there is a present danger situation, this requires an immediate response, regardless of where the child is located. When a present danger situation is not apparent initially, the nature of the allegations and DFCS history, as well as the consideration of whether an interview could be tainted by an adult are important considerations when determining whether to do an announced or unannounced visit. Making an unannounced visit should be associated with timeliness, immediacy, or emergency situations. Unannounced visits are not discouraged when they are appropriate, but they should be necessary and justified based upon the individual circumstances of the case and its history. Supervisory consultation and guidance are an integral part of the discussion when preparing to engage a family during CPS intervention. A family needs to know that CPS is not there to "catch them doing something", but to take action to protect a child. Therefore, there needs to be a specific, immediate, and clearly observable reason that a case manager makes an unannounced visit.

When a case manager is trying to build a partnership and consensus with a family, he/she must remember that courtesy and mutual respect are core components of building effective and sustainable solutions to the difficult tasks or situations identified by a family. When possible, a scheduled visit with a family can be an effective, convenient, and efficient process for all parties. The visit can

be set to a time that is mutually convenient and include all household members. This alleviates the need to make multiple visits to complete interviews; saving time and effort for the case manager and caregiver(s) and shows an effort to be courteous and respectful of the family and their time.

Consideration for Additional Purposeful Contacts

Circumstances which may warrant additional visitation include, but are not limited to, the following:

1. Children are moved to a safety resource.
2. Children are not adjusting to being in the safety resource.
3. Children are considered vulnerable because of age or disability.
4. The safety plan is no longer sufficient.
5. Progress is not being made on the safety plan or the family is in crisis.
6. There are possible present danger situations or impending danger safety threats identified through contact with formal/informal providers or collaterals.
7. Child Protective Services history with the family.

Purposeful Contacts When the Caregiver or Child Resides in Another County

County A may request County B to conduct a purposeful visit with a caregiver or child who is residing or temporarily living in County B if County A cannot conduct the visit. Both counties should have a discussion prior to the visit to address case plan goals, the purpose of the visit and frequency of the visits. The assigned SSCM in County B should be added as a secondary SSCM in Georgia SHINES so that they may document the visit.

Safe Sleeping Recommendations for Infants up to One Year of Age

Caregivers of infants (birth to 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)/Sudden Unexpected Infant Death (SUID), also known as “crib death”. At minimum, caregivers should be advised of the three primary safe sleep recommendations of the American Academy of Pediatrics (AAP) commonly referred to as the ‘ABCs’ of safe sleep:

Alone – The baby’s sleep area should be close to, but separate from, where caregivers and others sleep. The sleeping area should be free of soft objects, toys, and loose bedding.

Back – Infants should always be placed on their back to sleep for naps and at night.

Crib – Place infants on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet.

Further additional information and guidance regarding safe sleeping and SIDS/SUIDS see Infant Safe to Sleep Guidelines and Protocol in [Forms and Tools](#).

Motor Vehicle Safety Recommendations

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. 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.

1. 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;
2. Make a habit of looking in the vehicle – front and back – before locking the door and walking away;
3. Ask the childcare provider to call if the child does not show up for care as expected;
4. 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;
5. 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;
6. A child in distress due to heat should be removed from the vehicle as quickly as possible and rapidly cooled.

Documenting Purposeful Contacts

All visits must be documented on the Contact Detail page in Georgia SHINES within 72 hours of the contact. A narrative must be completed for each Contact Detail. At a minimum, the documentation entry must include:

1. The type of contact (e.g., face-to-face, announced, unannounced, etc.).
2. The date the contact occurred.
3. Person(s) present at the visit.
4. The purpose of the visit.
5. What was discussed.
6. Where the visit occurred.
7. Whether the caregiver or child was interviewed privately. If the child was not interviewed privately document the reason(s) why this did not occur.
8. Summary of information (What happened at the visit):
9. Observations of the home environment, children for injuries or signs of maltreatment and interactions of family members.
10. Any concerns or red flags identified.
11. Next steps and the plan for addressing identified issues or concerns, as well as documentation of issue resolution.

Forms and Tools


[Authorization for Release of Information](#)

[Authorization for Release of Information - Spanish](#)

[Family Support Services Caregiver’s Guide \(English\)](#)

- [Family Support Services Caregiver’s Guide \(Spanish\)](#)
- [Commercial Sexual Exploitation of Children \(CSEC\) Referral Form](#)
- [Human Trafficking Case Management Statewide Protocol](#)
- [Infant Safe to Sleep Guidelines and Protocol](#)
- [Intimate Partner Violence \(Domestic Violence\) Guidelines & Protocol](#)
- [Notice of Case Record Information Available to Parents/Guardians](#)
- [Notice of Case Record Information Available to Parents/Guardians \(Spanish\)](#)
- [Notice of Privacy Practices](#)
- [Notice of Privacy Practices \(Spanish\)](#)

7.3 Making a Family Support Services Determination

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(7) Family Support Services		
	Policy Title:	Making a Family Support Services Determination		
	Policy Number:	7.3	Previous Policy Number(s):	N/A
	Effective Date:	March 2023	Manual Transmittal:	2023-01

Codes/References

- O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records
- O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records
- Child Abuse Prevention and Treatment Act (CAPTA)

Requirements

The Division of Family and Children Services (DFCS) will:

1. Make the following determinations upon the conclusion of a Family Support Services (FSS) assessment
 - a. Safety determination (safe or unsafe);
 - b. Whether further DFCS intervention is required to ensure child safety; and
 - c. The need for non-safety related service provision to assist the family or parent with managing the challenging situation(s).
2. Complete a thorough review and analysis of the information gathered, including DFCS history, during the FSS assessment to support decision-making.
3. Conduct a supervisor staffing to make an FSS determination.
4. Progress the FSS case to an Investigation in Georgia SHINES within three business days of the identification of a safety threat.
5. Document the FSS determination and the evidence to support safety and services decisions on the Agreement Summary page and FSS Conclusion page in Georgia SHINES.

Procedures

Social Services Case Manager

1. Document all FSS activities in Georgia SHINES including:
 - a. Interviews, observations, and collaterals; and
 - b. Uploading into External Documentation reports, forms, medical reports, professional assessments, pictures, letters, etc.
2. Analyze information gathered and observations made relative to each area of family functioning:
 - a. Interviews and observations of all household members and/or alleged maltreater(s);
 - b. Observations of the home environment and/or the location in which the abuse occurred, including observation of objects that may have been named in the allegations of maltreatment;
 - c. Collateral contacts;
 - d. Videos, assessments, forensic reports, police reports, medical reports, educational reports, pictures, etc.;
 - e. DFCS history and how it relates to the current allegations (see policy [19.10 Case Management: Analyzing DFCS History](#));
 - f. Safety Screenings; and
 - g. Any other information relevant to the allegations of maltreatment and child safety.
3. Consider the challenges the family is facing related to their developmental stage and tasks and any correlation to alleged child abuse.
4. When substance abuse is suspected or alleged see policy [19.26 Case Management: Case Management Involving Substance Abuse or Use](#) for additional steps that need to be completed and considered when making a determination.
5. Make additional contacts or obtain additional information to resolve and/or provide clarification of inconsistencies (see Practice Guidance: [Resolving Discrepancies or Conflicting Information](#)).
6. Participate in a supervisor staffing to make the following determinations:
 - a. Safety for each alleged victim child in accordance with policy [19.11 Case Management: Safety Assessment](#).
 - b. Whether further DFCS intervention is required to ensure child safety; and
 - c. The need for non-safety related service provision to assist the family or caregiver with managing the challenging situation(s).
7. Complete the Safety Plan page in Georgia SHINES when a safety concern is identified.
8. Complete the Agreement Summary page in Georgia SHINES, document:
 - a. A detailed summary of evidence that supports the safety determination.
 - b. What everyday family life issues the family or others are concerned about:

- c. What individual issues the family or others are concerned about that need to change to ensure child safety (e.g., change the old plan for managing anger, emotions, or substances).
 - d. The family strengths by describing what was learned from searching for exceptions with the family around what they have done to keep the child(ren) safe, healthy, and in school in the past and what resources were used.
 - e. The Agreement Strategy, if applicable, in accordance with policy [7.4 Family Support Services: Agreement Strategy](#).
9. Complete the Family Support Services Conclusion page:
- a. Document a concise summary in the narrative section of:
 - i. Services needed or recommended, and formal or informal services initiated or ongoing as a part of the Agreement Strategy.
 - ii. Services not needed or recommended based on evidence gathered during the FSS assessment (interviews, observations, collaterals).
 - b. Select a disposition:
 - i. Close-No Further Involvement
 - ii. Close-Opened in Error
 - iii. Close-Refer to Investigation
 - iv. Close-Refer for Services

Social Services Supervisor

1. Conduct a supervisor staffing as outlined in policy [19.6 Case Management: Supervisor Staffing](#) to make the following determinations:
 - a. Safety (safe or unsafe) for each alleged victim child in accordance with policy [19.11 Case Management: Safety Assessment](#).
 - b. Whether further DFCS intervention is required to ensure child safety; and
 - c. The need for non-safety related service provision to assist the family or caregiver with managing the challenging situation(s).
2. Review the case record in Georgia SHINES within 45 calendar days of receipt of the intake report, to ensure the case determination is accurately reflected:
 - a. Log of Contacts
 - b. Agreement Summary page
 - i. A detailed summary of evidence that supports the safety determination.
 - ii. What everyday family life issues the family or others are concerned about:
 - iii. What individual issues the family or others are concerned about that need to change to ensure child safety (e.g., change the old plan for managing anger, emotions, or substances).
 - iv. The family strengths by describing what was learned from searching for exceptions with the family around what they have done to keep the child(ren) safe, healthy, and in school in the past and what resources were used.

v. The Agreement Strategy, if applicable, in accordance with policy [7.4 Family Support Services: Agreement Strategy](#).

3. Review the FSS conclusion page, confirm the disposition selected is correct, and make an approval decision.



Stage progress the FSS assessment to the Investigation stage in Georgia SHINES within three business days of the identification of a safety threat.

Practice Guidance

Resolving Discrepancies or Conflicting Information

During an FSS assessment, often there are discrepancies in information collected or there are conflicting accounts regarding the allegations of abuse. It is important to attempt to resolve discrepancies or conflicts to ensure that the information gathered accurately supports the safety determination. Some ways to address these situations include but are not limited to:

1. Reviewing the information gathered again to determine what information is needed to resolve the issue(s).
2. Seeking supervisory assistance to review the information or develop a plan to resolve the issue(s).
3. Conducting additional interviews with the family members, reporter, collaterals, etc.
4. Engaging subject matter experts to assist in the review of evidence or to discuss the information.
5. Requesting additional professional assessments or evaluations for the child(ren) or caregiver(s).

Forms and Tools

N/A

7.4 Agreement Strategy


	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(7) Family Support Services		
	Policy Title:	Agreement Strategy		
	Policy Number:	7.4	Previous Policy Number(s):	N/A
	Effective Date:	December 2020	Manual Transmittal:	2020-10

Codes/References

Child Abuse Prevention and Treatment Act (CAPTA)

Requirements

The Division of Family and Children Services (DFCS) will:

1. Work collaboratively with the family to identify tasks or situations that are challenging to manage which compromise family functioning and/or well-being but are unrelated to safety.
 -  An Agreement Strategy is only applicable to address non-safety related needs. When safety threats are identified the case must be progressed to an Investigation.
2. Develop an Agreement Strategy with the family to address the challenging tasks or situations within five calendar days of identifying the need. Include in the Agreement Strategy:
 - a. A summary of needs identified;
 - b. A summary of family supports and resources available
 - c. Tasks to be completed who is responsible for completing each task;
 - d. Who is responsible for tracking and measuring the change and how these changes will be tracked and measured; and
 - e. Service provision (see policy [19.17 Case Management: Service Provision](#)).
3. Provide a copy of the approved Agreement Strategy the family within five calendar days of the development of the Agreement Strategy.
4. Arrange individualized services for the family to address the developmental challenges they are experiencing in their everyday life.
5. Document case activities in Georgia SHINES within 72 hours of occurrence.

Procedures

Social Services Case Manager

1. Consult with SSS to develop the agreement strategy.
2. Conduct a purposeful contact to develop the Agreement Strategy with the family within five calendar days of identifying a need:
 - a. Discuss consensus achieved with the family around the challenging situations identified and how the family can benefit from service provision.
 - b. Create the Agreement Strategy:
 - i. Identify family non-safety related need(s);
 - ii. Identify family supports and resources available;
 - iii. Determine task(s) to be completed;
 - iv. Identify the person responsible for the completing the task;
 - v. Determine who will be responsible for tracking and measuring the change and how these changes will be tracked and measured;
 - vi. Determine how services will be provided (formal or informal services providers); and/or
 - vii. Resolve barriers that may affect service provision.

- c. Provide the caregiver(s) a Suggestions for Parents/Tip Sheet related to the challenging situation, when applicable.
3. Document the Agreement Strategy in Georgia SHINES and submit to the SSS for approval:
 - a. A summary of needs identified;
 - b. A summary of family supports and resources available
 - c. Tasks to be completed who is responsible for completing each task;
 - d. Who is responsible for tracking and measuring the change and how these changes will be tracked and measured; and
 - e. Service provision (see policy [19.17 Case Management: Service Provision](#)).
4. Provide a copy of the approved Agreement Strategy the family within five calendar days of the purposeful contact.
5. Implement service provision to address the identified need which compromise family functioning and/or well-being in accordance with policy [19.17 Case Management: Service Provision](#).
6. Monitor service provision to ensure the effectiveness of service/supports implemented as a part of the Agreement Strategy in accordance with policy [19.17 Case Management: Service Provision](#).
7. Engage collateral contacts to obtain information related to the accomplishment of the Agreement Strategy task(s) in accordance with policy [19.16 Case Management: Collateral Contacts](#).
8. Notify the SSS of any safety issues observed during purposeful contacts or identified by providers, family supports or collateral contacts.



An Agreement Strategy is only applicable to address non-safety related needs. When safety threats are identified the case must be progressed to an Investigation.

9. Discuss and celebrate the specific and measurable progress that has been achieved with the family based on observations, interviews, and collateral information.

Social Services Supervisor

1. Ensure the Agreement Strategy is developed within five calendar days of the identifying a need.
2. Review and approve the Agreement Strategy in Georgia SHINES to ensure it address the identified need and focuses on the challenging situations which compromise family functioning and well-being.
3. Ensure the family is provided a copy of the Agreement Strategy within five calendars days of the development.
4. Ensure service provision is implemented timely and monitored in accordance with policy [19.17 Case Management: Service Provision](#).
5. During supervisor staffing with the SSCM, discuss the following to ensure the effectiveness of the Agreement Strategy:
 - a. Safety threats and the need for progression to an Investigation
 - b. Need for continued monitoring of the Agreement Strategy
 - c. Barriers to service provision

- d. Level of engagement of the family in service provision
- e. Effectiveness of the services or supports provided
- f. Level of engagement by service providers (formal and/or informal);
- g. Evidence of behavioral change (positive or negative);
- h. Collateral information, (assessments, reports, tests etc.)
- i. Progress towards the achievement of the task(s); and
- j. Suggestions for recognizing and celebrating change with the family.

Practice Guidance

While the family's participation in the Family Support Services Assessment is **not** voluntary; participation in the service provision component (FSS Agreement Strategy) is voluntary. Therefore, it is imperative that DFCS make every effort to engage the family in a way that builds a constructive relationship, in which consensus can be reached and a partnership formed. When DFCS and the family agree, solutions that are suited to the family or individual can be created that facilitate real and lasting change that builds stronger families.

The Agreement Strategy should address tasks or situations identified by the family in their everyday life that are challenging to manage, and which compromise family function and/or well-being, but are not related to present or impending danger. Services are utilized to enhance a caregiver's protective capacities and improve family functioning. When services are provided during the FSS assessment a review of the sufficiency of services should be completed prior to case closure.

When a family does make a positive change, it is important that DFCS recognize and celebrate this change with the family. This celebration provides an anchor for the family around their progress and encourages them to continue towards building and sustaining a stronger family unit.

Forms and Tools

N/A


[1] Solution Based Casework TM Training: SSA, L.L.C. © Dana N. Christensen PhD; 2013

[2] Deliberate Information Gathering, November 2006 ACTION for Child Protection, Inc.

[3] Developed from the Administration for Children and Families; Unannounced Home Visits – Critical Assessment Tool or Barrier to Family Engagement? Centennial Topical Webinar Series September 26, 2012, Theresa Costello, Presenter

Chapter 8 Family Preservation Services

8.0 Introduction to Family Preservation Services

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(8) Family Preservation Services		
	Policy Title:	Introduction to Family Preservation Services		
	Policy Number:	8.0	Previous Policy Number(s):	2105.1
	Effective Date:	August 2016	Manual Transmittal:	2016-09

Codes/References

Public Law (PL) 103-66 Family Preservation and Support Services Act of 1993

Discussion

Family Preservation Services (FPS) is described by the Family Preservation and Support Services Act of 1993 (PL 103-66) as a continuum of family-focused services for at-risk children and families. Services include activities designed to assist families in crisis, often where a child is at risk of being placed in out-of-home care because of abuse and/or neglect. Support services include preventive activities, typically provided by community-based organizations designed to improve the nurturing of children and to strengthen and enhance the stability of families.

The Georgia Division of Family and Children Services Practice Model as informed by Solution Based Casework (SBC) is utilized in the provision of Family Preservation Services. SBC incorporates three major theory groups to form an integrated practice model. These include Family Life Cycle Theory, Cognitive Behavior Therapy, and Solution Focused Interviewing. SBC organizes child welfare casework into four major milestones:

1. Milestone 1: Building a Consensus
 - Having honest conversation about family safety, parental capacity, and child vulnerability in a safe way that builds toward family engagement in change.
2. Milestone 2: Getting Organized on Outcomes.
 - Moving from talking about what needs to change to formalizing specific and measurable outcomes that the family (and their providers) will address.
3. Milestone 3: Specific Action Plans.
 - Working with families and providers to co-develop specific Action Plans to help them realize their outcomes amidst the challenges of their everyday lives.
4. Milestone 4: Documenting and Celebrating Success.
 - Working with families and providers to problem-solve challenges and notice their successes in ensuring family safety and individual self-management.

Through the use of Georgia’s practice model, a solution focused, family-centered, integrated case management approach, DFCS partners with families and the community to develop a plan to strengthen caregiver protective capacities and to mitigate or alleviate factors that place children in unsafe environments. Family Preservation Services (FPS) includes:

1. Families assessed during a Child Protective Services (CPS) investigation and it has been determined that present danger situations and impending danger safety threats have been controlled by the implementation of an in-home or out-of-home safety plan, however continued intervention is needed to resolve the ongoing child safety concerns. This include families with children under the age of 18 who are not emancipated and who have a case disposition of “substantiated” or “unsubstantiated-open.”
2. Families with children/youth that have been identified as Children in Need of Services (CHINS) based on the needs and services identified during the investigation, or based on court ordered services.
3. Families with court-ordered services.

Family Preservation Services are designed to be short-term, family-focused, community-based services that are implemented to help families achieve behavioral change and learn to manage everyday life situations, or problems that interfere with the caregiver(s)'s ability to provide proper care and protect his/her children. It is the philosophy of DFCS that difficult situations in the life of the family that threaten child safety must be resolved to protect children. Family Preservation Services should assist families in managing these situations with behavioral specific outcomes at the family level and individual level. The early identification of high risk behaviors, developmental stages and tasks of the family, and provision of timely and appropriate services is critical to achieving successful outcomes for families. Further, recognizing and celebrating success with the family facilitates sustained change.

Family Preservation Services include:

1. Establishing a partnership between the family, case managers and supervisors who manage the case during the family’s involvement with DFCS;
2. Maintaining a consensus with the family around family issues and needs;
3. Completion of purposeful visits that help to assess and address safety threats and service needs;
4. Whenever possible, allowing the family to take the lead in identifying potential solutions to the identified safety and high risk behaviors;
5. Safety planning and management;
6. Initial and ongoing family engagement in identifying present and impending danger situations, strengths and needs;
7. Developing case plan goals that include family level outcomes and individual level outcomes in partnership with the family that:
 - a. Are tied to everyday life events present within the family structure;
 - b. Are measurable through case evaluations throughout the family preservation stage;
 - c. Foster accountability amongst the family, case manager and service providers;
 - d. Specifically target high risk behaviors that may lead to present danger situations or impending danger situations.


ing danger safety threats;

- e. Plan for relapse prevention at every stage of family preservation services;
- 8. Facilitating and monitoring formal and/or informal supports and services;
- 9. Assessing the family’s ongoing progress regarding specific action plans and tasks; and
- 10. Documenting and celebrating success throughout the case with the family.

Case Closure in Family Preservation Services is based on:

- 1. Enhanced caregiver protective capacities that control impending danger threats and ensure safety;
- 2. Documented case plan evaluation of outcomes and action plan progress or barriers during the FPS case;
- 3. Achievement of behavioral changes that significantly illustrates the family’s ability to manage everyday life situations and mitigate conditions for repeat maltreatment.
- 4. Completion of Family Functioning Assessment in conjunction with impending danger assessment.
- 5. External supports that reduce or control high risk behaviors and ensure safety; or
- 6. Placement of children in out-of-home care (foster care).

8.1 Initiation of Family Preservation Services

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(8) Family Preservation Services		
	Policy Title:	Initiation of Family Preservation Services		
	Policy Number:	8.1	Previous Policy Number(s):	N/A
	Effective Date:	January 2022	Manual Transmittal:	2022-01

Codes/References

- O.C.G.A. § 15-11-212(d) Disposition of Dependent Child
- Public Law (PL) 95-608 Indian Child Welfare Act (ICWA) of 1978
- PL 96-272 Adoption Assistance and Child Welfare Act of 1980
- PL 103-66 Family Preservation and Support Services Act of 1993

Requirements

The Division of Family and Children Services (DFCS) will:

- 1. Provide Family Preservation Services (FPS) to:
 - a. Make reasonable efforts to keep children safely with their families;
 - b. Strengthen the parent(s)/caregiver(s)' capacity to provide proper care and protection to their

children; and

c. Prevent further maltreatment.

2. Initiate FPS within seven business days of:

a. Identification of the need for FPS. This occurs when:

- i. A consensus is reached with the SSCM and SSS that a present danger situation or impending danger safety threat exist; and
- ii. The child(ren) can safely remain in the legal custody of their parent/caregiver with an in-home or out-of-home safety plan.

b. The court ordering:

- i. Protective order requiring the caregiver to participate in services provided by DFCS;
- ii. Temporary custody to a third party (CPS cases);
- iii. Guardianship and a case plan supervised by DFCS (CPS cases); or
- iv. Child in need of services (CHINS) with DFCS oversight;
- v. A Temporary Alternative to Foster Care (TAFC) authorizing or continuing any voluntary agreement between the parent, guardian, or legal custodian and DFCS in which the child is cared for by a kinship caregiver outside his/her home.

3. Initiate FPS by:

- a. Participating in a case transfer staffing to ensure continuity of services to the family and there is clear direction for the case.
- b. Implementing services identified during the case transfer staffing to address the developmental challenges the family is experiencing in their everyday life.
- c. Initiating the Family Team Meeting (FTM) to engage the family and their family team members in case planning and decision making.
- d. Establishing the preliminary contact standards at the level necessary to ensure child safety.
- e. Conducting a joint visit with the Investigator or Foster Care Social Services Case Manager (SSCM) to allow for introductions and consistent information to the family.



Whether or not a joint visit is possible, the FPS SSCM must conduct a purposeful contact with the child and the family.

4. Initiate FPS whether or not the Georgia SHINES case has been progressed to Family Preservation Services stage.

5. Afford all rights under the Indian Child Welfare Act (ICWA) to any child who is a member of a federally recognized Indian Tribe, or eligible for membership and has a biological parent who is an enrolled member, and is subject to removal, placement and/or any other legal action to promote the stability and security of Indian tribes and their families (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).





DFCS shall make efforts to engage the tribe to the extent they elect to be involved, to work towards the achievement of the best outcome for the child, when a child is a member of a

Georgia recognized tribe.

Procedures

FPS Social Services Case Manager

1. Review the current case record and analyze any DFCS history. Verify the following documents have been completed and uploaded into Georgia SHINES External Documentation:
 - a. HIPAA Notice of Privacy Practices
 - b. Notice of Case Record Information Available to Parents/Guardians
2. Participate in the case transfer staffing as outlined in policy [19.4 Case Management: Case Transfer](#).
3. Implement the individualized services identified during the case transfer staffing in accordance with policy [19.17 Case Management: Service Provision](#).
4. Initiate the FTM process:
 - a. Submit a FTM referral or a copy of the completed case transfer staffing form to the FTM facilitator/unit, if the SSCM will not facilitate the FTM; and/or
 - b. Explain the FTM process to the family.
5. Establish the preliminary contact standards in accordance with policy [19.15 Case Management: Developing Contact Standards for Purposeful Contacts and Collateral Contacts](#).
 -  If the case has not been stage progressed to FPS, contact standards must be set and approved in Georgia SHINES within three business days of stage progression.
6. Prepare for the joint visit with the family as outlined in policy [8.2 Family Preservation: Purposeful Contacts with Families Receiving Family Preservation Services](#).
7. Conduct a joint visit with the Investigator or Foster Care SSCM as outlined in policy [19.4 Case Management: Case Transfer](#).
 -  Whether or not a joint visit is possible, the FPS SSCM must conduct a purposeful contact with the child and the family.
8. Explain and complete the Consent to Receive Targeted Case Management Services form with the primary caregiver (see policy [19.18 Case Management: Targeted Case Management](#)).
9. Participate in or conduct the FTM to develop the case plan and establish the purposeful contact standards as outlined in policy [19.15 Case Management: Developing Contact Standards for Purposeful Contacts and Collateral Contacts](#).

Social Services Supervisor

1. Review the current case record and analyze any DFCS history. Verify that HIPAA Notice of Privacy Practices and Notice of Case Record Information Available to Parents/Guardians have been completed and uploaded into Georgia SHINES External Documentation.
2. Participate in the case transfer staffing with the SSCM (see policy [19.4 Case Management: Case Transfer](#)).

3. Ensure the FPS SSCM is added as a secondary worker to the Investigation or Foster Care Family (FCF) stage in Georgia SHINES to document case management activities, if the case has not been stage progressed to Family Preservation.
4. In conjunction with the SSCM, establish and set and approve contact standards in Georgia SHINES as outlined in policy [19.15 Case Management: Developing Contact Standards for Purposeful Contacts and Collateral Contacts](#).



If the case has not been stage progressed to FPS, contact standards must be set and approved in Georgia SHINES within three business days of stage progression.

5. Ensure services identified during the case transfer staffing are implemented timely as outlined in policy [19.17 Case Management: Service Provision](#).
6. Participate in the FTM (see policy [19.3 Case Management: Solution-Focused Family Team Meetings](#)).

Practice Guidance

Identifying the Need for Family Preservation Services

FPS are implemented to help families achieve behavioral changes and learn to manage everyday life situations. Partnership decision making should be used to determine if family circumstances warrant FPS, if not court ordered. The SSCM and supervisor should reach a consensus that a present danger situation or impending danger safety threat exists, and the child(ren) can safely remain in the legal custody of the parent/caregiver with an in-home or out-of-home safety plan. Routinely, this decision is made during a supervisor staffing. When consensus cannot be achieved it is possible to identify the need for FPS solely based on the supervisor's decision.

In order to facilitate successful and sustainable positive changes within a family, a joint effort is required between the SSCM and the caregiver(s). To begin, the SSCM and the family must reach an agreement on what constitutes a safe environment for the child(ren) and what specific caregiver protective capacities must be enhanced to attain and maintain child safety. This agreement, or consensus building, is initiated during the assessment stage and continues throughout DFCS involvement with the family.

The introductory phase with a family is the cornerstone of developing the relationship between the SSCM and the caregiver. It is during this contact that the SSCM discusses his/her role, responsibilities, and expectations for involvement with the family. The SSCM should work diligently to build a partnership with the family and continue to build on that partnership throughout the life of the case. It is crucial for the SSCM to begin where the caregiver is in relation to his/her experiences with CPS intervention up to this point. The caregiver's perception and opinions concerning his/her responsibility to protect the child(ren) are relevant and must be considered when evaluating protective capacities at this stage of involvement.

As a part of introducing FPS to the family and when beginning to discuss the specific needs and consensus that was developed during the Investigative process, the SSCM should focus on:

1. Engaging the caregiver(s) in a collaborative partnership for change;
2. Assisting the caregivers in identifying their own needs in relationship to their capacity to pro-


tect the child(ren);

3. Assisting the caregiver(s) in identifying the needs of the child(ren) related to safety, permanency, and well-being and in committing to meet those identified needs;
4. Helping the caregiver(s) to become self-aware of negative conditions or diminished caregiver protective capacities that need to be mitigated for the children to be safe; and
5. Assisting in the facilitation and development of change strategies or interventions required to meet identified needs (case plan goals).

Forms and Tools

N/A

8.2 Purposeful Contacts with Families Receiving Family Preservation Services

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(8) Family Preservation Services		
	Policy Title:	Purposeful Contacts with Families Receiving Family Preservation Services		
	Policy Number:	8.2	Previous Policy Number(s):	N/A
	Effective Date:	January 2022	Manual Transmittal:	2022-01

Codes/References

O.C.G.A. § 15-11-2 Definitions

O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records

Title IV-E of the Social Security Act Sections 471(a)(9)(c) and 475 (9)

Public Law (PL) 95-608 Indian Child Welfare Act (ICWA) of 1978

PL 103-66 Family Preservation and Support Services Act of 1993

PL 104-191 Health Insurance Portability and Accountability Act (HIPAA) of 1996

PL 113-183 Preventing Sex Trafficking and Strengthening Families Act of 2014

Requirements

The Division of Family and Children Services (DFCS) will:

1. Prepare for each contact to ensure it is planned and has a clear purpose.
2. Engage families receiving Family Preservation Services (FPS) in a manner that is beneficial to establishing a partnership by:
 - a. Engaging from the viewpoint that families go through developmental stages and encounter common challenges.
 - b. Separating the intent from the actions that did or did not take place by:

- i. Normalizing the challenges the family identifies in their everyday life routine; and
 - ii. Externalizing the problem pattern.
3. Conduct a joint visit with the sending and receiving Social Services Case Manager (SSCM) and the family during the case transfer process in accordance with policy [19.4 Case Management: Case Transfer](#).
4. Establish the frequency of purposeful contacts to sufficiently assess child safety based on the individual family circumstances in accordance with policy [19.15 Case Management: Developing Contact Standards for Purposeful Contacts and Collateral Contacts](#).
5. Conduct private face-to-face purposeful contacts every calendar month, to gather information concerning progress toward case plan outcomes, caregiver capacity and family functioning to assess child safety with:
 - a. All children who reside in the household;
 - b. Primary and secondary caregivers who reside in the home; and
 - c. Other household members.



Contacts may be required with others who live outside of the home based on case circumstances and the individualized contact standards established with the family. For example, when custody has been transferred to a third party and DFCS is working a case plan with the parent/legal custodian, it may be necessary to require purposeful contacts with the child and/or the third party custodian to assess progress towards conditions of return.

6. Adhere to Health Insurance Portability and Accountability Act and confidentiality provisions outlined in policies [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#).
7. Conduct private face-to-face purposeful contacts at a minimum every 14 calendar days when there is an out-of-home arrangement in which the child is cared for outside his/her home to evaluate conditions of return, caregiver capacity and family functioning to assess child safety, with the:
 - a. Parent(s), guardian(s) or legal custodian(s)
 - b. Voluntary kinship caregiver(s)
 - c. Child(ren)
8. Engage by phone weekly each parent/guardian/legal custodian, kinship caregiver, and child while the child remains in the voluntary kinship or caregiver's home.



While phone contact is not considered a purposeful contact, it is important to have a frequent contact with all involved parties when the child is out of the home.

9. Observe all children for physical signs of maltreatment. If there is cause to believe any child may have been harmed, observe areas of the child's body that may be covered by clothing. Such observation shall occur in the least invasive manner possible, and every effort should be made to ensure children are not fully unclothed during the observation.



Physical signs of maltreatment may include suspicious injuries, marks, cuts, bruises, areas of swelling, protruding limbs, damaged skin, malnourishment, lethargy, severe tooth

decay, matted hair, pungent body odor, etc.

10. Observe interactions of parent and child interaction and interaction of all household members to assess family functioning around everyday life tasks including the caregiver's ability to meet the needs of the child(ren) under his/her care.



This can be accomplished by convening all family members together prior to or following the private face-to-face contacts. However, before convening the family together, consider circumstances that may create a safety concern, such as domestic violence/intimate partner violence (DV/IPV), etc.

11. Assess the physical home environment to confirm that it is safe and appropriate to meet the needs of each child, including examination of every room in the home and sleep arrangements for all household members.
12. Assess and discuss infant safe sleep practices with any caregiver who has an infant (birth to 12 months of age) in the home and address any unsafe sleeping situations prior to leaving the home.
13. Discuss motor vehicle safety recommendations including hot car safety with caregivers. (See Practice Guidance: [Motor Vehicle 'Hot Car' Safety Recommendations](#)).
14. Request law enforcement assistance:
 - a. To interview or observe a child when the caregiver denies access and child safety cannot be ensured;
 - b. When performing a removal of the child from the home; or
 - c. When out of control situations exist.
15. Immediately report any new known or suspected instances of child abuse/neglect to the CPS Intake Communications Center (CICC) as outlined in policy [3.24 Intake: Mandated Reporters](#).
16. *Immediately report (no later than 24 hours) to law enforcement any child or youth who the agency identifies as being a known or suspected victim of sex trafficking.*
17. Conduct efforts to locate a family when they cannot be located or has moved to an unknown location in accordance with policy [19.21 Case Management: Unable to Locate](#).
18. Document purposeful contacts in Georgia SHINES within 72 hours of the occurrence including uploading any pictures to External Documentation.

Procedures

Preparation


The SSCM will:

1. Review:
 - a. Case plan and documentation from previous contacts to understand the significant factors affecting child's safety, permanency and well-being, caregiver protective capacities, and a family's ability to ensure the safety of their children moving forward;
 - b. Action plans for progress and effectiveness;

- c. Safety plan for adherence and sufficiency;
 - d. Supervisor staffing notes to ensure that any needed follow up is addressed during the purposeful contact; and
 - e. Caregiver's or child(ren)'s recently completed assessments/evaluations for insight into family functioning and recommendations.
2. Develop a plan for the purposeful contact:
- a. Determine whether the contact should be announced or unannounced based on the extent and circumstances of the child abuse or neglect and the safety plan in place;
 - b. Determine strategies for engaging the family members separately as well as together. Discuss information gathering approaches, including persons to be engaged, order, location and when purposeful contact will occur. Consider factors such as DV/IPV, child safety, etc., when determining how or whether to convene the family together;
 - c. Prepare a list of questions to ensure all issues/concerns are addressed;
 - d. Determine the need for interpretation services for non-English speaking individuals or auxiliary aids for sensory impaired individuals. If required, Limited English Proficiency and Sensory Impaired Customer Services (LEP/SI) is used to assist DFCS in providing meaningful language access to customers. Contact LEP/SI via lepsi@dhs.ga.gov. The use of family members as interpreters is not appropriate; and
 - e. Identify potential child safety and family service needs and safety interventions.
3. If the purposeful contact will occur in a correctional facility, become familiar with the facility's procedures for contact and visitation:
- a. Who must initiate the process and how?
 - b. Are liaisons provided by the correctional facility to work with child welfare professionals?
 - c. How far in advance does the visit need to be scheduled?
 - d. What are the visiting hours of the facility?
 - e. Does the facility have a dress code when visiting?
 - f. What types of contact are allowed (e.g., physical touch, telephone, face-to-face)?
4. Gather forms and other material for the purposeful contact, including but not limited to:
- a. Copy of the current case plan and action plan
 - b. Authorization for Release of Information
 - c. Brochures:
 - i. Safe Sleep for Your Baby
 - ii. Helping Keep Children Safe
 - d. Consent to Receive Targeted Case Management Services (see policy [19.18 Case Management: Targeted Case Management](#))
 - e. Suggestions for Parents/Tips Sheet
 - f. Notice of Privacy Practices
 - g. Notice of Case Record Information Available to Parents/Guardians

Child/Youth

The SSCM will:

1. Engage the child in a private face-to-face conversation using age and developmentally appropriate language and questions to assess and discuss:
 - a. Child safety
 - b. Any needs, concerns, or fears of the child
 - c. Progress toward action plan outcomes (family and individual level outcomes):
 - i. What is working better in their family?
 - ii. What is not working or needs to be adjusted?
 - d. Services provided to the family as a part of their case plan:
 - i. Who is the provider?
 - ii. How often do they participate in services?
 - iii. What changes are they seeing from the services?
 - iv. Are they helpful?
 - v. Are services in the home or at a facility?
 - e. Physical, education and mental health needs and any services the child is receiving
 - f. Extracurricular activities or interest of the child
 - g. Illnesses the child may have experienced that month, current medications, and any recent hospital visits
2. Observe all children for physical signs of maltreatment. If there is cause to believe that a child has been harmed:
 - a. In the least invasive manner possible, observe areas of the body that may be clothed.
 - i. Explain to the caregiver and child the reason for observing areas of the body that may be covered by clothing.
 - ii. Arrange for another adult to be present (e.g., caregiver, non-offending parent or legal guardian, relative, foster parent, school nurse, daycare staff, etc.).
 - iii. If the child is four years old and under, ask the caregiver to adjust one area at a time (e.g., raising a shirt sleeve, pant leg, raise the shirt to view their back, etc.), ask them to replace the clothing before proceeding to the next area of the body. Take pictures of any injuries noted.
 - iv. If the child is older than four and is capable, ask the child to adjust their own clothing as outlined above.
 -  If a full examination is needed, a medical provider should be used.
 - b. If observation of the child uncovers injuries or other signs of maltreatment:
 - i. Determine whether there are any additional injuries that are not immediately apparent. Is there bruising or is the area sensitive to the touch? Does the child complain of discom-

fort or pain?

- ii. Gather information around the circumstances surrounding the injury and the parent's knowledge and response to the injury asking who, what, when, where, and how. What was used to cause the injury (ex: hand, fist, belt, bat, extension cord)? Describe the object that was used to cause the injury. Where did the incident that resulted in the injury occur (ex: bedroom, bathroom, grandma's kitchen)?
- iii. Evaluate and determine whether injuries to the child or condition of the child requires an immediate medical or psychological evaluation or medical treatment;
- iv. Whenever there is a question of whether a child needs to be examined by a medical professional have the caregiver seek a medical consultation (e.g., 24-hour nurse helpline, poison control center). If medical treatment is recommended from the consult, insist the caregiver take the child to be examined by a medical professional within a specific time-frame.
- v. Document any observed injuries or physical signs of maltreatment by taking quality pictures and/or a detailed written description.



Pictures can also be used to document a lack of maltreatment, injury, or condition.

- vi. Consult with the Social Services Supervisor regarding making a report to the CPS Intake Communications Center (CICC) as outlined in policy [3.24 Intake: Mandated Reporters](#).
3. Make a safety determination (safe or unsafe) prior to concluding each purposeful contact with the caregiver(s), child, or alleged maltreater. If it is determined that the child is unsafe, in consultation with the Social Services Supervisor (SSS), take immediate and appropriate action to control the safety threats to ensure child safety by:
- a. Developing and implementing with the caregiver an in-home or out-of-home safety plan; and/or
 - b. Initiating court/legal intervention.

Parent (Custodial/Non-Custodial), Caregiver or Adult Household Member

The SSCM will:

1. Engage the parent/guardian/legal custodian, caregiver, or adult household member in a private face to face conversation of child safety, permanency, and wellbeing.
 - a. Discuss and explain confidentiality and safeguarding of information, including HIPAA privacy laws:
 - i. DFCS has an obligation to maintain the confidentiality and privacy of protected health information (PHI) and other personal information;
 - ii. DFCS cannot share protected health information (PHI) with any person, agency, or contractor without prior written authorization from the owner of the PHI, unless otherwise permitted by law.
 - iii. Provide a copy of the Notice of Privacy Practices and obtain signature, if not previously completed.
 - b. Explain and complete the following forms:

- i. Consent to Receive Targeted Case Management Services (see policy [19.18 Case Management: Targeted Case Management](#))
- ii. Notice of Case Record Information Available to Parents/Guardians, if not previously completed (see policy [2.10 Information Management: J.J. v. Ledbetter Parent or Guardian Request for Information](#)).
- c. The consensus developed with the family around the everyday life situation(s) that is challenging for the family to manage that makes the child unsafe, or places the child at risk for maltreatment;
- d. Safety management strategies and interventions:
 - i. Current in-home or out-of-home safety plan:
 - 1. The sufficiency of the safety plan; and
 - 2. Parent/caregiver progress in correcting or mitigating the safety threats;
 - ii. Progress and status of any Plan of Safe Care developed for an infant prenatally exposed to illegal substances, when applicable.
- e. The family's progress toward achieving family level outcomes (FLO) and individual level outcomes (ILO), specifically as it relates to behavioral change needed to enhance caregiver protective capacities and ensure child safety (see policy [8.3 Family Preservation Services: Case Planning](#));
- f. The family's execution of action plans, including managing setbacks and relapse prevention skills being utilized within the home to manage unwanted behaviors, and the need to update the action plan (see policy [8.3 Family Preservation Services: Case Planning](#)):
 - i. Caregiver's ability to prevent high risk or difficult situations that may have surfaced since the last visit;
 - ii. Caregiver's ability to identify their early warning signals;
 - iii. Caregiver's ability to prevent high risk situations;
 - iv. Caregiver's ability to interrupt risk situations; and
 - v. Caregiver's ability to escape situations not interrupted.
- g. The family's participation in services related to their case plan and progress or barriers with services (see policy [19.17 Case Management: Service Provision](#));
- h. Information obtained from collateral contacts, as appropriate, related to child safety, permanency, and well-being, and to evaluate case plan progress;
- i. Any major changes or issues in the family's home or life that may impact their ability to meet the needs of the child(ren);
- j. Areas of family functioning (see policy [19.13 Case Management: Family Functioning Assessment](#)):
 - i. Maltreatment/presenting problem
 - ii. Maltreatment context and circumstances
 - iii. Family developmental stages and tasks
 - iv. Family's pattern of disciplining their children

- v. Family support
 - vi. Child/youth development
 - vii. Individual caretaker patterns of behavior
- k. The results and/or recommendations of any assessments or evaluations conducted; and
- l. The need to modify contact standards for the family, when applicable (see policy [8.4 Family Preservation Services: Case Evaluation](#));
2. If injuries or signs of maltreatment were discovered during observation of the child:
- a. When did the injury take place? Who was present during the incident that resulted in the injury?
 - b. Was an object used to cause the injury (ex: hand, fist, belt, bat, extension cord)? Describe the object that was used to cause the injury (example: black belt with studs)? Observe the object used to cause the injury.
 - c. Where did the incident that resulted in the injury occur (ex: bedroom, bathroom, hallway, etc.)? Observe the specific location in the home where the incident occurred.
 - d. Document the observed object or location of the incident where the injury occurred by taking quality pictures and/or a detailed written description.
 - e. What was the caregiver's response to the injury or being notified of the injury? Was medical treatment sought?
 - f. Has the child suffered any other injuries or does the child have a history of injuries?
 - g. Whenever there is a question of whether or not a child needs to be examined by a medical professional have the caregiver seek medical consultation (e.g., 24-hour nurse helpline or poison control center). If medical treatment is recommended, insist the caregiver take the child to be examined by a medical professional.
3. Assess the physical home environment to determine if it is safe and appropriate to meet the needs of each child:
- a. Examine every room in the home for present or potential environmental concerns or hazards. Take appropriate action to remedy environmental concerns or hazards (i.e., loose wires or cords, alcohol or beer bottles, any drug paraphernalia, broken glass or windows, medications or toxic cleaning items that are in reach of small children) prior to leaving the home;
 - b. Never leave a child in a home without addressing present or potential environmental concerns or hazards;
 - c. Review the sleeping arrangements for all household members;
 - d. When an infant (birth to 12 months of age) is in the home, assess and discuss safe sleep practices with the parent(s)/caregiver(s). Take appropriate action to remedy unsafe sleep situations prior to leaving the home such as helping the parent/caregiver to prepare a safe sleeping area for an infant (see [Infant Safe to Sleep Guidelines and Protocol in Forms and Tools](#));
 - e. Take pictures and/or document in writing the condition of the home when concerns or hazards are identified.
4. Celebrate the caregiver(s) behavioral change (i.e., managing the safety plan or satisfying ele-

ments of the conditions for return);

5. Make a safety determination (safe or unsafe) prior to concluding each purposeful contact with the caregiver(s), child, or alleged maltreater. If it is determined that the child is unsafe, in consultation with the Social Services Supervisor (SSS), the Social Services Cases Manager (SSCM) shall take immediate and appropriate action to control the safety threats to ensure child safety by:
 - a. Developing and Implementing with the caregiver in-home or out-of-home safety plan (see policy [19.12 Case Management: Safety Plan & Management](#)); and/or
 - b. Initiating court/legal intervention.
6. Summarize any strengths and/or barriers to goal completion identified during the visit with the caregiver and any new strategies discussed at the visit; and
7. Review commitments agreed upon and next steps and confirm future visits.

Voluntary Kinship Caregivers

The SSCM will:

1. Address the areas outlined in Purposeful Contact for Parent (Custodial/Non-Custodial), Caregiver, or Adult Household Member.
2. Review, assess and discuss the following during the private face-to-face conversation with each voluntary kinship caregiver to assess child safety, permanency, and well-being:
 - a. How the child is functioning and adjusting in the home of the voluntary kinship caregiver:
 - i. Is the child respectful and obedient of household rules?
 - ii. Does the child seem sad, depressed, or anxious?
 - iii. Is the child doing well in school or has relocating to the voluntary kinship caregiver's home negatively impacted their behavior and progress at school?
 - iv. Has the child been able and willing to communicate with their parent/legal custodian?
 - v. If other children are in the home, how does the child interact with those children?
 - vi. Does the caregiver feel overwhelmed or stressed about the child(ren) being there?
 - vii. Is the caregiver supportive of the parent and child relationship?
 - viii. Is the child taking any medications, and if so, what is the routine?
 - ix. If needed, is the caregiver willing to be a more permanent placement?
 - b. Any issues that could disrupt the voluntary kinship arrangement prior to being able to safely return the child home.
 - c. Any new household members.
 - d. Progress or barriers to returning the child(ren) home.
 - e. Visitation plans for the child and legal custodian.



If visits with the parent, guardian or legal custodian are prohibited during this period, ensure that the voluntary kinship caregiver understands visits should not take place.

- f. Any issues concerning finances for caring for the child(ren).
- g. Any services that the child may be involved in while at the voluntary kinship caregiver's home.
- h. Observe interactions between the voluntary kinship caregiver(s) and the child(ren).
- i. Any safety threats.

Family

The SSCM will:

1. Convene/reconvene the family members together:
 - a. Discuss consensus reached with the family around the everyday life situation(s) that is challenging for the family to manage; and the solutions (actions) agreed upon to address those situations.
 - b. Ask the family members to discuss progress toward achieving family level outcomes (FLO) and individual level outcomes (ILO), including execution of action plans;
 - c. Explore how the family is managing setbacks and relapse prevention skills included on the action plan.
 - d. Discuss whether the action plan may need to be modified based on progress or lack of progress made.
 - e. The need to modify contact standards for the family, when applicable (see policy [8.4 Family Preservation Services: Case Evaluation](#)).
 - f. Reach consensus regarding any progress made or lack thereof, including any needed modification to the action plan.
 - g. Celebrate progress made based on behavior changes identified or observed with the family.
2. Observe the interaction and family functioning around everyday tasks:
 - a. Parent/caregiver-child interaction:
 - i. How the parent/caregiver(s) relates to the child.
 - ii. Whether the parent/caregiver(s) appears to be calm, gentle, relaxed, and confident about parenting or if the caregiver appears anxious, easily frustrated, inattentive, indifferent, or detached.
 - iii. What the caregiver(s) communicates to the child non-verbally (e.g., looks, touches, and gestures).
 - b. Interactions of all household members.
 - c. Caregiver's ability to meet the needs of all children under their care and supervision.
3. Discuss next steps, including commitments made related to the FLOs and ILOs.

Analyzing Information

Upon completion of each purposeful contact SSCM will:

1. Immediately report to the CICC any new, known or suspected instances of child abuse or neglect

using the guidelines outlined in policy [3.24 Intake: Mandated Reporters](#).

2. When information gathered indicate a child/youth is a known sex trafficking victim or red flags are indicated suggesting a child/youth might be a sex trafficking victim:
 - a. Contact the Georgia Bureau of Investigation immediately to within 24 hours to provide notification and to discuss next steps, if the information was not previously reported;
 - b. Follow the procedures outlined in Human Trafficking Case Management Statewide Protocol in the Forms and Tools; and
 - c. Refer the family to specialized services to address the needs of child/youth victim(s) of sex trafficking or those identified as at risk (see policy [19.17 Case Management: Service Provision](#)).
3. Review and analyze the information gathered during the interview(s).
 - a. Identify inconsistencies or any information that requires clarification and a manner to resolve any inconsistencies or discrepancies.
 - b. If injuries were observed or discussed:
 - i. Does the caretaker appear truthful during your interview with them?
 - ii. Is the injury consistent with the story the caregiver provided?
 - iii. Is the caregiver's and child's story consistent with each other?
 - iv. Was medical attention needed and provided?
 - v. If medical attention was provided, is the follow up clear and planned?
 - vi. Does the medical team have any concerns regarding the injury and caretaker's explanation regarding the injury?
 - vii. Is there a history of injuries with this child or any other children in the home?
 - c. Identify areas for discussion and follow up during the next visit.
 - d. Make necessary safety decisions in response to information gathered during the contact.
4. Consult with the Social Services Supervisor and/or subject matter expert (Field Assessment and Support Team, Field Program Specialists, Safety Master Practitioners, etc.) for assistance as needed.
5. If a safety plan was developed and implemented with the caregiver(s) during the purposeful contact:
 - a. Obtain the SSS signature of approval on the safety plan (see policy [19.12 Case Management: Safety Plan & Management](#)); and
 - b. Complete the Present Danger Assessment in Georgia SHINES within 72 hours of the purposeful contact, if present danger was identified.
6. Document purposeful contacts in Georgia SHINES within 72 hours of occurrence, including uploading any pictures, safety plans or documents to External Documentation.
7. Conduct safety screenings on new household members or caregivers revealed during purposeful contact and update the Person Detail Page in Georgia SHINES (see policy [19.9 Case Management: Safety Screenings](#)).
8. Engage individuals identified as collateral contacts to obtain pertinent and purposeful informa-

tion for determining progress towards case plan goals, child safety, well-being and permanency; assessing caregiver protective capacities, as well as progress on managing child safety (safety plan) and satisfying the conditions of return (see policy [19.16 Case Management: Collateral Contacts](#)).

9. Follow up on services provided to the family as a part of their case plan by formal and/or informal service providers.
10. Make appropriate referrals necessary to implement needed services within five business days or one business day for emergency needs (see policy [19.17 Case Management: Service Provision](#)).
11. Follow up on commitments made during the visit.

Supervisor's Role

The Social Services Supervisor (SSS) will:

1. Ensure purposeful contacts are established and occurring according to policy or as frequent as necessary to assess progress toward case plan outcomes to ensure safety and determine family functioning.
2. Ensure contact standards are set to a minimum of every 14 calendar days when there is an arrangement for the child to be cared for outside his/her home (voluntary kinship).
3. Use the following reports to track purposeful contacts:
 - a. Case Worker Visitation Compliance Report (Lenses);
 - b. Cases without Case Manager Parent Visit List Report (Georgia SHINES); and
 - c. Log of Contacts (Georgia SHINES)
4. Assist the SSCM in preparing an agenda to ensure purposeful contacts are focused on the everyday life situations the family is having difficulty managing and safety, permanency, and well-being.
5. Ensure he/she is accessible to the SSCM to provide guidance and consult with the SSCM in "real time" to discuss:
 - a. Information gathered concerning areas of family functioning;
 - b. Present danger situations that exist or indications of impending danger safety threats;
 - c. Making a safety determination (safe or unsafe);
 - d. Developing the in-home or out-of-home safety plan to control the present danger situation or impending danger safety threats; and/or
 - e. Sufficiency of the safety plan to manage safety threats.
6. Discuss the SSCM's ongoing engagement with the family and ability to develop a partnership to ensure purposeful contacts are able to move the family toward achieving case plan outcomes and gathering the necessary information to assess child safety.
7. Ensure purposeful contacts are documented timely in Georgia SHINES within 72 hours of the occurrence, including pictures and observations.
8. Review purposeful contacts documented in Georgia SHINES to determine the sufficiency of the

purposeful contacts. Consider the following:

- a. Does the documentation meet guidelines as outlined in Practice Guidance: Documenting Purposeful Contacts?
- b. Does the documentation support that the purposeful contact(s) are sufficient to help the family make progress toward achieving case plan outcomes?
- c. Is the information gathered sufficient to support the safety decision?
- d. Was the family engaged in a manner that is conducive to building a partnership?
- e. Was the discussion with the family focused on the everyday life tasks the family is struggling with?
- f. Are inconsistencies documented that need to be resolved?
- g. Identification of any needed linkage of services for the family.

Practice Guidance

All contacts made with parents and their children provide an opportunity to build a trusting and supportive partnership. Contacts should be well planned and have a clear purpose. In order to thoroughly assess a child's safety, permanency, and well-being, it is important to assess the functioning of the family that is caring for the child. Some key principles to consider when conducting purposeful contacts include:

1. Recognizing the family providing care as a system
Each member of the family, including the child, has a role and responsibilities within the family. If any one person is unable to fulfill their responsibilities, then the whole family is impacted.
2. Engagement and partnership building
Purposeful contacts are not only about engaging and building a relationship with the caregiver, but also about engaging and building a relationship with the entire family including absent parents.
3. Involvement of families and youth
Because each member of a family has a role and responsibilities, it is essential to obtain input from all family members when assessing family functioning. When family members are engaged, this will re-affirm their significance in ensuring the success of the family system.
4. Recognizing all members are individuals
Each family member will adjust differently to challenges to everyday life tasks. It is important to recognize the individuality of each family member and the impact DFCS involvement has on their lives.
5. Cultural awareness
Each family has their own culture. Culture impacts family rituals and traditions. As family functioning is assessed, being respectful of all cultures involved and how they impact the functioning of the family is important for engaging families and developing partnerships.
6. Empathy, authenticity, and transparency
During purposeful contact with family, be mindful of empathy, authenticity, and transparency. When engaging families, it is important to identify their thoughts and feelings even if we may not always agree. Be genuine and open in communicating with all family members and recog-

nize your accountability regarding the success or failure of the family. Purposeful contacts are also a time for the family to hold us accountable for what we may or may not be doing on behalf of the family who has joined in partnership with us.

7. Remaining focused on safety, permanency, and well-being throughout the process.

Observing Children for Physical Signs of Maltreatment

Observing children for physical signs of maltreatment is an important part of ensuring child safety. To determine if there is cause to believe a child has been physically harmed, consider the following:

1. Non-verbal cues from the child or the caregiver that raise concern.
2. The age and special needs of the child. Young children and those with certain special needs are especially vulnerable and may not be able to verbalize when they are being abused or neglected. Therefore, the SSCM cannot depend on the child to say how they are feeling and must be keenly aware of non-verbal cues. For instance, if the child is wincing or drawing back slightly, it may be an indication of pain.
3. Statements made by the child, other children/household members/collaterals, etc. that indicate him/her may have been subjected to physical harm or neglect, etc.
4. Physical indicators of maltreatment such as suspicious injuries, marks, cuts, bruises, areas of swelling, protruding limbs, damaged skin, malnourishment, unexplained weight loss, lethargy, severe tooth decay, matted hair, pungent body odor, etc.
5. The child resides with the caregiver or other individual that harmed the child or another child.
6. The child indicates that physical discipline is being used; or that inappropriate methods of discipline is utilized by the caregiver or others in the home.

The SSCM may need to view areas of a child's body that are covered by clothing to observe for signs of maltreatment and determine if the child needs medical treatment. This may require that the child (or caregiver for younger children) adjust their clothing. This can be embarrassing and anxiety provoking for the child. SSCMs must be sensitive to the child's level of comfort and make every effort to reduce their discomfort. This can be accomplished by having an adult present that the child knows and trusts, and by asking the child or the caregiver (for children four years and under or those with special needs) to adjust one area of a child's clothing at a time. Asking the child or the caregiver to raise a child's pant leg or shirt sleeve one at a time, is less invasive, while allowing the SSCM to observe for signs of maltreatment. The child should never be fully unclothed. When possible, arrange for a staff person of the same sex as the child to conduct the observation.

Assessing Injuries

Some characteristics of injuries are considered red flags and warrant further scrutiny, these include but are not limited to:

1. Injuries on children who are not mobile, especially infants.
2. Injuries on protected surfaces of the body, such as the back and buttocks, ears, inside the mouth, the neck, arms or legs, and underarms.
3. Multiple injuries in various stages of healing (i.e., skin injuries, lesions of varying ages, bruises).
4. Patterned trauma, even if the object used to commit the abuse cannot be determined.

5. Injuries that routine, age-appropriate supervision of the child should have prevented.
6. Significant injury with either no explanation or an explanation that is not plausible.

The SSCM may also need to observe the scene of the injury, to ascertain whether the caregiver and/or child's statement of what happened is plausible.

1. Ask the caregiver and/or child to show him/her exactly what happened, and where.
2. Note anything about the physical environment that refutes the statement(s) provided. For example, if the caregiver claims that the child fell out of bed and hit their head on the floor, causing a severe bruise, the SSCM should look at the bed, the floor, and height from the bed to the floor. Is the floor carpeted? Is it plausible that the injury occurred on the carpeted floor?
3. Obtain a detailed, precise timeline of events surrounding the incident or track the sequence of events. The more detailed the history, the more likely the assessment of the injury will be accurate. This can be helpful when communicating with medical staff to determine if the injury could have been caused in the manner described by the caregiver and/or child.

Deliberate Information Gathering (DIG)

Seek to understand the caregiver, his/her point of view, story, and experience. That means to dig deeper for the information needed in order to understand the person, the situation and how these help explain both threats to child safety and caregiver protective capacities. The DIG^[1] idea is to be very deliberate in gathering information and seeking to understand while behaving very naturally. The following interpersonal techniques can be used while gathering information:

1. Attending Behavior

Attending behavior refers to focusing attention on the caregiver rather than the SSCM's agenda or line of questioning. Attending behavior involves "matching" a caregiver's nonverbal behavior by consciously manipulating and controlling the SSCM's own nonverbal skills and responses. Primary attending behaviors include eye contact, facial expressions, body language, posturing and gesturing, following, reflecting and vocal qualities-tone and pace.

2. Open Questions

Open questions help to remove the SSCM from the responsibility of "carrying" the interview by establishing a conversational quality to the interaction. Open questions cannot be answered "yes" or "no" or in just a few words. Open questions require the caregiver to elaborate with a wider range of responses. Open questions are the "what" and "how" type questions.

3. Closed Questions

Closed questions should be used to restrict or narrow the focus of a caregiver's response. Closed questions should be used purposefully when precise detail and greater clarity is needed from the caregiver. As an exception, closed questions may be used more frequently when there are time constraints or when the SSCM is interviewing a caregiver who is very concrete or is not very verbal.

4. Paraphrasing

The primary intent of paraphrasing is to facilitate the clarification of statements, issues, and concerns. Paraphrasing may involve the SSCM selecting and using a caregiver's own keywords. Paraphrasing involves formulating the essential message that the caregiver is conveying and then stating that message back to the caregiver in the SSCM's own words. When paraphrasing,

check for accuracy of the statement by concluding the paraphrase with a simple question such as, “Is that correct?” or “Does that sound accurate?”

5. Encouraging

This technique serves to keep people talking about a particular topic, issue, or concern. Encouraging may be as simple as using a slight verbal prompt, such as “uh-huh”, “I see”, “go on”, or “then what?”

6. Conversational Looping

Conversational looping is a skill for gathering information that first involves the SSCM identifying some key general topic or area for discussion with a caregiver (e.g., approach to parenting, problem-solving, dealing with stress, etc.). Once a topic has been identified, begin the conversation with a broad non-threatening open question. As the conversation progresses related to the identified topic, continue with a line of questioning (primarily open-ended) based on previous caregiver responses that progressively moves the discussion toward a more specific and intimate inquiry. A key to effective conversational looping is the ability of the interviewer to maintain a caregiver’s focus on a particular topic, which will then enable the interviewer to gather more detailed information from the caregiver about the issue, concern, or topic inquiry.

Example: Parenting Approach

“So, how would you describe yourself as a parent?”

“Where do you learn parenting skills from?”

“What brings you the most satisfaction as a parent?”

“How does what you’re saying relate to your feelings about being a single parent?”

The content areas that are explored through conversational looping or for any technique are the six family functioning areas.

7. Reflective Listening Statements

Reflective listening statements involve the SSCM’s attempts to interpret what a caregiver believes, thinks and/or feels, and then state the SSCM’s interpretation back to the caregiver. The interpretation of what the caregiver is communicating is based on both verbal responses and nonverbal cues from the caregiver. A statement is used rather than a question because the statement is less likely to produce caregiver resistance, and, further, a statement triggers the caregiver to re-examine the accuracy of his/her perceptions and thoughts.

Example:

Caregiver: “I may have a couple of beers every once in a while, with my friends, but I don’t have a drinking problem.”

SSCM: “For you, drinking is no big deal...it’s just something you do socially with your friends?”

Separating Intentions from Actions

An individual can experience differing even conflicting feelings about any given situation. It is not uncommon to have two thoughts on the same subject “I would like to..., but I am scared”. Individuals who may have caused harm to a child also experiences these conflicting feelings. “He deserved to be punished for not following the rules..., but I didn’t mean to hurt him. “He just would not stop crying, I was exhausted and wanted to sleep..., but I didn’t mean to shake him that hard.”

Separating intentions from actions means joining in partnership with the part of the person’s

thoughts (intentions) related to not wanting this event to occur again, while helping them to acknowledge their unacceptable actions. Two methods used to help separate intentions from actions are:

1. Normalizing Family Struggles

Normalizing is a form of empathy (understanding) that acknowledges the family’s problems is part of the struggle of negotiating difficult life cycle stages, as well as strengths and efforts in coping with the problems. It also helps families learn that many others are in the same situation. It does not downplay or dismiss the problem. It also does not condone or endorse the harmful behavior.

For example, can you remember failing a test in college to only find out the majority of the class failed the test too? It does not remove the failing grade, but deep down it does make you feel a little better that others are in the same situation. Sometimes knowing others failed too provides confirmation that the test was difficult.

It is not unusual for families to start off defensively in their relationship with the case manager. Sometimes a simple introduction can evoke a defensive response from the family. Normalizing can enable an assessment to be more complete by minimizing the possibility of the family or individual becoming defensive and refusing to engage with the case manager. When a partnership is not established, information is not being shared openly, therefore obstructing the gathering information process (assessment). Normalizing a family’s struggles can reduce the risk of defensive behavior by the family by attributing the family’s problems to struggles associated with difficult life cycle stages.

Problem	Normalizing Language
Father who locked his teenage daughter in the basement to prevent her from leaving the house during the night while he sleeps.	“Teenagers today sometimes fail to understand the dangerous out in the world and the struggles to keep them away from harm. I found it so difficult when dealing with my teenage daughter, particularly if I knew she was hanging with the wrong crowd. You must feel horrible, how did the evening start?”
A mother who has neglected her children due to drug use (previous sex abuse victim by the biological father).	”Single mothers say all the time how hard it is raising children alone; I can only imagine how difficult it is to focus on the constant demands of raising two children while simultaneously trying to overcome the abuse you sustained as a child. It must be so hard. Tell me when you noticed things were more than you could handle?”
A mother who (education) neglects her children.	“As a parent, I found mornings extremely stressful. It took all I had to get the children up and out of the house to catch the school bus on time. I am sure it is especially difficult for you when your child makes up illnesses to avoid going to school and you do not have a car to transport him to school if he misses the bus. Tell me when this began.”
Foster mother spans a child in foster care in her home. (policy violation assessment)	“A lot of foster parents have expressed how challenging it is to integrate a child into their home when the child may have come from a home with different rules or values. How did this all get started?”
Relative placement resource who spanked a child in foster care placed in their home who is diagnosed ADHD.	“Relatives who agree to be a placement resource for the child often experience problems adhering to the no spanking guidelines required by DFCS, especially when they have cared for the child before the child went into foster care and was able to use physical discipline with the child. Tell what behaviors you were trying to deter?”

Problem	Normalizing Language
Adolescent in foster care who is experiencing problems adjusting to the school environment after being brought into foster care.	“I understand you are trying to focus on school, but it is hard to focus after being removed from your family and placed into foster care. Teenagers have told me how difficult it is returning to school after being brought into foster care and everyone at school is aware of the situation. Tell me about that.”
Adolescent in foster care who is having a problem establishing his career objectives for the creation of the WTLF.	“Teenagers often have trouble pinpointing their career path, it seems so far off and not like a big deal at this age. Let’s talk about it, what things are you good at?”
Adoptive parents who are experiencing doubts about adopting a child.	“This is not uncommon, several adoptive parents have expressed their apprehension to adopting a child following the adoptive placement, you are not alone, and adding a member to your family is a difficult process. Tell me about your concerns.”
Non-custodial parent who has a limited bond with the child wants to be a foster care kinship placement.	“Parents who do not live with their child and only see the child sporadically, say it is very challenging to establish and maintain a bond with the child, particularly when the relationship with the caregiver who is caring for the child each day is strained. Tell me about that.”
Non-custodial parent who has limited interaction with the child wants to be a foster care kinship placement.	“I understand you were trying to get yourself financially established before engaging in your child’s life because you wanted to have something to offer your child. Parents who are not involved in their child’s life or have limited interactions with their child often say it is difficult to just show up when you have nothing tangible to offer. Tell me about this.”

2. Externalizing the Problem Pattern

Externalizing the problem allows the family or individual to detach themselves from their problem. Externalizing the problem does not mean minimizing the personal responsibility or shifting blame, rather, it allows the individual to view the problem as something that is separate from their identity as a person. In short, the person is not the problem, the problem is the problem. Language that externalizes the problem can reduce criticism, blame, and guilt. If one of the family members has an “anger” problem, externalizing the problem will free up the family to work on the problem rather than exhausting energy opposing each other or defending themselves. This opens up the opportunity for the SSCM to work with the family to address the problem.

For example, asking the individual, “How long have you struggled with the problem of controlling your temper?” Has the anxiety problem been around for a while?” Can you see how anxiety has limited your family from engaging in fun activities?” “If your family wasn’t plagued with the anxiety problem, what kind of activities would your family enjoy?”

Problem	Externalizing Language
Mother who beats her child (prior abuse victim)	“Maybe you would like to put an end to this cycle of violence that has been passed on to you; would you like to be one to defeat this monster and keep it from hurting future generations.”
Stepfather who slapped his teenage stepdaughter	“When you described those episodes when everybody gets into it and you end up losing it, you seemed to be saying that you hate these episodes because they keep you from being the father you really want to be to your stepdaughter.”
Mother who neglects her children due to depression	“This dark curtain that you mentioned, tell me about a time when you fought back, or slipped by, or fooled this dark curtain that descends on you.”

Problem	Externalizing Language
A mother who neglected her child due to drug use.	“When you said you vowed not to be like your mom and use drugs and not care for your children, you seemed to be saying the drug use keeps you from being the mother you really want to be to your children.”

Engagement of the Noncustodial Parent

Engagement of noncustodial parents is more than making contact with them inquiring as to their interest in having involvement with the child(ren). It requires making an effort to understand their situation and why they may feel the way they do. It is important to be aware of certain dynamics that may come into play in this process. Their behavior may be in response to previous negative experiences they have had with the custodial parent, preconceived notions about how they are perceived by others regarding the status of their parental involvement, or they may be reluctant because of their views about the child welfare system. Engagement of noncustodial parents can be facilitated by educating them on the process and exploring with them their possible role and how they can be a resource for the child(ren). The discussions with the custodial parent surrounding the involvement of the non-custodial parent need to occur during the development of the case plan. Engagement should revolve around the noncustodial parent’s presence/engagement in the child’s life, caregiving abilities, cooperative parenting, and emotional contributions to the child. A determination must be made about the non-custodial parent involvement with the child and their ability to contribute the outcomes of the case plan prior to establishing contact standards for the non-custodial parent.

How to Tell When a Family Is Functioning Well

Some characteristics identified with a well-functioning family include support, love, mutual caring, feeling secure, feeling a sense of belonging, open communication, and making each person within the family feel valued. Some questions to consider when determining whether or not a family is functioning well include:

1. Does the family have fun together despite their daily demands? What activities do they do together? What were they doing the last time they laughed together as a family? Does the family sit down to meals together?
2. Are there clear family rules that apply equally to all members? Are these rules flexible enough to adapt to a change in the family dynamics/situation?
3. Are family members’ expectations of each other realistic, mutually agreed upon, and usually met?
4. Do family members achieve their goals, and are their needs being met?
5. Do all the children in the home have the same opportunities to participate in extracurricular activities?
6. How does caregiver spend individual time with each child?
7. Is there genuine respect between the parents and children? How do they demonstrate love, trust, and concern for one another? Do they demonstrate these the same way even when disagreements occur?
8. How does the family adapt to change? Do household members get upset or unhappy with change?

Observing Interactions – Parent/Caregivers and Child

Direct observation of parent and child interactions: What is the quality of the parent and child bonding? Does the parent engage the child in developmentally stimulating activities? Does the parent handle the child roughly or is there an apparent comfort level in providing for the child's needs? Does the parent identify the child's needs and respond to them in a nurturing way? Does the child seem fearful of the parent?

Hearing and seeing how the parent and child communicate: Is communication verbal, non-verbal, physical, positive, negative, passive, more negative than positive? Determine if progress on the specified steps of the case plan are met: What changes in the parent's interaction with a child are observed since the previous meeting? Is the parent learning and practicing better ways of parenting? Are they utilizing their action plan to avoid, interrupt or escape situations that would usually lead to high risk behaviors? Does the parent redirect the child when unwanted behaviors are noticed?

These are only a few of the many insights that may be gained from direct observation of parent and child interactions. Using what is directly observed as a major component of case decision making is vital. A case decision based only on what is reported by the parent is never sufficient. This is especially true for CPS where the ultimate goal of all case plans is to change the behaviors that led to child maltreatment.

Why Make Contacts in the Home?

It is important to visit children in the home environment to assess safety and gain an understanding of the child's living conditions and provide important firsthand observations of the home environment to which a child may be returning. Home visits allow for case managers to observe the interactions between the children and parents, as well as the way the family functions together in the home. Home visits provide optimum observations of families as they reflect how they behave in their natural setting.

Announced or Unannounced Home Visits

When a case manager is trying to build a partnership and consensus with a family, he/she must remember that courtesy and mutual respect are core components of building effective and sustainable solutions to the difficult tasks or situations identified by a family. ^[2] When possible, a scheduled visit with a family can be an effective, convenient, and efficient process for all parties. The visit can be set to a time that is mutually convenient and include all household members. This alleviates the need to make multiple visits to complete interviews; saving time and effort for the case manager and caregiver(s) and shows an effort to be courteous and respectful of the family and their time. Making an unannounced visit should be associated with timeliness, immediacy, or emergency situations. Unannounced visits are not discouraged when they are appropriate, but they should be necessary and justified based upon the individual circumstances of the case.

Pictures

Pictures are useful for documenting injuries and/or the condition of the home environment; and may be used as evidence in an investigation or in court.

1. When taking pictures to document injuries, ensure the following:

- a. The caregiver and the child are informed of the need for taking the pictures.
 - b. Each photograph should have one identifier present (i.e., piece of the child's clothing), at least one photograph should include the child's face and the clothing, to assure that the evidence collected demonstrates the series of pictures of the same child.
 - c. Use measurable objects (i.e., ruler, coin, pencil) to depict the size of the injury. Photograph the object that caused the injury (whether the injury was accidental or not).
2. When taking pictures of the condition of the home related to safety hazards to the children, include all the areas that demonstrate a safety hazard, such as inside and outside the home, including the yard, when applicable.



If the safety hazard is an infant unsafe sleep situation, take a picture of the area in which the infant currently sleeps.

3. All pictures should be identified with the following information: the individuals who took the photo, the date it was taken, name and date of birth of the alleged child victim, and if applicable the address where the injury occurred or the home with the safety hazards.

Consideration for Additional Purposeful Contacts

Circumstances which may warrant additional visitation include, but are not limited to, the following:

1. Children are moved to a voluntary kinship caregiver's home;
2. Children are not adjusting to being in the voluntary kinship caregiver's home;
3. Children are considered vulnerable because of age or disability;
4. The safety plan is no longer sufficient;
5. Progress is not being made on the safety plan or the family is in crisis;
6. There are possible present danger situations or impending danger safety threats identified through contact with formal/informal providers or collaterals; and
7. Child Protective Services history with the family.

Purposeful Contacts When the Caregiver or Child Resides in Another County

County A may request County B to conduct a purposeful contact with a caregiver or child who is residing or temporarily living in County B if County A cannot conduct the visit. Both counties should have a discussion prior to the contact to address case plan goals, purpose of the contact and frequency of the visits. The assigned SSCM in County B should be added as a secondary SSCM in Georgia SHINES so that they may document the contact.

When an out-of-home safety plan results in caregivers and children living in separate counties, the county of the caregiver's residence has case management responsibility. This includes:

1. Conducting the monthly face-to-face contact(s) with the caregivers and children;
2. Encouraging caregivers to maintain ongoing visits with their children; and
3. When applicable, requesting the county of the children's temporary residence to provide ser-

vices to the children, including the required monthly face-to-face contact with the children and documenting this for the county with case management responsibility (see policy [22.1 Kinship: Use of Voluntary Kinship Caregivers in Child Protective Services](#)).

Safe Sleeping Recommendations for Infants up to One Year of Age

Caregivers of infants (birth to 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)/Sudden Unexpected Infant Death (SUID), also known as “crib death”. At minimum, caregivers should be advised of the three primary safe sleep recommendations of the American Academy of Pediatrics (AAP) commonly referred to as the ‘ABCs’ of safe sleep:

Alone – The baby’s sleep area should be close to, but separate from, where caregivers and others sleep. The sleeping area should be free of soft objects, toys, and loose bedding.

Back – Infants should always be placed on their back to sleep for naps and at night.

Crib – Place infants on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet.

Further additional information and guidance regarding safe sleeping and SIDS/SUIDS see Infant Safe to Sleep Guidelines and Protocol in [Forms and Tools](#).

Motor Vehicle ‘Hot Car’ Safety Recommendations

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. 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.

1. 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;
2. Make a habit of looking in the vehicle – front and back – before locking the door and walking away;
3. Ask the childcare provider to call if the child does not show up for care as expected;
4. 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;
5. 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;
6. A child in distress due to heat should be removed from the vehicle as quickly as possible and rapidly cooled.

Documenting Purposeful Contacts

All visits must be documented on the Contact Detail page in Georgia SHINES within 72 hours of the contact. A narrative must be completed for each Contact Detail. At a minimum, the documentation entry must include:

1. The type of contact (e.g., face-to-face, announced, unannounced, etc.).
2. The date the contact occurred.
3. Person(s) present at the visit.
4. The purpose of the visit.
5. What was discussed.
6. Where the visit occurred.
7. Whether the caregiver or child was interviewed privately. If the child was not interviewed privately document the reason(s) why this did not occur.
8. Summary of information (What happened at the visit):
 - a. Progress toward action plan outcomes
 - b. Progress toward case plan outcomes
 - c. Sequencing of the event/situation that is causing concern;
 - d. Safety, permanency, and well-being issues discussed;
 - e. Consensus developed with the caregivers;
 - f. Safety determination (safe or unsafe)
 - g. Safety plan management;
 - h. Change that was noticed and celebrated with the caregiver(s).
9. Observations of the home environment, children for injuries or signs of maltreatment and interactions of family members.
10. Any concerns or red flags identified.
11. Next steps and the plan for addressing identified issues or concerns, as well as documentation of issue resolution.

Forms and Tools

[Authorization for Release of Information](#)

[Authorization for Release of Information - Spanish](#)

[Human Trafficking Case Management Statewide Protocol](#)

[Infant Safe to Sleep Guidelines and Protocol](#)

[Intimate Partner Violence \(Domestic Violence\) Guidelines & Protocol](#)


[Notice of Case Record Information Available to Parents/Guardians](#)

[Notice of Case Record Information Available to Parents/Guardians \(Spanish\)](#)

[Notice of Privacy Practices](#)

[Notice of Privacy Practices - Spanish](#)

8.3 Case Planning

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(8) Family Preservation Services		
	Policy Title:	Case Planning		
	Policy Number:	8.3	Previous Policy Number(s):	2105.6, 2105.7, 2105.8, 2105.9
	Effective Date:	March 2019	Manual Transmittal:	2019-01

Codes/References

O.C.G.A. § 15-11-22 Agreement to Mediate; Procedures
O.C.G.A. § 15-11-29 Protective Orders
O.C.G.A. § 15-11-150 Authority to File Petition
O.C.G.A. § 15-11-201 Case Plan; Contents
O.C.G.A. § 15-11-202 Reasonable Efforts by DFCS to Preserve or Reunify Families
Public Law (PL) 95-608 Indian Child Welfare Act (ICWA) of 1978
PL 103-66 Family Preservation and Support Services Act of 1993
PL 105-89 Adoptions and Safe Families Act of 1997
PL 113-183 Preventing Sex Trafficking and Strengthening Families Act of 2014

Requirements

The Division of Family and Children Services (DFCS) will:

1. Assist the family in constructing a way to think about the problem (safety concern) that promotes real change.
2. Work collaboratively with the family to identify the behaviors that need to occur or the necessary skills a family must have to predict safety more accurately (consensus) and to establish partnership with the family focused on change.
3. Use the case assessments to build the case plan.
4. Engage the following individuals or entities in the case planning process:
 - a. Family members: To improve family conditions through enhancing the caregiver's protective capacities and gaining an understanding of what they have identified as problem behaviors that interfere with their ability to provide proper care and protect their children.
 - b. Collaterals (formal and informal support system): To gather their ideas about what needs to happen for safety to be restored.
 - c. The Office of Family Independence (OFI): When financial concerns threaten safety and family stability.
 - d. The Indian tribe: To initiate participating in case planning if the child is subject to the Indian Child Welfare Act (ICWA) or a member of a Georgia tribe in accordance with policy [1.6 Administration: Indian Child Welfare Act and Transfer of Responsibility for Placement and Care to a Tribal Agency](#).
5. Incorporate the following into the case plans, when applicable:
 - a. Safety plan to address immediate safety issues.

- b. Plan of Safe Care.
 - c. The orders of the court when a child adjudicated as a Child In Need of Services (CHINS); or when a protective order is in place.
 - d. Measures to address identified “at risk” behaviors in a family that may have a negative impact on a youth’s successful transition to adulthood.
 - e. Measures to address the safety and therapeutic needs of any child who has been identified as a known or suspected victim of sex trafficking.
6. Develop the initial case plan in partnership with the family during the Family Team Meeting (FTM) held within 45 calendar days of the case transfer staffing or progression of the case to the FPS stage (whichever occurs first) (see policy [19.3 Case Management: Solution-Focused Family Team Meetings](#)).
 7. Develop quality case plans that are solution focused and have the following common characteristics:
 - a. Outcomes: Goals that are broken down into outcomes at both the family and individual level which clearly define behaviors family members will use instead of the harmful or unproductive behaviors.
 - i. Family level outcomes (FLO) describes what the family will be doing in everyday life to successfully resolve the problem or meet the child’s needs. FLOs must be behaviorally specific and directly related to known situations that threaten child safety.
 - ii. Individual level outcomes (ILO) describes the new behavior that an individual will demonstrate in order to successfully participate in the family-level outcomes. Individual-level objectives shall be directly related to the family event(s) or situations that need to improve.
 - b. Tasks: Outcomes are broken down into detailed sequential steps and are:
 - i. Obtainable.
 - ii. Cover both case management issues and everyday family behavior; and
 - iii. Have clear descriptions of who will be involved in each step, what will be done and when the task is to be done.
 8. Engage the family to develop a personalized action plan for addressing the FLOs and ILOs. The action plan must contain the everyday life tasks that will take place to change the conditions that lead to the unsafe situation; and include what will be done, who will do it, and when they will do it using the five relapse prevention skills (see policy [19.14 Case Management: Action Planning](#)).
 9. Expect and anticipate a reoccurrence of behavior that has been identified as high-risk. Relapses or setbacks shall be assessed, and families be coached relapses and setbacks.
 10. Engage in timely and frequent conversations with involved treatment providers around the case plan outcomes.
 11. In partnership with the family, complete a case evaluation every 90 days or more often as necessary to formally review progress toward case plan outcomes and/or modify the case plan.

Procedures

Case Plan Development

The Social Services Case Manager (SSCM) will:

1. Review, analyze and consider:
 - a. DFCS history, including patterns of behavior, number and severity of previous reports, family support systems, services previously provided to the family, attitude toward DFCS interventions, and any other relevant information contained in the case record (see policy [19.10 Case Management: Analyzing DFCS History](#)).
 - b. The Foster Care Family and Child Plan, when applicable, in order to determine specific FLO and ILO that may need to be incorporated into the FPS case plan, when the case is transferred from Foster Care to FPS.
 - c. Current investigation documentation:
 - i. Family Functioning Assessment (FFA)
 - ii. Genogram
 - iii. Safety Plan (see policy [19.12 Case Management: Safety Plan & Management](#))
 - iv. Plan of Safe Care (see policy [19.27 Case Management: Plan of Safe Care for Infants Prenatally Exposed to Substances or a Fetal Alcohol Spectrum Disorder \[FASD\]](#))
 - v. Assessments/evaluations from service providers or other agencies currently or previously involved with the family
 - vi. Court orders
2. Identify the family's developmental stage(s) and tasks including what task(s) the family is having difficulty managing.
3. Prepare for the initial FTM in accordance with policy [19.3 Case Management: Solution-Focused Family Team Meetings](#)).
4. Gather information about family functioning by contacting collaterals that can provide pertinent and purposeful information (see policy [19.16 Case Management: Collateral Contacts](#)).
5. Engage and prepare the family for the case planning process by reviewing, discussing and identifying:
 - a. Who should be involved in case planning.
 - b. The family's participation and preparation for the initial FTM, in accordance with policy [19.3 Case Management: Solution-Focused Family Team Meetings](#)).
 - c. Identified present danger situations and impending danger safety threats.
 - d. Safety plan inclusion in family plan.
 - e. Consensus built around the everyday life situation(s) that interferes with the caregiver's ability to provide proper care and protect their child(ren) (safety and risk).
 - f. Family strengths and diminished caregiver protective capacities.
 - g. Family's genogram to identify formal/informal supports that are needed to enhance care-

giver protective capacities and to ensure child safety and alleviate risk factors.

- h. The purposeful contact standards (initial and subsequent) for the family.
6. Engage the Indian Tribe, when applicable.
 7. Participate in a supervisory staffing with the Social Services Supervisor (SSS).
 8. Conduct and/or participate in the FTM to include discussion of:
 - a. Any positive changes the family has achieved related to child safety, permanency, and/or well-being to date.
 - b. The difficult task or situations that led to child safety issues and the case being opened for ongoing FPS.
 - c. What the “old plan” was for the family and strategies to develop a “new plan” for dealing with the difficult task or situation impacting child safety.
 - d. Exceptions to the difficult task or situation that can be used to build strategies with the family on how to better handle similar situations.
 - e. Formal and/or informal services or assessment recommendations.
 - f. Building a consensus on exactly what needs to change to achieve child safety;
 - g. Family support system and resources that can be utilized;
 - h. ILO and FLO’s and tasks related to identified areas of need, including but not limited to:
 - i. Child vulnerabilities, including behaviors that are applicable to children/youth considered to be at high risk for exploitation, runaway or homelessness;
 - ii. Child/youth wellbeing needs;
 - iii. Caregiver protective capacities;
 - iv. Present danger situations and/or impending danger safety threats;
 - v. Current safety plan sufficiency;
 - vi. Conditions for Return (when applicable);
 - vii. Plan of Safe Care (when applicable);
 - viii. Safety and therapeutic interventions for any child who is suspected to be or has been identified as a victim of sex trafficking (see policy [19.17 Case Management: Service Provision](#));
 - ix. Court ordered services, if applicable;
 - x. Non-negotiable services;
 - xi. Substance use/abuse treatment and relapse planning (see policy [19.26 Case Management: Cases Management Involving Caregiver Substance Abuse or Use](#));
 - xii. Domestic Violence/Intimate Partner Violence (DV/IPV) services (see DV/IPV Protocol in Forms and Tools);
 - xiii. Orders of the court for a child adjudicated as a Child In Need of Services (CHINS).
 - i. Action plans that include the five relapse prevention skills (see policy [Case Management: Action Planning](#)).

- j. Services/supports required to address the behavior specific needs of the caregivers and child(ren) impacting safety, permanency and/or well-being.
- k. Purposeful and collateral contact standards needed to support case plan outcomes and child safety.



Case plan outcomes should be developed in partnership with both the youth and the caregiver(s) when the case involves a runaway or at-risk youth or a victim of sex trafficking.

- 9. Document the case plan in Georgia SHINES within 72 hours of the completion of the FTM.
- 10. Obtain the signatures and provide a signed copy of the case plan to the family within five business days of the completion of the FTM.
- 11. Submit the case plan in Georgia SHINES to the SSS for approval.
- 12. Continuously assess progress toward achievement of case plan outcomes by:
 - a. Engaging the family during purposeful contacts as outlined in policy [8.2 Family Preservation Services: Purposeful Contacts with Families Receiving Family Preservation Services](#).
 - b. Engaging relevant collateral contacts as outlined in policy [19.16 Case Management: Collateral Contacts](#).
 - c. Engaging formal and informal (family's natural helpers) providers as outlined in policy [19.17 Case Management: Service Provision](#).
- 13. Recognize and celebrate behavioral changes that reinforce child safety and well-being with the family.
- 14. Update the case plan to reflect outcomes or tasks completion dates.
- 15. Formally review the case plan progress as often as necessary but at minimum every 90 calendar days via case evaluation (see policy [8.4 Family Preservation Services: Case Evaluation](#)).
- 16. Participate in monthly supervisor staffings to discuss progress made toward the achievement of case plan outcomes and action plan tasks.



Supervisor staffings should occur more frequently than monthly when issues arise that need to be addressed immediately and swiftly.

The Social Services Supervisor (SSS) will:

- 1. Review case documentation including DFCS history and current assessments to ensure all information is known when making decisions related to case planning.
- 2. Participate in FTMs conducted with the family to develop the case plan and address any case plan outcome achievement concerns.
- 3. Ensure contacts standards (purposeful and collateral) are established at a level to sufficiently assess progress toward case plan outcomes to ensure safety and determine family functioning (see policy [19.15 Case Management: Developing Contact Standards for Purposeful Contacts and Collateral Contacts](#)).
- 4. Use the Georgia SHINES Family Preservation Monthly Status report to track the case plan completion.
- 5. Ensure the initial case plan is developed within 45 calendar days of the transfer staffing or the

case being stage progressed to Family Preservation stage in Georgia SHINES.

6. Review case plans to ensure it addresses the identified safety threats and focuses on the everyday life tasks that are challenging for the family.
7. Approve the case plan in Georgia SHINES, following the SSCM obtaining all appropriate signatures from family members.
8. Maintain the focus on case plan outcomes by:
 - a. Steering conversations with the SSCM back to everyday life tasks that is challenging for the family; and
 - b. Assisting the SSCM in tracking the sequence of problematic behavior patterns.
 - c. Assisting the SSCM in assessing caregiver behavioral change to determine if enhancement of caregiver protective capacity and child safety has concerned.
9. Thoroughly review case documentation to evaluate the adequacy of Family Preservation Services being provided to successfully progress the family toward achievement of case plan outcomes including lasting behavioral changes.
10. Ensure case plans are updated to reflect outcome completion as often as necessary but at minimum every 90 calendar days at case evaluation (see policy [8.4 Family Preservation Services: Case Evaluation](#)).
11. Assist the SSCM with evaluating and managing case planning relapses or setbacks.
12. Conduct monthly or more frequent supervisor staffing with the SSCM to evaluate the sufficiency of the case plan and progress toward case plan outcomes (see policy [19.6 Case Management: Supervisor Staffing](#)).

Case Planning Involving Domestic Violence (DV)/Intimate Partner Violence (IPV) or Sexual Abuse

In cases that involve DV/IPV or sexual abuse, the SSCM will:

1. Establish the first family level outcome addressing how the family will prevent the child from being harmed again:
 - a. Physical/Emotional harm; or
 - b. Sexual assault.
2. Establish an individual level outcome for the perpetrator addressing their offending behavior.
3. If the assessment indicates the non-offending parent has failed to protect the child(ren), develop an individual level outcome for the non-offending parent that addresses overcoming his/her barriers to protecting the child(ren).
4. A second family level outcome (FLO) can be developed around managing the developmental stage of everyday life the family finds challenging.



The perpetrator cannot participate in the second family level outcome until they have demonstrated substantial progress on their ILO related to the sexual abuse/DV/IPV.

Managing Case Planning Relapses/Setbacks

Following notification or observation of the relapse/setback, the SSCM will assess the relapse/setback:

1. Avoid taking action prior to thoroughly assessing the relapse/setback.



This does not eliminate the need to address safety, however, it will require identifying what went wrong to assist in determining with the family whether the child(ren) will remain in the home, or require an out of home safety plan.

2. Determine with the SSS which of the following two categories describes the situation:
 - a. A crisis has occurred and an adjustment to the safety or case plan is required to ensure safety; or
 - b. The current plan is sufficient but case momentum and direction is at risk.
3. For a crisis that involves the development of a new safety plan or revision to the case plan:
 - a. Safety is paramount and must always be maintained and assessed.
 - b. Interview family members to track the sequence of events that occurred prior to the event, entering the event and while attempting to manage the event. Identify the factors present at the time things stopped happening according to the plan.
 - c. With the family, identify what specifically went wrong. Refer to the action plan, what tasks were supposed to occur and what tasks did and/or did not occur.
 - d. Conduct a case evaluation as outlined in policy [8.4 Family Preservation Services: Case Evaluation](#);
 - e. Use the information from the assessment of the relapse/setback and the case evaluation to:
 - i. Determine what changes to the safety plan or case plan need to occur; and
 - ii. Assist the family and/or the provider(s) in the revision of the plan.



The relapse/setback maybe assessed in the form of a formal investigation and/or by the assigned SSCM.

4. For a setback where the safety plan is not appropriate, but case momentum and direction is at risk, with the SSS:
 - a. Drill down into the situation. Does the family have a lot of problems? Few supports? Lack of organizational skills? Is the family involved with multiple treatment providers competing for the family's attention? Is attention being focused on issues unrelated to present safety? Are these unrelated issues taken attention away from the presenting problems or issues vital to safety?
 - b. Determine if new issues arose that need to be added to the family plan and must be addressed prior to case closure. Determine if the new issues be related to the existing treatment outcomes in lieu of creating a new outcome.
5. Initiate and participate in FTMs as needed to address case plan outcome achievement or lack thereof.

6. If the relapse/setback cannot be managed without court involvement, initiate court action as outlined in policy [17.1 Legal: The Juvenile Court Process](#) to ensure child safety.
7. Participate in mediation based on a written agreement sanctioned by a juvenile court, in consultation with the Special Assistant Attorney General (SAAG), when applicable (see policy [17.4 Legal: Mediation](#)).

Practice Guidance

A case plan is a plan that is designed to ensure that a child receives protection, proper care and case management and may include services for a child, parents, guardian or legal custodian. A complete review of the investigation as well as all other DFCS history is fundamental to begin case planning. The case plan is a deliberate, reasonable and mutually agreed upon strategy to enhance caregiver protective capacities and eliminate present danger situations and/or impending danger safety threats. The plan must provide a clear understanding of the reason for DFCS involvement with the family (consensus around family issues), changes which would constitute successful intervention (FLO's and ILO's), and the method for facilitating change (action plans). The case plan must be developed collaboratively with the family and providers based on a thorough understanding of the strengths and needs unique to a family. Family Team Meetings (FTM) and Multi-Disciplinary Team (MDT) meetings are effective ways to engage natural and formal supports to enhance case plan development. Case plans are unlikely to result in desired outcomes if the family is not invested in them; therefore, the family must be actively involved in the case planning process if change is to occur. The most critical aspect of case planning involves establishing a partnership with caregivers and obtaining consensus regarding the family and individual level outcomes. Although case plan outcomes should be established after gaining consensus with the family, there are situations where a consensus may not occur prior to the development of the case plan.

The FLO describes what the family will be doing in everyday life to successfully resolve the safety problem. It is recommended that families manage no more than two FLOs per case plan to prevent the family being overwhelmed and help them to focus on the most pressing issues that may be impacting child safety and well-being. Establish the most important outcomes first.

With each established FLO there must be correlating ILO. ILO(s) should be specifically related to addressing a caregiver's underlying issues that create an unsafe home environment for the child(ren). These personal self-management issues may be related to:

1. Anger or control
2. Substance abuse
3. Sexual behaviors
4. Emotional stability
5. Criminal behavior

Each FLO and ILO must have an associated action plan which is a personalized plan targeting the most high-risk situations. For example, DFCS involvement is related to inadequate supervision and education neglect, but upon further assessment, it is determined that the caregiver has a substance abuse issue. Two FLOs will be developed with the family, one around ensuring adequate supervision of the child(ren) and the other to ensure the education needs of the children are being met. Only one ILO will be developed around the caregiver addressing substance abuse which is their

underlying issue contributing to the maltreatment. An action plan will be established for each FLO and ILO (see policy [19.14 Case Management: Action Planning](#)). At subsequent case evaluations, assess whether additional safety outcomes can be incorporated into the case plan, as the initial outcomes are achieved.

Outcomes that the family would like to address that are not related to safety are considered secondary level outcomes. Secondary level outcomes maybe discussed with the family and resources may be provided to assist the family with meeting these outcomes. However, secondary level outcomes should not hinder the achievement of outcomes that impact child safety. Secondary level outcomes may be noted on the case plan, however, there is no associated action plan.

Case Planning Involving Domestic Violence (DV)/Intimate Partner Violence (IPV) or Sexual Abuse

Case planning involving domestic violence (DV), intimate partner violence (IPV) and sexual abuse must be managed differently than those that do not contain these elements. The primary focus of these types of cases is ensuring the child is not re-harmed, rather than the family's challenges with everyday life tasks. Therefore, the first FLO will address how the family will prevent the child from being physically (DV/IPV cases) or sexually (sexual abuse cases) harmed. The family's plan may include tasks related to the non-offending parent ensuring that the perpetrator does not have contact until recommended by the treatment provider. Other family members or supports may have tasks on the plan to assist the non-offending caregiver in enforcing a "no contact" plan. An individual level outcome for the perpetrator around sexual offending or DV/IPV will be established; and if the assessment reveals the non-offending parent has failed to protect, an ILO will be developed for the non-offending parent addressing his/her personal hurdle to protecting the children.

Although the primary focus in these types of cases is keeping children free from physical or sexual harm, a second family level outcome (FLO) can be established around managing the developmental stage of everyday life the family finds challenging. However, the perpetrator cannot participate in the second family level outcome until he/she has received treatment and demonstrated substantial progress on their ILO related to their self-control issues (sexual abuse/DV/IPV).

It is important to remember that service provision will be key in helping the family move forward with ensuring safety in the home as well as assessing behavioral changes that impact safety. SSCMs must work in partnership with community-based service providers to:

1. Identify treatment approaches for the perpetrator of child abuse and neglect that have demonstrated effectiveness in regards to future abusive or neglectful behavior.
2. Identify treatment approaches for the child victim that have been proven effective in reducing the impact of abuse and neglect on the child and assist in the child's resiliency. And
3. Identify treatment approaches that will assist the non-offending caregiver in creating and maintaining positive outcomes that impact the family and the child(ren) in the home.

Assessment of Children's Needs

The assessment of children's needs is a part of case planning. The needs of children can be assessed through observation and a formal evaluation conducted by a provider. The SSCM must consider the following components as part of an ongoing assessment of child functioning, when applicable:

1. Child development;
2. Medical;
3. Vision;
4. Dental;
5. Hearing;
6. Mental health;
7. Observations;
8. Education;
9. Substance abuse;
10. Sexuality;
11. Legal;
12. Cultural connections;
13. History of running away;
14. Suspicion or known exposure sexual exploitation (CSEC);
15. The youth's voice (opinion, wishes, expectations, goals, viewpoints, etc.); and
16. Social/Other needs

Documenting and Celebrating Case Plan Progress

Documenting and celebrating is vital in solution based casework and case plan evaluation. Case managers should document and celebrate progress and completion with specific tasks of each action plan throughout the life of the case. Action plans include how each tasks will be measured allowing the case manager to review documentation of behavioral change and provide opportunities to acknowledge changes and celebration of achievement with the family. The case manager may also include suggestions for celebrating specific task completion while completing the action plan. In order to begin celebrating with families the SSCM must remember to notice and document what the behavioral change. The following examples can be used to recognize and celebrate change:

1. Case managers can anticipate change by helping the family search for and recognize the new story that is emerging about them.
2. Case managers can verbally acknowledge the progress the family is making in working their action plans which can help the family to feel encouraged and supported by the case manager.
3. Case managers can use T-charts to compare the old unsafe and unproductive behaviors with safe and productive new ones, which help to capture and reinforce change.
4. Scheduling a family team meeting that will focus on the significant and meaningful changes the family has made can be vital in reinforcing change and celebrating the family.
5. Case managers can take the time to have a celebration party planned with the family and treatment providers to highlight their progress. You may include food, balloons and certificates to celebrate the families' achievements.
6. Case managers may write and mail the family a card detailing their progress and acknowledg-

ing their efforts and commitment to reaching their outcomes.

While these are only a few examples, case managers can be creative with their families in the celebrating process by discussing different ways the family would like to celebrate as well.

Managing Setbacks

Setbacks are defined as the reoccurrence of a problem behavior that is considered high risk. Setbacks are a normal occurrence and can be managed while continuing case progression. A case manager and supervisor’s ability to thoroughly assess a family’s setback and normalize them within the context of action plan, can assist in their ability to help move the family forward and assist them in utilizing newly learned skills. Preparing ahead of time for setbacks can help case managers respond appropriately to them. Some possible setbacks may include:


1. Maintaining cleanliness of the home;
2. Ongoing attendance at school;
3. Personal hygiene for children;
4. Consistently attending needed medical appointments;
5. Missed appointments with service providers or;
6. A new report alleging abuse or neglect.

To assess and manage setbacks, the SSCM must first assess how the setback affects safety in the home and determine whether the current safety plan is sufficient to ensure safety or if a new one needed. It is important for the SSCM to gather information surrounding the setback and discuss information with their supervisor to determine next steps. Setbacks can evoke emotions for both the family and the SSCM, therefore the SSCM should be diligent in controlling their feelings around the setback to help the family move forward.

Forms and Tools

[Intimate Partner Violence \(Domestic Violence\) Guidelines & Protocol](#)

8.4 Case Evaluation

	Georgia Division of Family and Children Services		
	Child Welfare Policy Manual		
	Chapter:	(8) Family Preservation Services	
	Policy Title:	Case Evaluation	
	Policy Number:	8.4	Previous Policy Number(s):
Effective Date:	January 2022	Manual Transmittal:	2022-01

Codes/References


Public Law (PL) 103-66 Family Preservation and Support Services Act of 1993

Public Law 105-89 Adoptions and Safe Families Act (ASFA) of 1997

Requirements

The Division of Family and Children Services (DFCS) will:

1. Conduct a case evaluation every 90 calendar days or as often as necessary, following the development and approval of the initial case plan to track and measure progress toward case plan outcome achievement. In addition, conduct a case evaluation when the following situations occur:
 - a. The family has experienced relapse/setbacks that place children at risk for abuse and neglect.
 - b. There are new allegations of abuse or neglect.
 - c. There are significant changes in the family's circumstances, including new family members that may impact the child safety and the family functioning.
 - d. The sufficiency of a safety plan is in question, including an anticipated or emergency change in a child's out-of-home safety plan.
 - e. There are safety concerns that have resulted in a decision to remove a child from the home.
 - f. Prior to the termination of a Voluntary Kinship Agreement.
 - g. Prior to recommending guardianship or temporary custody to a third party.
 - h. When considering case closure.
2. Conduct a comprehensive case evaluation by:
 - a. Engaging the family to reach a consensus regarding progress made or lack thereof related to their family and individual level outcomes (FLO and ILO).
 - b. Gathering all relevant case information to measure progress toward case plan outcome achievement and family functioning.
 - c. Analyzing the information gathered.
 - d. Completing the Family Functioning Assessment (FFA) to understand the significant factors affecting a child's safety, permanency, and well-being.
 - e. Determining whether:
 - i. Behaviors that contributed to maltreatment have been mitigated or resolved;
 - ii. Continued DFCS intervention is warranted;
 - iii. Legal intervention is needed; and

 When necessary to expedite legal intervention to ensure the safety of the child DFCS may seek a temporary alternative to foster care (TAFC) order in accordance with policy [17.1 Legal: The Juvenile Court Process](#).

 - iv. The contact standards are sufficient to achieve case plan outcomes.
 - f. Re-engaging the family to inform of the case evaluation recommendation.
3. Conduct a supervisor staffing to provide oversight and guidance during the case evaluation process.
4. Document the case evaluation activities in Georgia SHINES within 72 hours of occurrence.

Procedures

Social Services Case Manager

1. Engage the family in the case evaluation process:
 - a. Inform the family a case evaluation will be conducted, and discuss the purpose and possible outcomes;
 - b. Discuss the information that will be gathered and analyzed;
 - c. Inform the family that the case evaluation results will be shared with them, as well as providers servicing the family;
 - d. Discuss the impact of the case evaluation on court proceedings, if applicable;
 - e. Reach consensus regarding any behavioral changes or lack thereof related to the FLOs/ILOs;
 - f. Ask the family/individual if the action plan is helping him/her meet case plan outcomes;
 - g. Request the family provide any information they would like considered during their case evaluation, including any documentation related to their action plans.
2. Gather all relevant case information to measure progress toward case plan outcome achievement and family functioning:
 - a. Request up-to-date service notes from providers.
 - b. For cases involving substance abuse:
 - i. Evaluate the participation and progress in substance abuse treatment with the substance abuse provider;
 - ii. Obtain substance abuse screening dates and results; and
 - iii. Obtain verification of a caregiver's involvement in a support group or formal after-care program, when applicable.

(See policy [19.26 Case Management: Case Management Involving Caregiver Substance Use or Abuse](#) for additional information required.)
 - c. Request any applicable medical, school or dental records.
 - d. Engage collateral contacts, including formal and/or informal providers (see policy [19.16 Case Management: Collateral Contacts](#)).
3. Schedule protected time to thoroughly review and analyze the information gathered and case documentation:
 - a. Assess child safety, determine if present or impending danger safety threats still exist, have been eliminated or controlled (see policy [19.11 Case Management: Safety Assessment](#)).
 - b. Assess whether progress has been made in the caregiver's ability to manage everyday life situations that may have proven difficult to manage at the onset of CPS involvement. This should include specific behavioral changes.
 - c. Assess whether the case plan addresses the needs of the family, and whether any adjustments to the case plan or action plan are necessary (see policy [8.3 Family Preservation Services: Case Planning](#)).

- d. Assess information pertinent to the family functioning.
 - e. Evaluate the sufficiency of informal and formal services in accordance with policy [19.17 Case Management: Service Provision](#).
 - f. Resolve identified inconsistencies by conducting additional purposeful or collateral contacts.
 - g. Assess the sufficiency of contact standards to ensure child safety in accordance with policy [19.15 Case Management: Developing Contact Standards for Purposeful Contacts and Collateral Contacts](#)).
4. Thoroughly complete the FFA in Georgia SHINES and submit to the Social Services Supervisor (SSS) for approval (see policy [19.13 Case Management: Family Functioning Assessment](#)):
- a. Document in the Assessment Summary the recommendation for case closure or further DFCS intervention.

i If the case involves substance abuse and the case evaluation recommendation is a case closure, ensure guidelines outlined in policy [19.26 Case Management: Case Management Involving Caregiver Substance Use or Abuse](#) have been met.
 - b. When considering any of the following, document the evidence to support that the case circumstances meet the established guidelines:
 - i. Voluntary kinship arrangement (see policy [22.1 Kinship: Use of Kinship Caregivers in Child Protective Services](#)).
 - ii. Protective order (see policy [17.3 Legal: Court Orders and Placement Authority](#)).
 - iii. Guardianship (see policy [22.11 Kinship: Guardianship in Child Protective Services](#)).
 - iv. Temporary custody to third party (see policy [22.12 Kinship: Temporary Custody to a Third party in Child Protective Services](#)).
5. Participate in a staffing with the SSS to develop consensus around the family's progress and case evaluation recommendation:
- a. Does present or impending danger safety threats still exist?
 - b. Can the children continue to be safely maintained in the home?
 - c. Is court involvement or oversight needed?
 - d. What updates or adjustments are needed to the case plan?
 - e. Do service provisions need to be modified (frequency, type, setting, etc.)?
 - f. Do the contact standards need to be adjusted?
 - g. Identify skill and service outcomes for the next 90 days.
6. Set updated purposeful and collateral contact standards and submit for approval to SSS in Georgia SHINES in accordance with policy [19.15 Case Management: Developing Contact Standards for Purposeful Contacts and Collateral Contacts](#).
7. Conduct a purposeful contact with the family (see policy [8.2 Family Preservation: Purposeful Contact with Families Receiving Family Preservation Services](#)):
- a. Inform the family of the case evaluation recommendations and explore the family's feelings around the findings.

- b. Celebrate any positive changes with the family.
- c. Discuss next steps.
- d. If the case evaluation concludes further DFCS involvement is not warranted, engage the family in a discussion regarding case closure in accordance with policy [8.5 Case Management: Case Closure](#).
- e. If the case evaluation concludes further DFCS involvement is required, engage the family around continuing to partner with DFCS to achieve FLOs and ILOs:
 - i. Reconfirm the consensus reached with the caregiver(s) regarding what needs to change for DFCS to determine that further intervention is not warranted;
 - ii. Discuss any newly identified needs and services to address the need;
 - iii. Discuss any required updates to the case/action plan;
 - iv. Inform of any adjustments to the contact standards; and
 - v. What needs to change or be completed prior to the next case evaluation.
8. When the case evaluation determines no further DFCS involvement is warranted complete all closing requirements in accordance with policy [8.5 Family Preservation Services: Case Closure](#).
9. When the case evaluation determines further DFCS involvement is warranted:
 - a. Engage service providers involved with the family and provide them with case evaluation findings and next steps to ensure all are in consensus about outcomes and tasks.
 - b. Convene a family team meeting (FTM) with the family and family team members, to revise the case plan and/or action plan, if needed (see policy [19.3 Case Management: Solution-Focused Family Team Meeting](#)).
 - c. Revise the case plan and/or action plan to reflect any agreed changes regarding how to achieve the outcomes or tasks completion dates in accordance with policy [8.3 Family Preservation Services: Case Planning](#).
 - d. Refer the family for any newly identified service needs.
10. Document case evaluation activities in Georgia SHINES within 72 hours of the occurrence, including uploading any documents to External Documentation.

Social Services Supervisor

1. Monitor that case evaluations are completed timely using the Family Preservation Monthly Status report in Georgia SHINES.
2. Provide guidance to the SSCM regarding gathering and analyzing information for the case evaluation.
3. Review case documentation and information gathered, including supervisor staffing notes to make an informed case evaluation decision.
4. Conduct a supervisor staffing to develop consensus around the family's progress and case evaluation recommendation, discuss (see policy [19.6 Case Management: Supervisor Staffing](#)):
 - a. Information gathered and considered.
 - b. The safety determination, including if the children can continue to be safely maintained in

the home.

- c. The sufficiency of service provision (frequency, type, setting, etc.) (see policy [19.17 Case Management: Service Provision](#)).
 - d. The sufficiency of contact standards to achieve case plan outcomes (see policy [19.15 Case Management: Developing Contact Standards for Purposeful Contacts and Collateral Contacts](#)).
 - e. Whether court involvement or oversight is needed.
 - f. The proposed case evaluation recommendation and final decision. When considering any of the following, verify that the case circumstances meet the established guidelines and are document in the FFA:
 - i. Voluntary kinship arrangement (see policy [22.1 Kinship: Use of Kinship Caregivers in Child Protective Services](#)).
 - ii. Protective order (see policy [17.3 Legal: Court Orders and Placement Authority](#)).
 - iii. Guardianship (see policy [22.11 Kinship: Guardianship in Child Protective Services](#)).
 - iv. Temporary custody to third party (see policy [22.12 Kinship: Temporary Custody to a Third party in Child Protective Services](#)).
 - v. Closure of a case involving substance abuse when the caregiver did not complete the recommended substance abuse assessment and/or treatment (see policy [19.26 Case Management: Case Management Involving Caregiver Substance Use or Abuse](#)).
 - g. Needed updates or adjustments to the case plan.
 - h. Skill and service outcomes for the next 90 days.
5. Review the FFA in Georgia SHINES and make an approval decision within three days of the submission (see policy [19.13 Case Management: Family Functioning Assessment](#)).
 6. Participate in the FTM, if held.
 7. Approve the updated case plan in Georgia SHINES.

Practice Guidance

Case evaluation is the formal process completed every 90 calendar days (or more frequently) for measuring improvement in caregiver protective capacities, ensuring child safety and reducing risk for children in the home. This evaluation will include a review of progress towards reaching family level and individual level outcomes, progress with action plans, and the families' utilization of the five relapse prevention skills. Case evaluation includes the review of documentation that captures noticeable positive or negative behavior patterns or changes in behavior. Positive changes in behavior should be documented and celebrated throughout the family preservation process. Case evaluation is an opportunity to help the family focus on the full scope of accomplishment, sharing an overview of where the family is in the change process and supporting the family's participation in the agreed upon plan. The evaluation and review of a case assures the family that they are supported in their efforts to provide proper care and protection of their children. In addition, case management activities completed by the SSCM can positively impact outcome achievement by the family.


The SSCM serves as the facilitator during the case evaluation process by working in partnership

with the family to gather all needed information to make a determination regarding case progress. During the case evaluation, the caregiver’s compliance with services is not the foremost issue of concern. The SSCM must determine based on observations, interviews and collateral information if the caregiver is making strides to change the behavior that impacts child safety. Case evaluation helps to assess interventions that have been put in place with the family and assists in decision making on whether a case can be closed or the family is in need of continued intervention.

Forms and Tools

[Georgia Assessment of Case Plan Progress and Goal Achievement Tool](#)

8.5 Case Closure

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(8) Family Preservation Services		
	Policy Title:	Case Closure		
	Policy Number:	8.5	Previous Policy Number(s):	2105.20, 2105.21
	Effective Date:	March 2019	Manual Transmittal:	2019-01

Codes/References

Public Law (PL) 103-66 Family Preservation and Support Services Act of 1993

Requirements

The Division of Family and Children Services (DFCS) will:

1. Close a Family Preservation Services case when:
 - a. The case evaluation determines that the case plan outcomes have been achieved, acceptable risk reduction is observed and documented, and all children in the home are determined to be safe and protected; or
 - b. The children in the household enter out-of-home care (foster care) and remain in foster care beyond the adjudicatory hearing; or
 - c. The family moves to another state and a referral has been made to the state where the family is residing.



If the family cannot be located, diligent efforts to locate the family must be conducted (see policy [19.21 Case Management: Unable to Locate](#)).

2. Consider closing a Family Preservation Services case when case plan outcomes have not been achieved due to the family not cooperating or refusing services, despite exhaustive efforts to engage the family, and:
 - a. Court intervention was initiated but dismissed by the court; or


- b. Legal grounds do not exist to seek court intervention based on a consultation with the Special Assistant to Attorney General (SAAG).
3. Ensure that prior to closure of any case that involves caregiver substance abuse the guidelines in policy [19.26 Case Management: Cases Involving Caregiver Substance Use or Abuse](#) are followed.
4. Provide written notification of the Family Preservation case closure to the family.
5. Document all case closure activities in Georgia SHINES within 72 hours of occurrence.

Procedures

Family Preservation Case Closure Process

The Social Services Case Manager (SSCM) will:

1. Complete the case evaluation as outlined in policy [8.4 Family Preservation Services: Case Evaluation](#).
2. Engage the family to discuss consensus reached regarding case closure and what to expect regarding the case closure process.
3. Convene a Family Team Meeting in accordance with policy [19.3 Case Management: Solution-Focused Family Team Meetings](#):
 - a. Discuss the case closure decision, case plan progress, behavioral changes related to the outcomes, and the plan for sustainability related to the positive changes which have occurred in the family.
 - b. Help the family celebrate the caregiver(s) positive behavioral change resulting in the case closure decision.
4. Arrange for additional services needed to assist the family after case closure.
5. Notify the following of the case closure decision:
 - a. Any service providers actively involved in the case;
 - b. Office of Family Independence Case Managers, when the family is receiving benefits.
6. When the case closure is due to a child being placed in foster care:
 - a. Document reasonable efforts made to prevent the child's removal from the home, or if reasonable efforts were not required, in accordance with policy [9.5 Eligibility: Reasonable Efforts](#).
 - b. Participate in legal proceedings and complete legal/custody tabs as outlined in policy [17.1 Legal: Juvenile Court Process](#);
 - c. Participate in a transfer staffing and joint visit with the permanency SSCM to formally transition the case as outlined in policy [19.4 Case Management: Case Transfer](#)
 - d. Participate in the 25-Day FTM (see policy [19.3 Case Management: Solution Focused Family Team Meetings](#)).
 - e. Document a transfer summary in Georgia SHINES Contacts/Summaries describing the reasons for removal and the services that have been provided to the family;

- f. Submit the case to the Social Services Supervisor (SSS) for closure in Georgia SHINES.
 7. Provide written notification to the family of the case closure via the Notification of Child Protection Services Family Preservation Services Case Closure following the Georgia SHINES case closure.
 8. Submit the case for supervisory review and approval within five business days of the FTM.
-  Follow the guidelines in policy [19.26 Case Management: Cases Involving Caregiver Substance Use or Abuse](#) for cases that have substance abuse involvement.

The Social Services Supervisor (SSS) will:

1. Ensure the case evaluation process is completed prior to submitting a case for closure (see policy [8.4 Family Preservation Services: Case Evaluation](#)).
2. Ensure FPS cases are submitted for closure within five business days of the closing FTM with the family.
3. Review and analyze case documentation to determine if case closure is a viable option, consider all the DFCS history of the family (see policy [19.10 Case Management: Analyzing DFCS History](#)).
4. When a child enters foster care
 - a. Participate in the case transfer staffing, as outlined in policy [19.4 Case Management: Case Transfer](#).
 - b. Participate in the 25 Day FTM as outlined in policy [19.3 Case Management: Solution-Focused Family Team Meetings](#).
5. Provide guidance to the SSCM regarding court intervention if the family has not achieved case plan outcomes and is not cooperating or refusing services to address safety threats.
6. Complete the case closure approval in Georgia SHINES within five business days of the case being submitted for closure.



If the case involves caregiver substance abuse/use and the caregiver does not complete a recommended substance abuse assessment and/or substance abuse treatment, submit the approved case closure to the Social Services Administrator (SSA) for second level approval.

Practice Guidance

Case closure is a natural and planned component of the case work process. While not all case closings are planned, all efforts should be made to ensure the family is fully engaged in the process leading up to closure. Consider the following when ending services with families:

1. Family Preparation

Discussions about termination and case closure should begin at service initiation and continue throughout the life span of the case. Families should be knowledgeable regarding what requirements are needed for case closure and should be engaged regularly regarding the level of progress made in order to achieve goals necessary for case closure. When families are well on their way towards goal achievement, discussions regarding possible case closure timeframes should be held to begin preparation.

2. Developing Support Systems

Families should be assisted in developing formal and informal systems that can support them during and after DFCS involvement. The support system should be identified with the involvement of the family. This support system or family team can assist in the transitioning of families after case closure. Families should be encouraged to utilize these systems during the life of the case as a way for them to “practice” for life after DFCS services.

3. Disengagement

When terminating DFCS involvement with families, it is important to begin the process of disengagement of the working relationship between the SSCM and family prior to closing the case. The family should be reminded of the ongoing progress being made in resolution of risk and safety factors and that this will lead to a reduced need for DFCS involvement. This can be a challenging process for both the SSCM and the family as the SSCM must separate from the family while continuing to support and encourage them. The goal of the SSCM is to increase the emphasis on the family taking on more responsibility for problem solving and follow up.

4. Family Reactions

Termination can be met with ambivalent feelings, especially when the helping relationship with the family has been rewarding. Some typical reactions may include denial, regression, additional needs and flight. It is essential to validate the family’s feelings regarding termination and provide positive feedback regarding their achievements as well as assisting them in recognizing their strengths and abilities.

5. SSCM Reactions

Workers may experience a sense of loss as a result of termination. Separating from someone with whom a meaningful relationship has been developed can be difficult. Workers may question the quality of their performance, may have feelings of guilt, etc. Being clear about one’s own feelings regarding termination can prevent transference issues as one can get easily caught up in the family’s reactions if they are attempting to prolong the relationship.

6. Process Evaluation

Case closure should be a joint decision-making process between the SSCM and the family. The SSCM should review with the family all critical elements of intervention, while empowering the family to express their opinions/feelings and provide constructive feedback. Obtaining feedback from the family regarding their experience can provide valuable information to the family and agency regarding performance as well as in establishing future relationships. The evaluation helps the family to assess and recognize their progress and encourages future self-assessment/evaluation.

Forms and Tools

[Notification of Child Protection Services Family Preservation Services Case Closure](#)


[Notification of Child Protection Services Family Preservation Services Case Closure - Spanish](#)

[1] Deliberate Information Gathering, November 2006 ACTION for Child Protection, Inc.

[2] Developed from the Administration for Children and Families; Unannounced Home Visits – Critical Assessment Tool or Barrier to Family Engagement? Centennial Topical Webinar Series September 26, 2012, Theresa Costello, Presenter

Chapter 9 Eligibility

9.1 Foster Care Maintenance Payments

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(9) Eligibility		
	Policy Title:	Foster Care Maintenance Payments		
	Policy Number:	9.1	Previous Policy Number(s):	N/A
	Effective Date:	October 2021	Manual Transmittal:	2021-05

Codes/References

Title IV-E of the Social Security Act Sections 406(a); 422(b)(8); 471(a)(1), 471(a)(15); 472 (j)(1); 475(4)(A) & (B) and (5)

Title 45 Code of Federal Regulations (CFR) Parts 1355 and 1356

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 aka The Welfare Reform Act of 1996

Family First Prevention Services Act (P.L. 115-123)

Requirements

The Division of Family and Children Services (DFCS) will:

1. *Provide foster care maintenance payments for each child who meets section 406(a) of the Social Security Act (as in effect 7/16/96), is removed from the home of a specified relative as outlined in policy [9.6 Eligibility: Aid to Families with Dependent Children \(AFDC\) Relatedness Criteria](#), and is placed in foster care if:*
 - a. *The removal and foster care placement met and continues to meet the following requirements:*
 - i. *The removal and foster care placement are in accordance with a voluntary placement agreement (VPA) entered into by a parent or legal guardian of the child who is the specified relative; or*
 - ii. *A judicial determination to the effect that continuation of residence in the home from which removed would be contrary to the welfare or that the placement would be in the best interest of the child and that reasonable efforts were made (see policy [9.5 Eligibility: Reasonable Efforts](#)). The contrary to the welfare determination will be made in the first ruling that sanctions (even temporarily) the removal of the child from the home. If the determination regarding contrary to the welfare is not made in the first court ruling pertaining to removal from the home, the child will not be eligible for Title IV-E foster care maintenance payments for the duration of that stay in foster care; and*
 - iii. *The child is placed in one of the following:*
 1. *A foster family home of an individual or family, whether the payments are made to such individual or to a public or private child placement or child care agency (see policy*

[10.4 Foster Care: Selecting a Placement Resource](#) for definition of a foster family home).

2. A childcare institution (CCI) whether the payments are made to such institution or to a public or private child placement or childcare agency (see policy [10.4 Foster Care: Selecting a Placement Resource](#) for the definition of a CCI). Such payments include only those items listed in the term "foster care maintenance payments" (defined in section 475(4) of the Act). Title IV-E agencies may claim for title IV-E foster care maintenance payments paid on behalf of an eligible child placed in a CCI for up to two weeks. Title IV-E agencies may continue to claim administrative costs for the duration of the period in the CCI regardless of whether the CCI meets the criteria of a qualified residential treatment program (QTRP). After two weeks (14 days), title IV-E foster care maintenance payments for a child placed in a CCI are only available if that CCI is:

a. A QTRP, as defined in section 472(k)(4) of the Act (see policy [16.0 Room Board Watchful Oversight: Introduction to Room Board Watchful Oversight](#) for the QTRP program description);



Georgia has not implemented QTRP and will only claim title IV-E foster care maintenance payments for the initial two weeks (14 days) that an eligible child is placed in a CCI, unless the CCI is an allowable placement category under federal law.

b. A setting specializing in providing prenatal, post-partum, or parenting supports for youth in foster care (see policy [16.1 Room Board Watchful Oversight: Program Designation Types](#) for Maternity Homes and Parenting Support Programs);

c. A supervised setting in which the youth is living independently, in the case of a youth who has attained 18 years of age (see policy [16.0 Room Board Watchful Oversight: Introduction to Room Board Watchful Oversight](#) for the Independent Living Program description);



Georgia uses supervised independent living settings for youth who has attained the age of 18, however does not currently claim title IV-E foster care maintenance payments for these settings.

d. A setting providing high-quality residential care and supportive services to children and youth who have been found to be, or are at risk of becoming, sex trafficking victims (see policy [16.1 Room Board Watchful Oversight: Program Designation Types](#) for Maximum Watchful Oversight); or

3. With a parent residing in a licensed residential family-based treatment facility for substance abuse, but only to the extent permitted under 472(j) of the Act which include:

a. Eligibility for payments for no more than 12 months;

b. The recommendation for the placement is specified in the child's case plan prior to the placement;

c. The treatment facility provides, as part of the treatment for substance abuse, parenting skills training, parent education, and individual and family counseling; and

d. The substance abuse treatment, parenting skills training, parent education, and

individual and family counseling are provided under an organizational structure and treatment framework that involves understanding, recognizing and responding to the effects of all types of traumas and in accordance with recognized principles of a trauma informed approach and trauma-specific interventions to address the consequences of trauma and facilitate healing; or



Georgia does not currently claim title IV-E foster care maintenance payments for a child placed with a parent in a licensed residential family-based treatment facility for substance abuse.

iv. The child's placement and care are the responsibility of:

- 1. The state agency administering the approved state plan;*
- 2. Any other public agency with which the state agency administering or supervising the administration of the approved Title IV-E plan has made an agreement with which is still in effect; and*
- 3. A tribe that has an approved plan; and*

b. The child, while in the home, would have met the Aid to Families with Dependent Children (AFDC) program eligibility requirement. The child:

- i. Received AFDC, in the home of the specified relative in or for the month in which either a VPA was entered into or court proceedings leading to the required judicial determination were initiated; or*
- ii. Would have received AFDC, in the home, in or for the month in which either a voluntary placement agreement was entered into or court proceedings leading to the required judicial determination were initiated if application for such aid were made; or*
- iii. Had been living with a specified relative within six months prior to the month in which a VPA proceedings leading to the required judicial determination were initiated, and would have received AFDC in or for such month if the child had been living in the home with such relative and an application had been made for AFDC; and*
- iv. Had resources that had a combined value of not more than \$10,000 or*
- v. Is not required to meet AFDC requirements in 472(a)(3) of the Act (as outlined above under AFDC program eligibility requirements) because the child is placed with a parent residing in a licensed residential family-based substance abuse treatment facility.*

2. Deem any child with respect to whom foster care maintenance payments are paid a dependent child as defined in section 406 of the Social Security Act (as in effect 7/16/1996) and a recipient of AFDC under Part A of this Title (as in effect 7/16/1996), for the purposes of Title XIX and Title XX. Title XIX and Title XX services will be available to such child in the state in which the child resides.



Georgia has opted out of kinship guardianship assistance program.

3. Make foster care maintenance payments for the voluntary placement of a child out of the home by or with the participation of the state agency only if:

- a. The state has fulfilled all of the requirements of section 472 of the Social Security Act; sections 422(b)(8) and 475(5) of the Social Security Act; and 45 CFR 1356.21 (e), (f), (g), (h) and (i) of the Social Security Act; and*

- b. *The assistance of the state/tribal agency has been requested by the child's parent(s) or legal guardian(s);*
 - c. *There is a written voluntary placement agreement, binding all parties to the agreement, which specifies at a minimum the legal status of the child and the rights and obligations of the parents or guardians, the child and the state/tribal agency while the child is in placement (see policy [10.2 Foster Care: Placement of a Child via Voluntary Placement Agreement](#)).*
4. *Claim federal financial participation only for voluntary foster care maintenance expenditures made within the first 180 days of the child's placement in foster care unless there has been a judicial determination by a court of competent jurisdiction, within the first 180 days of the date of such placement, to the effect that the continued voluntary placement is in the best interests of the child (see policy [10.2 Foster Care: Placement of a Child via Voluntary Placement Agreement](#)).*
5. *Provide foster care maintenance payments for a child in foster care to cover the cost of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to the child, and reasonable travel to the child's home for visitation with family, or other caretakers and reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement. Local travel associated with providing these items is also an allowable expense. In the case of child care institutions, such term must include the reasonable costs of administration and operation of such institutions as are necessarily required to provide the items described.*
6. *Make foster care maintenance payments on behalf of an eligible child who is:*
 - a. *In the foster family home of an individual or family, whether the payments are made to that individual or to a public or private child placement or child care agency; or*
 - b. *In a childcare institution, whether the payments are made to such institution or to a public or private child placement or childcare agency. Such payments are limited to include only those items listed above in the term "foster care maintenance payments" (defined in section 475(4) of the Act).*
7. *Ensure that foster care maintenance payments made on behalf of a child placed in a foster family home or child care institution, who is the parent of a son or daughter in the same home or institution, must include amounts which are necessary to cover the costs incurred on behalf of the child's son or daughter. Such costs are limited to funds expended on the items described in the definition of foster care maintenance payments (see policy [9.10 Eligibility: Special Situations \(Trial Home Visits, Runaway, Parenting Youth in Foster Care and Out-of-State IV-E Foster Care\)](#) and [10.21 Foster Care: Expectant or Parenting Youth in Foster Care](#)).*
8. *Claim administrative costs on all cases for those children who are IV-E reimbursable. from claiming administrative costs, at this time, associated with an otherwise eligible child who is an unallowable facility or an unapproved relative home and who is removed in accordance with Section 472 (a) from the home of a relative specified in section 406(a)(as in effect on July 16, 1996) shall be considered only for expenditures:*
 - a. *For a period of not more than the lesser of 12 months or the average length of time it takes to license or approve a home as a foster home, in which the child is in the home of a relative and an application is pending for licensing or approval of the home as a foster family home; or*
 - b. *For a period of not more than 1 calendar month when a child moves from a facility not eligible for payments under this part into a foster family home or child care institution licensed or approved by the state/tribe.*

9. *Refrain from claiming administrative costs, at this time, associated with a child who is potentially eligible for benefits under the approved Title IV-E plan and at imminent risk of removal from the home, and shall be considered for expenditures only if:*
- a. *Reasonable efforts are being made in accordance with section 471(a)(15) to prevent the need for, or if necessary to pursue, removal of the child from the home; and*
 - b. *The state/tribal agency has made, not less often than every 6 months, a determination (or re-determination) as to whether the child remains at imminent risk of removal from the home.*

Procedures

N/A

Practice Guidance

Title IV-E Reimbursements

Title IV-E provides reimbursement for costs associated with the care and maintenance of children in foster care placement and for administrative cost related to the state's Foster Care Program. The IV-E Foster Care Program authorized by the Social Security Act, provides funds to states for the following activities:

1. Maintenance of children in foster care placements.
2. Reimbursement of administrative and case management costs incurred while staff work with the child, the child's family and the care provider.
3. Reimbursement for training agency staff and providers who work with the child or who administer the foster care program.

Children classified as Title IV-E eligible must have some relationship to the Aid to Families with Dependent Children (AFDC) program in addition to meeting other criteria. Title IV-E is unrelated to Temporary Assistance to Needy Families (TANF). In the Welfare Reform Act of 1996, Congress mandated that the state AFDC policy in effect on July 16, 1996 be used for determining the AFDC relationship for IV-E eligibility purposes.

Federal Financial Participation (FFP)

FFP is the portion paid by the Federal government to states for their share of expenditures for providing medical assistance services, administering the medical assistance program and certain other human services programs.

Aid to Families with Dependent Children (AFDC)

AFDC was a program administered and funded by federal and state governments to provide cash assistance to needy families. It was replaced by the Temporary Assistance to Needy Families (TANF) grant in August 1996.

Child Care Institution


States may claim title IV-E foster care maintenance payments for children placed in a CCI for up to

two weeks (14 days). After 14 days, the CCI must meet the requirements for a QRTP to claim foster care maintenance payments, unless the CCI placement is one of the allowable categories under title IV-E. Title IV-E agencies may claim 14 days of title IV-E foster care maintenance payments each time an eligible child is placed in a CCI regardless of whether the child has had previous CCI placements during their current foster care episode.

Forms and Tools

N/A

9.2 Applying for Medical Services at Initial Entry and Exit

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(9) Eligibility		
	Policy Title:	Applying for Medical Services at Initial Entry and Exit		
	Policy Number:	9.2	Previous Policy Number(s):	N/A
	Effective Date:	December 2018	Manual Transmittal:	2018-04

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Utilize funds provided by the medical assistance program to pay for medical services for eligible recipients to conserve state funds for children ineligible for medical assistance.
2. Screen each child entering foster care in the Georgia Medicaid Management Information System (GAMMIS) within one business day of a child entering foster care.
3. Document all known information (i.e. demographic, removal, financial, etc.) on the required pages in Georgia SHINES within 24 hours of a child's entry into foster care to initiate the Medicaid Application.
4. Sign, save and submit the Medicaid Application in Georgia SHINES.
5. Notify Amerigroup, the Revenue Maximization (RevMax) Unit, and the Georgia Department of Community Health (DCH) via the Amerigroup GA Families 360° DFCS Referral Form within 24 hours of a child entering or exiting foster care.



Completion of the Amerigroup GA Families 360° DFCS Referral Form does not constitute an application for Medicaid (see Practice Guidance: [Amerigroup GA Families 360° DFCS Referral Form](#)).

6. Notify RevMax via the Notification of Change (NOC) in Georgia SHINES and include the child's current legal status and placement information to allow RevMax to transition the youth to another Medicaid Class of Assistance when:
 - a. A child in foster care turns 18.
 - b. A child exits foster care.
7. Inform youth 18 and older exiting foster care they may apply for medical assistance at any local DFCS office, if their medical assistance case closes. Instruct youth to notify the county office where they apply of their former foster care status.

Procedures

Social Services Case Manager

1. Gather as much medical history on the child as possible and document in Georgia SHINES, upon the child's entry into foster care.
2. Conduct the following screenings:
 - a. Each child in GAMMIS within 24 hours of entering care to determine if the child already has a Medicaid card.
 - b. All available resources to determine if there is any historical or current information about the family.
3. Document all known information in the following pages in Georgia SHINES within 24 hours of a child's entry into foster care to initiate an application for medical assistance:
 - a. Person Detail
 - b. Citizenship and Identity
 - c. Custody
 - d. Legal Status
 - e. Placement List
 - f. Income and Expenditures Documentation Checklist
 - g. Application and Background



Completion of the required pages in Georgia SHINES will allow data to be transmitted from Georgia SHINES to Georgia Gateway and pre-populate to the Medicaid application. The Medicaid Application must be completed regardless of the child's potential eligibility as some of the information on these pages will be used to process the IV-E application.

4. Sign, save and submit the Medicaid Application in Georgia SHINES.



A RevMax Specialist (RMS) will be assigned as a secondary worker as soon as the Medicaid Application is saved and submitted in SHINES.

5. Notify Amerigroup that a child has entered foster care within 24 hours of the date of removal via the Amerigroup GA Families 360° DFCS Referral Form. Follow all directions at the top of the form regarding submission to Amerigroup, RevMax, and the Georgia Department of Community

Health (DCH).

6. Submit the Amerigroup GA Families 360° DFCS Referral Form for the following case actions:
 - a. Removal of a child.
 - b. Changes in placement.
 - c. Child exits DFCS custody.
 - d. Updates to existing information.
 - e. Changes in DFCS SSCM.
 - f. Notification of the Comprehensive Child and Family Assessment provider's name and contact information.
7. Document the following in the narrative of the Contact Detail in Georgia SHINES within 72 hours:
 - a. All submissions of the Amerigroup GA Families 360° DFCS Referral Form.
 - b. The Amerigroup contact, including the staff member's name, telephone number and date and time of initial contact.
8. Verify that the Amerigroup Care Coordination Team (CCT) has scheduled each child's initial Health Check and trauma assessment, if applicable (see policy [10.11 Foster Care: Medical, Dental and Developmental Needs](#)).
9. Report any issues/concerns with Amerigroup to the Wellness Programming Assessment and Consultation (WPAC) Unit via email at healthmatters@dhs.ga.gov. Include the following:
 - a. The term "Amerigroup Issue" and the county name in the subject line.
 - b. The Amerigroup staff member who was contacted, their telephone number, and the date and time of the contact.
 - c. A summary of the issue/concern.
10. Notify Amerigroup, RevMax, and DCH of a child exiting DFCS custody via the Amerigroup GA Families 360° DFCS Referral Form within 24 hours of the exit.
11. Notify RevMax via an NOC in Georgia SHINES of any child exiting care and/or turning 18, within three business days. Update the following in Georgia SHINES:
 - a. Legal Status page.
 - b. Child's placement, including an ending date and discharge reason if the child is exiting foster care.



If a child is in a post Foster Care (PFC) stage and DFCS is paying a subsidy, enter the new placement in the PFC stage.

12. Inform youth 18 and older exiting foster care of the following and document the discussion in the narrative of the Contact Detail in Georgia SHINES:
 - a. Notices to renew their Medicaid will be sent to their last known address in Gateway and they must renew their Medicaid annually by verifying Georgia residency.
 - b. Youth may apply for medical assistance at any local DFCS office, if their medical assistance case closes, and must notify the county office where they apply of their former foster care

status.

The RMS will:

1. Review the submitted Medicaid Application.
2. Contact the SSCM by telephone or email if there are any questions with the application.
3. Request the SSCM sign, as the child's authorized representative, the Health Insurance Questionnaire (Form DMA-285), regarding third party resources available to the child.
4. Screen for the Enterprise Master Person Index (EMPI) number to prevent duplication of existing cases and/or merge duplicate identification (ID) numbers.
5. Verify whether there is an existing case for Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), and/or medical assistance that includes each applicant child as a member.
6. Determine each child's eligibility for medical assistance, change living arrangement codes and remove each child from existing active/pending Georgia Gateway cases, within one business day of application.
7. Close the child out of an existing Georgia Gateway family case for the ongoing month and register a new medical assistance case coding the child's living arrangement, for a child active in Georgia Gateway.
8. Make the appropriate Class of Assistance (COA) determination and complete the Medical Assistance Application via Georgia Gateway and Georgia SHINES, for a child not active on Georgia Gateway.
9. Complete the funding determination through Georgia SHINES when all required criteria have been met (see policy [9.3 Eligibility: Applying for Initial Funding](#)).
10. Communicate the initial decision for medical assistance and IV-E via the Eligibility Summary page in Georgia SHINES.
11. Update the residential and mailing address, determine if a family has tried to add the child to a medical assistance case and update the class of assistance, for a child exiting foster care.
12. Complete a Continuing Medicaid Determination (CMD) for Child Under Age 19, Chafee, or Former Foster Care Medicaid, upon receiving updated placement information at discharge or exit from foster care for a child of any age.
 - a. The caregiver for children under age 18 may add the child to an existing Family Medicaid case or be added to the new Family Medicaid case.
 - b. Foster youth over 18 will be CMD to Child Under Age 19, Chafee, or Former Foster Care Medicaid. These youth must renew their Medicaid annually by verifying Georgia residency.



The child's Medical Assistance case should not be closed when the child is exiting foster care.

Social Services Supervisor

1. Review the case record in Georgia SHINES to ensure documentation of the following:
 - a. Medical history and insurance information.

- b. Signature, saving and submission of The Medical Assistance Application.
- c. Notification of the child's entry into or exit from foster care via the Amerigroup GA Families 360° DFCS Referral Form.



The NOC in Georgia SHINES must be submitted to notify RevMax of any foster care exits.

- 2. Staff any issues or concerns regarding the child's Medical Assistance case or medical care with the SSCM (see policy [19.6 Case Management: Supervisor Staffing](#)).

Practice Guidance

Eligibility Determinations

All funding, reimbursability and medical assistance eligibility determinations for foster care or adoption assistance are the responsibility of the RMS based on information submitted by a DFCS SSCM via Georgia SHINES. Coordination between SSCMs and the RMS is critical to the funding determination and medical assistance coverage for children in out-of-home placement.

If a child in DFCS custody is covered by health insurance other than Medicaid, the name of the insurance company, policy number, group number and name of insured are important in processing the application for medical assistance. At the time that a claim is filed, such coverage will be primary with Medicaid being the secondary insurance provider.

Children who are in an out-of-home placement may be eligible for medical assistance coverage under several Classes of Assistance (COA). The RMS determines the COA and processes the medical assistance determination in Georgia Gateway. The COA aligns with the funding determination (see the Medicaid Manual [Chapter 2100: Classes of Assistance](#) for the eligibility requirements of each type of medical assistance).

Medicaid

The Medicaid program is a joint federal/state program that is authorized under the Social Security Act. Funds are available to states for providing medical services to eligible recipients and for reimbursing activities that support the administration of the Medicaid program. DFCS accesses Medicaid funds through the Department of Community Health (DCH) and the Division of Medical Assistance (DMA) for case management and services for children in out-of-home care. Children who are IV-E eligible and/or SSI eligible are categorically eligible for Medicaid. Although most children in foster care are eligible for Medicaid, children whose foster care is paid by state funds may not be eligible for Medicaid. Consequently, the medical assistance COA for which these children qualify must be determined. Each COA has resource limits and certain deductibles (see the Medicaid Manual [Chapter 2100: Classes of Assistance](#) for the eligibility requirements of each type of medical assistance).

Supplemental Security Income (SSI)

SSI is a federal payment program for disabled individuals administered by the Social Security Administration. If a child in DFCS custody receives SSI, the Social Security Administration processes the child's monthly Medicaid card.

PeachCare for Kids®

PeachCare for Kids® provides comprehensive health care for children who do not qualify for medical assistance and do not have any other form of insurance. The child must meet citizenship/alien-age requirements. PeachCare for Kids® is available to children from birth through the last day of the month of a child's 19th birthday. PeachCare for Kids® will waive the monthly premium for children in DFCS custody.

GAMMIS

GAMMIS consolidates all required functions for Medicaid, PeachCare for Kids® and the public employee health benefits into a single computer system. The state agency which has oversight of these functions is the Department of Community Health (DCH). When screening in GAMMIS, assistance from the appropriate Office of Financial Independence (OFI) supervisor or case manager will be required.

Georgia Families 360

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

Upon receipt of the Amerigroup GA Families 360° DFCS Referral Form notifying of a child's entry into foster care, Amerigroup will:

1. Ensure the child is enrolled on their roster as a member.
2. Access each child's Virtual Health Record (If available) to begin care coordination planning and developing each child's individualized care plan.
3. Assign each child to a CCT.
4. Assign each child a primary care physician (PCP) and primary care dentist (PCD).
5. Contact the primary care provider assigned to the child to obtain the most recent information available and required historical data.
6. Provide ID cards to members via a secure portal on the Amerigroup website.
7. Coordinate medical assessments and development of an individualized care plan for each child.

Amerigroup Care Coordination Teams (CCT) and Care Managers

Each Georgia Families 360 member is assigned to a regional Care Coordination Team with a specified Care Manager. The CCT members are Masters level staff, the majority of whom hold a professional license to practice in their respective field. The CCT completes a Health Risk Screening (HRS)

on youth in care to identify medical and/or behavioral needs. The CCT is responsible for coordinating the health components of the Comprehensive Child and Family Assessment (CCFA), including the initial physical assessment, dental screening, and trauma assessment. Care Managers are the primary partner for identifying and making referrals for needed services. They ensure each youth has an individualized care plan that addresses both physical and behavioral health needs. They work with community agencies to ensure appropriate services are provided.


Amerigroup GA Families 360° DFCS Referral Form

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

Forms and Tools

[Amerigroup GA Families 360° DFCS Referral Form](#)
[PeachCare for Kids](#)

9.3 Applying for Initial Funding

	Georgia Division of Family and Children Services		
	Child Welfare Policy Manual		
	Chapter:	(9) Eligibility	
	Policy Title:	Applying for Initial Funding	
	Policy Number:	9.3	Previous Policy Number(s):
Effective Date:	August 2024	Manual Transmittal:	2024-07

Codes/References

Title IV-E of the Social Security Act Section 472

Requirements

The Division of Family and Children Services (DFCS) will:

1. Submit the title IV-E/Foster Care Eligibility Application via Georgia SHINES to the Revenue Maximization (RevMax) Unit within five business days of a child's entry into foster care.

2. Determine the funding source, including eligibility for title IV-E, each time a child enters foster care via court order or Voluntary Placement Agreement (VPA).
3. Determine if the child is receiving Supplemental Security Income (SSI) benefits from the Social Security Administration (SSA).
4. Where appropriate, refer parents of children in foster care to the Division of Child Support Services (DCSS) in accordance with policy [9.12 Eligibility: Child Support](#).

Procedures

Social Services Case Manager

1. Complete the following pages in Georgia SHINES:
 - a. Person List
 - b. Citizenship and Identity
 - c. Placement List
 - d. Legal Status
 - e. Custody
 - f. Income and Expenditures Documentation Checklist
 - g. Application and Background
2. Verify the child's citizenship and immigration status in accordance with policy [9.6 Eligibility: Aid to Families with Dependent Children \(AFDC\) Relatedness Criteria](#).
3. Include criteria when parents may qualify for referral to child support in accordance with policy [9.12 Eligibility: Child Support](#).
4. Submit the title IV-E/Foster Care Eligibility Application via Georgia SHINES within five business days of the child entering foster care.
5. Review court orders for accuracy and appropriate court order language and upload all court orders associated with the child's removal into Georgia SHINES, if not uploaded by the Case Plan Reporting System (CPRS) (see policy [9.4 Eligibility: Removal from the Home](#) and [9.5 Eligibility: Reasonable Efforts](#)).
6. Document a legal action, with appropriate court order language selected, into Georgia SHINES, when applicable.
7. If the child is receiving Supplemental Security Income (SSI) benefits from the Social Security Administration (SSA) when they enter care:
 - a. Enter SSI eligibility and monthly amount in Georgia SHINES as income to the child;
 - b. Notify Rev Max via the Notification of Change (NOC) in Georgia SHINES.
 - c. Contact the Social Security Administration to change the payee to DFCS.
8. Determine, in consultation with the Complex Needs Adult Transition Unit (CNAT), when to apply for SSI on behalf of a child in care who has a diagnosed mental, physical or emotional condition which may qualify them to receive SSI.
 - a. Submit the SSI application within 30 calendar days of the decision that an SSI application

should be submitted on behalf of the child.

- b. Provide the SSA with copies of medical information, psychological assessments, educational evaluations, etc., needed to make the eligibility determination.
- c. Upload SSI approval/denial letters in External Documentation of Georgia SHINES.
- d. Enter SSI eligibility and monthly amount in Georgia SHINES as income to the child, if the SSI application is approved.
- e. Notify RevMax of the approval of SSI via the Notification of Change (NOC) in Georgia SHINES.
- f. Consult with the CNAT Unit when any difficulties arise in applying for SSI, becoming a child's payee or SSI application denials.



If receiving title IV-E FCMPs a child may not be eligible for SSI. Confer with CNAT.

RMS

1. Review the title IV-E/Foster Care Eligibility Application in Georgia SHINES.
2. Contact the SSCM or designated staff by telephone or email if there are any questions with the application.
3. Verify the child meets all AFDC Relatedness criteria (see policy [9.6 Eligibility: Aid to Families with Dependent Children \(AFDC\) Relatedness Criteria](#)).
4. Review court orders to verify the child entered care as a result of one of the following:
 - a. A court order with a judicial determination that it is contrary to the welfare of the child to remain in the home or that placement is in the best interest of the child.
 - b. A VPA (see policy [9.4 Eligibility: Removal from the Home](#) and policy [17.12 Legal: Voluntary Surrender of Parental Rights](#)).
5. Verify that a reasonable efforts judicial determination was made within 60 days of the removal and includes the agency specific details of those efforts (see policy [9.5 Eligibility: Reasonable Efforts](#)).
6. Approve the IV-E Foster Care Eligibility Summary page and document the determination details in Georgia SHINES, if the child is IV-E FC eligible.
7. Verify and validate the Georgia SHINES determination of IV-E ineligibility.



Whenever a child is not eligible for IV-E FC, the funding source is state funds.

8. Communicate the initial decision for Medical Assistance and IV-E via the Eligibility Summary page in Georgia SHINES with documentation of the decision in the narrative of the Contact Detail.

Social Services Supervisor

1. Review the case record in Georgia SHINES to ensure:
 - a. Submission of the title IV-E/Foster Care Eligibility Application.
 - b. Receipt and uploading of court orders.

2. Provide guidance to the SSCM regarding changing the payee, if the child is receiving SSI when they enter care; or consult with the CNAT Unit to determine the need to apply for SSI, when applicable.
3. Conduct a staffing with the SSCM on any issues or concerns regarding the title IV-E/Foster Care Eligibility Application process (see policy [19.6 Case Management: Supervisor Staffing](#)).

Practice Guidance

Funding for Georgia's Foster Care Program is available from federal and state sources including title IV-E Foster Care, title IV-B Foster Care, SSI, Medicaid and state funds. The funding determination is processed in Georgia SHINES. Rev Max uploads funding determination and redeterminations in SHINES. Whenever possible, it is advantageous for the state to maximize federal financial participation. This allows state funds to be conserved and used for other services to benefit families.

Title IV-E Foster Care

A federal funding source which provides reimbursement for costs associated with the care and maintenance of children in placement and for administrative costs related to the state's Foster Care Program (e.g., case management, staff training, etc.). Children classified as IV-E eligible must have some relation to the Aid to Families with Dependent Children (AFDC) program (see policy [9.6 Eligibility: Aid to Families with Dependent Children \(AFDC\) Relatedness Criteria](#)) in addition to meeting other criteria. Title IV-E is unrelated to Temporary Assistance for Needy Families (TANF).

Title IV-B

A federal child welfare block grant that provides funds to states for foster care expenses. A child who is eligible for title IV-B has been determined ineligible for title IV-E Foster Care. The title IV-B grant is capped. Once these limited federal funds are spent, foster care expenses are paid primarily with state funds. Youth who has been title IV-E eligible in foster care, who reach the age of 18 and receives extended foster care are re-classified to state funded beginning the first day of the month following the month of their 18th birthday.

Supplemental Security Income

A federal payment program for disabled individuals administered by the SSA. Monthly payments are made directly to the recipient from the federal government. However, when a child is in DFCS custody, DFCS becomes the payee for the child's SSI. SSI payments follow the child; and therefore, are a benefit to children while in care as well as when they achieve permanency. While in care the SSI benefits help to offset the cost of caring for the child. Go to ssa.gov/applyfordisability/child.htm for more information on the SSI application process.

IV-E vs. SSI

For a child receiving SSI, the RMS determines if it is more advantageous for the child in foster care to continue receiving SSI benefits or have their costs paid from title IV-E Foster Care.

1. Using the child's foster care maintenance payments (FCMP) as the basis for making the decision:
 - a. Make the child title IV-E reimbursable (charge FCMP costs to IV-E foster care), if the monthly FCMP is more than the amount of the SSI funds received by the child.


- b. Continue the SSI and classify the child as title IV-E non-reimbursable, if the monthly FCMP is less than the amount of SSI funds received by the child.
2. Applying programmatic reasons for making the decision, continue the SSI if:
- a. The child is expected to be in out-of-home care a short period of time.
 - b. The child is approaching age 18 because SSI benefits do not terminate at age 18 as do title IV-E benefits.
 - c. The child is in the adoption process.

The child’s receipt of IV-E FCMP and its effective date must be reported to the SSA. Per regulation, the SSA treats IV-E FCMP as “income” and reduces the child’s SSI payment dollar for dollar based on the IV-E FCMP. In all likelihood, the child’s SSI payment will be suspended. If the child continues to receive a reduced SSI payment, these funds may be used for other items/needs of the child. It must not be applied to the child’s title IV-E FCMP as IV-E costs have already been applied. If the child subsequently loses title IV-E eligibility, the SSA must be notified. The SSA may restore the child’s SSI if they remain eligible.

Forms and Tools

[Social Security Administration \(SSA\)](#)

9.4 Removal from the Home

	Georgia Division of Family and Children Services		
	Child Welfare Policy Manual		
	Chapter:	(9) Eligibility	
	Policy Title:	Removal from the Home	
	Policy Number:	9.4	Previous Policy Number(s):
Effective Date:	July 2019	Manual Transmittal:	2019-08

Codes/References

O.C.G.A. §15-11-133.1

O.C.G.A. §15-11-134 Required Findings Justifying Removal from the Home

O.C.G.A. §15-11-146 Preliminary Protective Hearing; Findings

Title IV-E of the Social Security Act Section 472(a)

Title 45 Code of Federal Regulations (CFR) Part 1356.21 (c), (d), (k) and (l)

Requirements

The Division of Family and Children Services (DFCS) will:

1. *Ensure that a child’s removal from the home occurs pursuant to:*
 - a. *A voluntary placement agreement (VPA) entered into by a parent or relative which leads to a physical or constructive removal (i.e., a non-physical or constructive removal of custody) of the*

child from the home; or

- b. *A judicial order for a physical or constructive removal of the child from a parent or specified relative.*



A removal has not occurred in situations where legal custody is removed from the parent or relative and the child remains with the same relative in that home under supervision by the state/tribal agency.

2. *Consider a child constructively removed on the date of:*
 - a. *The first judicial order removing custody, even temporarily, from the appropriate specified relative; or*
 - b. *The signing of the voluntary placement agreement by all relevant parties.*
3. *Ensure the removal and foster care placement of a child is in accordance with a judicial determination to the effect that continuation of residence in the home from which removed would be contrary to the welfare or that the placement would be in the best interest of the child and that reasonable efforts to maintain the family unit were made (see policy [9.5 Eligibility: Reasonable Efforts](#)). The contrary to the welfare determination will be made in the first ruling that sanctions (even temporarily) the removal of the child from the home. If the determination regarding contrary to the welfare is not made in the first court ruling pertaining to removal from the home, the child will not be eligible for Title IV-E foster care maintenance payments for the duration of that stay in foster care.*
4. *Verify that the judicial determination regarding contrary to the welfare is explicitly documented and made on a case-by-case basis in the court order. If the contrary to the welfare judicial determination is not included as required in the court orders, a transcript of the court proceedings is the only other documentation accepted to verify that the required determination has been made. Neither affidavits nor nunc pro tunc orders will be accepted as verification in support of contrary to the welfare judicial determinations.*
5. *Acknowledge that court orders that reference state law to substantiate judicial determinations are not acceptable, even if the law provides that a removal must be based on a judicial determination that remaining in the home would be contrary to the welfare or that removal can only be ordered after reasonable efforts have been made.*

Procedures

Social Services Case Manager

1. Review the first order signed by a judge which sanctions the removal of the child from the home to determine if the appropriate judicial finding of “contrary to the welfare” or “best interest of the child” is made.
2. Verify the court order includes child specific details which led to the sanctioning of the removal by the judge.
3. Document the following on the Legal Action and Outcome Detail page in Georgia SHINES:
 - a. Date Field: The date of the complaint/petition or the signature date of the VPA;
 - b. Court action date;

- c. Action: Type of placement authority;
- d. Hearing type/court order;
- e. Date shelter care authorized;
- f. Court order date.



Nunc pro tunc orders must be carefully reviewed to ensure that only the judge's signature and not the finding is dated back to the actual hearing date.

- 4. Upload all court orders in External Documentation in Georgia SHINES, if not uploaded by the Case Plan Reporting System (CPRS).
- 5. Notify the Revenue Maximization (RevMax) Unit via the Notification of Change (NOC) in Georgia SHINES of the uploaded court orders.

Social Services Supervisor

- 1. Review court orders for appropriate judicial determinations and language.
- 2. Ensure the SSCM documents removal information and uploads corresponding orders timely.

Practice Guidance

“Contrary to the Welfare” Determination

The “contrary to the welfare” determination is a long-standing protection afforded to children and their families that recognizes the severity of removing a child, even temporarily, from the home. Judicial oversight is intended to prevent state agencies from acting too quickly and removing children unnecessarily.

The first court order language criterion to establish IV-E eligibility is the judicial determination that continuation in the home is “contrary to the welfare” of the child or that placement would be “in the best interest” of the child. The contrary to the welfare determination must be in the first ruling that sanctions the removal of the child from the home or any order for temporary alternatives to foster care (see Practice Guidance in policy [17.1 Legal: The Juvenile Court Process](#) for information on temporary alternatives to foster care). If the contrary to the welfare determination is not made in the first court ruling pertaining to removal from the home, the child will not be eligible for Title IV-E foster care maintenance payments for the duration of that stay in foster care. The finding should be explicitly documented in the court order and based on individual circumstances/facts of the case that led the judge to conclude the finding. The order must enumerate the specific facts of the case or reference the facts contained in such documents as the complaint, court report, Affidavit of Efforts, etc.

Types of Removal

When DFCS obtains custody, there must be a “removal” for a child to be IV-E eligible. The two types of removals are:


- 1. Physical removal, which occurs when the agency has physically removed the child from their current living arrangement.

2. Constructive removal, which is considered a “paper” removal. In a constructive removal, the state/tribal agency has obtained legal custody and supervision of the child, but did not physically remove the child from their parent, guardian or legal custodian as the child was living with an interim caregiver at the time of removal. A child is considered constructively removed on the date of the first judicial order removing custody from the appropriate specified relative or the date that the voluntary placement agreement is signed by all relevant parties.

Forms and Tools

N/A

9.5 Reasonable Efforts

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(9) Eligibility		
	Policy Title:	Reasonable Efforts		
	Policy Number:	9.5	Previous Policy Number(s):	N/A
	Effective Date:	January 2022	Manual Transmittal:	2022-01

Codes/References

O.C.G.A. §15-11-2 Definitions
 O.C.G.A. §15-11-113 Date Child is Considered to Have Entered Foster Care
 O.C.G.A. §15-11-146 Preliminary Protective Hearing; Findings
 O.C.G.A. §15-11-202 Reasonable Efforts by DFCS to Preserve or Reunify Families
 O.C.G.A. §15-11-203 When Reasonable Efforts by DFCS Not Required
 O.C.G.A. §15-11-204 Non-Reunification Hearing
 O.C.G.A. §15-11-212 Disposition of Dependent Child
 O.C.G.A. §15-11-215 Notice of Change in Placement Hearings
 Title IV-E of the Social Security Act Sections 471 (a) (15) (A), (B), (C), (D) & (F)
 PL 105-89, Adoption and Safe Families Act
 PL 96-272, Adoption Assistance and Child Welfare Act of 1980
 PL 93-247, Child Abuse Prevention and Treatment Act
 PL 109-248, Adam Walsh Child Protection and Safety Act of 2006
 Title 45 Code of Federal Regulations (CFR) Parts 1356 (b), (b)(1)(i) and (ii), (b)(2)(i) and (ii), (b)(3), (b)(3)(i), (ii) and (iii) and (b)(4)

Requirements

The Division of Family and Children Services (DFCS) will:

1. *Make reasonable efforts to:*
 - a. *Maintain the family unit and prevent the unnecessary removal of a child from his/her home, as long as the child's safety is assured;*

- b. *Effect the safe reunification of the child and family (if temporary out-of-home placement is necessary to ensure the immediate safety of the child); and*
- c. *Make and finalize alternate permanency plans in a timely manner when reunification is not appropriate or possible.*



If there is reason to know a child is a member of a federally recognized Indian tribe; or eligible for membership in a federally recognized Indian tribe, and is the biological child of a member/citizen of a federally recognized Indian tribe, ICWA requires active efforts prior to removal and to reunify a child and family (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).

2. *Ensure when determining reasonable efforts to be made with respect to a child, that when making such reasonable efforts, the child's health and safety is the agency's paramount concern.*
3. *Verify that the judicial determination regarding reasonable efforts is explicitly documented and made on a case-by-case basis in the court order. If the reasonable efforts judicial determination is not included as required in the court orders, a transcript of the court proceedings is the only other documentation accepted to verify that the required determination has been made. Neither affidavits nor nunc pro tunc orders will be accepted as verification in support of reasonable efforts judicial determinations.*



Court orders that reference State law to substantiate judicial determinations are not acceptable, even if the law provides that a removal must be based on a judicial determination that remaining in the home would be contrary to the welfare or that removal can only be ordered after reasonable efforts have been made.

4. *Obtain a judicial determination of reasonable efforts to prevent a child's removal from the home.*
 - a. *When a child is removed from his/her home, the judicial determination, as to whether reasonable efforts were made or were not required to prevent the removal, is made no later than 60 days from the date the child is removed from the home;*
 - b. *If the determination concerning reasonable efforts to prevent the removal is not made as specified above, the child is not eligible under the title IV-E foster care maintenance payments program for the duration of that stay in foster care.*
5. *Obtain a reasonable efforts determination even during emergency removals. When child safety precludes efforts to prevent removal, the court must still make a judicial determination regarding reasonable efforts. After considering whether appropriate services were or should have been provided, the court may determine that it was reasonable for the agency to make no effort to provide services to prevent removal in light of exigent circumstances discovered through the assessment of the family, such as the safety or protection of the child.*
6. *Present evidence to the court outlining the reasonable efforts made to prevent removal and to provide services to make it possible for the child to safely return home and why protective custody is in the best interests of the child.*
7. *Obtain, when appropriate, a judicial determination from a court of competent jurisdiction that reasonable efforts are not required to prevent a child's removal from home or to reunify the child and family when the parent has:*

- a. *Subjected the child to aggravated circumstances (as defined in State law, which definition may include but need not be limited to abandonment, torture, chronic abuse and sexual abuse) (see Practice Guidance: Aggravated Circumstances);*
 - b. *Been convicted of:*
 - i. *Murder (which would have been an offense under section 1111(a) of title 18, United States Code, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) or murder in the second degree of another child of the parent;*
 - ii. *Voluntary manslaughter (which would have been an offense under section 1112 (a) of title 18, United States Code, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of another child of the parent;*
 - iii. *Aiding or abetting, attempting, conspiring, or soliciting to commit such a murder or such a voluntary manslaughter; or*
 - iv. *A felony assault that results in serious bodily injury to the child or another child of the parent.*
 - c. *Had their parental rights with respect to a sibling involuntarily terminated and the circumstances leading to such termination of parental rights to that sibling have not been resolved;*
 - d. *When the parent or legal guardian has committed sexual abuse against the surviving child or another child of the parent; or*
 - e. *When the parent or legal guardian is required to register with a sex offender registry under section 113 (a) of the Adam Walsh Child Protection and Safety Act of 2006.*
8. Obtain, when appropriate, a judicial determination that the court made a “presumption” that it is reasonable to make no efforts to reunify the child and family when:
- a. The parent, guardian or legal custodian has unjustifiably failed to comply with a previous court-ordered plan designed to reunite the family; or
 - b. The child has been removed from the home on at least two previous occasions and reunification services were made available on those occasions; and/or
 - c. Any of the grounds for terminating parental rights (TPR) exist (see policy [17.11 Legal: Termination of Parental Rights \(TPR\)](#)).




A finding should be entered to the effect that “reasonable efforts to reunify a child and family will be detrimental to the child and that reunification services; therefore, should not be provided or should be terminated” if the court makes any of these presumptions.

9. *Obtain a judicial determination that it has made reasonable efforts to finalize the permanency plan that is in effect (whether the plan is reunification, adoption, legal guardianship, placement with a fit and willing relative or placement in another planned permanent living arrangement) within 12 months of the date the child is considered to have entered foster care and at least once every 12 months thereafter while the child is in foster care (see Practice Guidance: Date Child is Considered to Have Entered Foster Care in policy [17.1 Legal: The Juvenile Court Process](#)).*




Permanent placement with a fit and willing relative is not a permanent placement option in Georgia unless as part of another planned permanent living arrangement.

10. Obtain judicial findings of reasonable efforts to finalize the permanency plan at each permanency plan hearing, but at least within 12 months of the date the child is considered to have entered foster care for Title IV-E purposes. Subsequent findings should be made no later than 12 months from the previous findings.
 - a. *If such a judicial determination regarding reasonable efforts to finalize a permanency plan is not made, the child becomes ineligible under Title IV-E from the end of the 12th month following the date of the child's removal or the end of the 12th month following the month in which the most recent judicial determination of reasonable efforts to finalize the permanency plan was made and remains ineligible until such a judicial determination is made;*
 - b. *Reasonable efforts to finalize an alternate permanency plan may be made concurrently with reasonable efforts to reunify the child and family. Reasonable efforts to place a child for adoption or with a legal guardian, including identifying appropriate in-state/tribal Service area and out-of-state/Tribal service area placements, may be made concurrently with reasonable efforts to reunify the child and family;*
 - c. *If continuation of reasonable efforts is determined to be inconsistent with the permanency plan for the child, reasonable efforts are made to place the child in a timely manner in accordance with the permanency plan including, if appropriate, through an interstate placement, and to complete whatever steps necessary to finalize the permanent placement of the child.*
11. Demonstrate the following at the respective hearings:
 - a. The preliminary protective hearing:
 - i. Reasonable efforts to prevent placement of the child in foster care;
 - ii. There are no appropriate services or efforts which would allow the child to remain safely in the home given the circumstances of the child and family at the time of removal, so the absence of efforts was justifiable;
 - iii. Reasonable efforts to prevent placement and to reunify the child are not required and why.
 - b. The adjudication hearing:
 - i. Reasonable efforts to eliminate the need for removal of the child from his/her home and to reunify the child with his/her family at the earliest possible time; or
 - ii. Reasonable efforts to prevent placement and reunify the child are not required and why.
 - c. All other hearings:
 - i. Reasonable efforts to eliminate the need for removal of the child from his/her home and to reunify the child with his/her family at the earliest possible time;
 - ii. Reasonable efforts to finalize an alternate permanency plan for the child.
12. Ensure the court reviews the reasonable efforts to recruit, identify and make a placement with kin, foster parent or other person who has demonstrated an ongoing commitment to the child and has agreed to provide a permanent home for the child if reunification is not successful, when the case plan is concurrent.
 -  When DFCS has a concurrent plan, the court shall review reasonable efforts to achieve both plans.

Procedures

Social Services Case Manager

1. Make reasonable efforts to prevent removal, reunify the child and family and/or finalize the permanency plan (see Practice Guidance: Reasonable Efforts).
 2. Ensure that when a concurrent permanency plan has been ordered, reasonable efforts are made to finalize both the primary plan and the alternative plan (see policy [10.23 Foster Care: Case Planning](#)).
 3. Document reasonable efforts in the case plan in Georgia SHINES and include:
 - a. A description of the circumstances requiring the child's removal;
 - b. How these circumstances prevent the child's safety;
 - c. Services offered or provided to the family by DFCS;
 - d. The family's response to services; and
 - e. All other efforts made to prevent removal.
 4. Provide documentation to the court detailing the services offered and provided to the family and the family's response.
 5. Review all court orders issued within the first 60 days following removal for findings of reasonable efforts to prevent removal or reasonable efforts were not required (see policy [17.3 Legal: Court Orders and Placement Authority](#)).
 - a. Determine whether any order issued within the first 60 days following removal includes findings of reasonable efforts to prevent removal or reasonable efforts were not required;
 - b. Document the receipt of the court order on the Legal Action and Outcomes Detail page and upload all court orders in External Documentation in Georgia SHINES.
-  Nunc pro tunc orders must be carefully reviewed to ensure that only the judge's signature and not the finding is dated back to actual hearing date.
6. Complete the following for reasonable efforts to finalize the permanency plan:
 - a. Ensure that a judicial finding of reasonable efforts to finalize the permanency plan occurs at any permanency plan hearing, but no later than 12 months of the child's removal and every 12 months thereafter (see policy [17.1 Legal: The Juvenile Court Process](#));
 - b. Verify the court order contains the following:
 - i. The specific permanency plan;
 - ii. Judicial finding of reasonable efforts to finalize the permanency plan;
 - iii. The child/case specific efforts to achieve the permanency plan.
 - c. Document receipt of the court order in the Legal Action and Outcomes Detail page and upload all court orders into External Documentation in Georgia SHINES, if they are not uploaded by the Case Plan Reporting System (CPRS) in Georgia SHINES.



Nunc pro tunc orders must be carefully reviewed to ensure that only the judge's signature

and not the finding is dated back to actual hearing date.

7. Notify the Revenue Maximization (Rev Max) Specialist via the Notification of Change (NOC) in Georgia SHINES when the received court order has been uploaded.

Social Services Supervisor

1. Provide guidance to the SSCM on conducting and documenting reasonable efforts.
2. Conduct a supervisory staffing with the SSCM to discuss:
 - a. Timely service provision to prevent removal, reunify the child and family or achieve an alternative permanency plan, as appropriate depending on whether the case is in Child Protective Services or Foster Care;
 - b. Whether reasonable efforts are being made;
 - c. How to document reasonable efforts in the case record.
3. Review documentation in Georgia SHINES to verify:
 - a. Reasonable efforts are being made to prevent removal, reunify the child and family or achieve an alternative permanency plan;
 - b. Timely and accurate completion of the Legal Status and Legal Action and Outcomes Detail pages;
 - c. Court orders have been uploaded to External Documentation;
 - d. The NOC is sent to Rev Max notifying them of uploaded court orders;
 - e. Court orders have the required language and case specific reasonable efforts are outlined in the order.
4. Assist the SSCM in contacting the SAAG when a court order does not meet the reasonable efforts language or case specific requirements.

Practice Guidance

Reasonable Efforts to Prevent Removal and/or Safely Reunify the Child and Family

DFCS is committed to making reasonable efforts to prevent a child's removal. Some examples of reasonable efforts include, but are not limited to:

1. Use of family resources, neighbors or other individuals in the community as safety interventions.
2. Use of community agencies or services as safety interventions.
3. Having the alleged maltreater leave the home, voluntarily or in response to legal action.
4. Having the non-maltreating parent, guardian or legal custodian move to a safe environment with the child.
5. Having the parent, guardian or legal custodian place the child outside of the home.

When making reasonable efforts, DFCS must consider the unique needs of each family to address the concerns identified. A determination by the court that DFCS made reasonable efforts in any


individual case depends on whether DFCS offered and provided the services most likely to remedy a particular family's problem and/or actively facilitated safe reunification.

When determining whether reasonable efforts have been made, the court shall consider whether services to the child and his or her family were:

1. Relevant to the safety and protection of the child.
2. Adequate to meet the needs of the child and family.
3. Culturally and linguistically appropriate.
4. Available and accessible.
5. Consistent and timely.
6. Realistic under the circumstances.

When the court is determining whether reasonable efforts have been made to finalize an alternative permanent home for a child, the court shall also consider whether DFCS has completed the required diligent search and provided notice to persons identified during the diligent search.

State law defines reasonable efforts as due diligence and the provision of appropriate services. The judicial determination of "reasonable efforts" should be explicitly documented in the court order and made on a case-by-case basis; e.g., based on the individual circumstances/facts of the case which led the judge to conclude this finding.

 The order may enumerate the specific facts of the case or may reference the facts in such documents as the petition, court report, Case Plan, Comprehensive Child and Family Assessment (CCFA), etc.

The Adoption Assistance and Child Welfare Act of 1980 (PL 96-272) requires that support services be provided to families to strengthen their ability to provide for the safety and care of their children and prevent the unnecessary removal of the child. The judicial determination "reasonable efforts to prevent removal" is made whenever the court determines that DFCS was providing adequate services to preserve the family unit prior to the court's removal. It is recommended that the finding be obtained in the earliest possible order (i.e., the removal order or the order as a result of the preliminary protective hearing). If the finding is not made within 60 days of the child's removal, the child is not eligible for IV-E foster care maintenance payments for the duration of the child's stay (placement episode) in foster care. In emergency situations, the judge may find to the effect that it is "reasonable to make no efforts to maintain the child in the home" or "reasonable efforts to prevent removal were not appropriate or in the best interest of the child".

Once the child enters foster care, the court makes a judicial determination at each subsequent review to the effect that "reasonable efforts are being made to safely reunify the child and family unless reasonable efforts were not required. For the court to make a "reasonable efforts to reunify" finding, the case plan for reunification (see policy [10.23 Foster Care: Case Planning](#)) must provide a description of the specific actions and services required of the parent, guardian or legal custodian and agency in order for the child to be safely returned. The judicial findings at each stage of juvenile court proceedings clarify what services were offered and provided to the parent, guardian or legal custodian and their outcome. Should termination of parental rights be pursued, the findings may be used as evidence.

Reasonable Efforts Not Required

Some circumstances do not require DFCS to reunify families. However, following submission of a case plan recommending that reunification services are not appropriate (non-reunification case plan), the court must make a judicial determination based on clear and convincing evidence. A hearing is held within 30 days of the filing of a non-reunification case plan (see policy [10.23 Foster Care: Case Planning](#)). At the hearing, the court determines whether reunification services are not required by law or will be detrimental to the child and enters a finding to that effect. As with all hearings and reviews, the court is informed as to whether and when DFCS intends to proceed with TPR. The court also holds a permanency hearing to consider the proposed permanency plan and the steps to be taken to finalize the permanent placement of the child (see policy [17.1 Legal: The Juvenile Court Process](#)). Once the court determines that reunification services are no longer required, the court requires that reasonable efforts be made to finalize an alternative permanency plan.

Reasonable Efforts to Finalize the Permanency Plan

The finding is usually made at the permanency plan hearing which should be held:

1. No later than 30 days after DFCS submits a non-reunification case plan to the court; or
2. For children under seven years of age at the time a petition for dependency is filed, no later than nine months after the children are considered to have entered foster care (see policy [17.1 Legal: The Juvenile Court Process](#));
3. For children seven years of age and older, no later than 12 months after the children are considered to have entered foster care;



For siblings removed at the same time and in which at least one child is under seven years of age at the time the dependency petition is filed, the permanency plan hearing shall be held no later than nine months after the children are considered to have entered foster care.

4. Subsequently, every six months after the initial permanency plan hearing.



To ensure compliance with Title IV-E requirements, DFCS policy and practice requires a hearing must be held within 12 months of removal and subsequently, every 12 months thereafter, as long as the child remains in care (see policy [17.1 Legal: The Juvenile Court Process](#)).

The permanency plan in effect is the one in place (previously approved by the court) at the time of the hearing. The court order must specify the permanency plan. If the court finds that the child has been living in a stable home environment with the current caregiver(s) for the past 12 months and that removal from the caregiver(s) would be detrimental to the child's emotional well-being, the court may presume that continuation of the child's placement with the current caregiver is in the child's best interests and shall enter a finding that a change of placement is a failure by DFCS to make reasonable efforts to finalize the permanency plan in effect at the time of the hearing; provided, however, that such presumption shall not apply to prevent the return of the child to his or her parent, guardian, or legal custodian.

If the "reasonable efforts to finalize" finding is not made, the child cannot be IV-E reimbursable

from the end of the 12th month following removal or the end of the 12th month following the month in which the most recent judicial determination of “reasonable efforts to finalize was made”. When a judicial determination is made, IV-E payments can begin effective the first day of the month in which the finding was made.

Aggravated Circumstances


The parent, guardian or legal custodian has:

1. Abandoned a child;
2. Aided or abetted, attempted conspired or solicited to commit murder or voluntary manslaughter of another child of the parent;
3. Subjected a child or his/her sibling to torture, chronic abuse, sexual abuse or sexual exploitation;
4. Committed the murder or voluntary manslaughter of his/her child’s other parent or has been convicted of aiding or abetting, attempting, conspiring or soliciting the murder or voluntary manslaughter of his/her child’s other parent;
5. Committed the murder or voluntary manslaughter of another child of the parent;
6. Committed an assault that resulted in serious bodily injury to his or her child or another child of the parent; or
7. Caused his child to be conceived as a result of having non-consensual sexual intercourse with the mother of his child or when the mother is less than ten years of age.

Forms and Tools

N/A

9.6 Aid to Families with Dependent Children (AFDC) Relatedness Criteria

	Georgia Division of Family and Children Services Child Welfare Policy Manual		
	Chapter:	(9) Eligibility	
	Policy Title:	Aid to Families with Dependent Children (AFDC) Relatedness Criteria	
	Policy Number:	9.6	Previous Policy Number(s):
Effective Date:	July 2024	Manual Transmittal:	2024-06

Codes/References

- Title IV-E of the Social Security Act § 471 (a) (27)
- Title IV-E of the Social Security Act § 472 (a) (1) & (2)
- Title IV-E of the Social Security Act § 472 (a) (3) (A) & (B) and (4)
- 45 CFR Part 1356 (l)

Requirements

The Division of Family and Children Services (DFCS) will:

1. Confirm that a child meets AFDC Relatedness criteria to be title IV-E eligible. The following must exist in the removal home to meet the AFDC Relatedness criteria for title IV-E purposes:
 - a. Age - A child must be under the age of 18.
 - b. *Living with a specified relative in the removal home - A child must meet AFDC eligibility criteria in the month in which either a voluntary placement agreement (VPA) is entered into, or a court order is initiated to remove the child from the home. For the purpose of meeting the living with a specified relative prior to removal from the home requirement, one of the two following situations will apply:*
 - i. *The child was living with the parent or specified relative, and was AFDC eligible in that home in the month of the voluntary placement agreement or initiation of court proceedings; or*
 - ii. *The child had been living with the parent or specified relative within six months of the month of the voluntary placement agreement or the initiation of the court proceedings, and the child would have been AFDC eligible in that month if s/he had still been living in that home.*
 - c. Deprivation - The child must have been deprived of the care, guidance or support of one or both parents (married or unmarried) if paternity is established. Deprivation must exist in the eligibility month.
 - d. Financial need (income and resources) - The income and assets of the removal home family must be considered.
 - e. Citizenship/immigration status - The child must be a United States (U.S.) citizen or a lawfully admitted qualified immigrant (qualified alien).
 - i. *Verify the citizenship or immigration status of any child in foster care under the responsibility of the State under Title IV-E or Part B, and without regard to whether foster care maintenance payments are made under section 472 on behalf of the child.*
 - ii. *For the purposes of meeting the requirements of the section 401(a) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), children must meet the definition of "qualified alien" (as defined in section 431(b) of PRWORA) to be eligible for Federal foster care maintenance or adoption assistance (except that children receiving adoption assistance pursuant to agreements signed before August 22, 1996 may continue to receive such assistance).*
2. Complete the Person Detail and Income and Resources pages in Georgia SHINES to allow the Revenue Maximization (RevMax) Specialist to determine if the child meets the AFDC relatedness



The “living with” and “removal from” condition must be met by the same specified relative. A child may be “physically or constructively” removed from the home (see policy [9.4 Eligibility: Removal from the Home](#)).

criteria in the removal home.

Procedures

Social Services Case Manager

1. Complete the Person Detail and Income and Resources pages in Georgia SHINES.
2. Complete the “living with” and “removal home” information on the Application and Background page in Georgia SHINES, including:
 - a. The child’s caretaker in the month the VPA was signed, or the court order was initiated.
 - b. The relationship of the caretaker to the child as parent, relative or other.
 - c. Whether the child lived with a specified relative in the past six months if other is checked.
 - d. The person from whom legal custody was removed.



The SSCM must ensure the removal home box is checked on the address for the child for the information to pre-populate to the Medicaid/IV-E application.

- e. Household members of the removal home.
 - f. Available information about income and resources.
 - g. Documentation of a child’s qualified immigrant status, and updates to the Citizenship page if the child does not meet qualified immigrant status requirements.
3. Verify a child’s lawful residency status using documentary evidence:
 - a. U.S. Birth Certificate
 - b. Naturalization Certificate (N-550 or N-570)
 - c. Certificate of Citizenship (N-560 or N-561)
 - d. U.S. Passport
 - e. Hospital Certificate, or Baptismal Certificate
 - f. Permanent Resident Card (“Green Card” or I-551)
 - g. Other form of immigration documentation



Refer to the Citizen and Identity page in Georgia SHINES for additional document options to verify citizenship and immigration status. If resources in your region are unable to confirm a method of verification you may contact the RevMax Specialist (see Practice Guidance: Citizenship, Immigration and Identity).

4. Upload the following in External Documentation in Georgia SHINES:
 - a. Income and/or resource verification, if applicable.
 - b. Child’s Birth Certificate or other citizenship documentation.



If the birth certificate is not uploaded, the RevMax Specialist may check Vital Statistics for children born in Georgia.

- c. Documentation of the child's qualified alien status.
5. Contact the RevMax Specialist with any questions regarding which home constitutes the removal home.
6. Submit a Notification of Change (NOC) via Georgia SHINES to report any changes to the RevMax Specialist.

Social Services Supervisor

1. Review the case record to ensure the following:
 - a. Completion of the following pages in Georgia SHINES:
 - i. Person Detail
 - ii. Income and Resources
 - iii. Application and Background
 - b. Verification is uploaded into External Documentation in Georgia SHINES.
 - c. Any changes are reported to RevMax via the NOC.
2. Staff with the SSCM if any follow-up is needed.

Practice Guidance

In all references to AFDC criteria, the eligibility of the child is based on the AFDC program in effect in Georgia's State Plan on July 16, 1996. Only those who meet the relatedness criteria are considered eligible.

Specified Relative and Removal Home

The removal home is the home of the specified relative from whom legal custody of the child was removed. The following relationships meet the requirements of a specified relative:

1. Parents (either by birth, legal adoption or step-relationship)
2. Grandparents (up to great-great-great)
3. Siblings (whole, half or step)
4. Aunts/uncles (up to great-great)
5. Nieces/nephews (up to great-great)
6. First cousin
7. First cousin once removed (the child of a first cousin)
8. Spouses of any person named in the above group, even after the marriage is terminated by death or divorce



The spouse of a stepparent or the spouse of a stepsibling is NOT within the specified degree of relationship

Relationship is established by one of the following:

1. Birth
2. Marriage
3. Legal adoption

An individual who has legal custody of the child does not meet the relationship requirement. Adoption or severance of parental rights does not terminate blood relationship for the specified relative requirement. The requirement for “living with a specified relative” is met if a newborn child is placed in DFCS care and responsibility directly from the hospital.

Eligibility Month

The eligibility month is defined as the month in which one of the following occurs:

1. The initiation of court proceedings (i.e., the filing of the complaint or petition) that led to the removal of the child; or
2. The date a VPA was signed by all parties.

Parental Deprivation

Deprivation results from one of the following situations in the removal home:

1. Death
2. Separation: Parents are legally separated and one of the parents is not living in the same house
3. Divorce: Parents are divorced and one of the parents is not living in the same house
4. Continual absence: One of the parents is continually absent from the home where the child resides
5. Institutionalized/incarcerated: One of the parents is in an institution or incarcerated, prior to the child’s placement
6. Incapacitated or disabled: Any condition of mind or body which substantially reduces or eliminates the ability of the parent to support or care for the child. The parent’s disability should be determined, and the disability continues for at least 30 days. If the parent is receiving SSI or Social Security disability benefits, Veteran’s Disability benefits (100%), Railroad benefits, or Worker’s Compensation benefits, the incapacitation requirement is met, and verification of benefits shall be included in the record (such as a copy of the award letter or copy of a check).
7. Termination of parental rights: The child is deprived from the date of the termination of parental rights
8. Unemployment of the principal wage earner: This condition only applies when both parents are present in the household. The child can be considered deprived if the principal wage-earning parent is unemployed.

Citizenship, Immigration and Identity

For additional information on citizenship, immigration and identity, see the link below in Forms and Tools to the [Medicaid Manual Policy 2215 Citizenship/Immigration/Identity](#). The section outlines a wide variety of circumstances, classifications and verification one may encounter when assessing an individual’s status.

Citizenship/Immigration Status

Title IV-E can be claimed for an otherwise eligible child pending the SSCM's verification of immigrant status.

Qualified Alien


PRWORA defines a qualified alien as an alien who, at the time of application for, receipt or attempt to receive a Federal public benefit, is:

1. An alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act.
2. An alien granted asylum under section 208 of the Immigration and Nationality Act.
3. A refugee who is admitted to the United States under section 207 of the Immigration and Nationality Act.
4. An alien who is paroled into the United States under section 212(d)(5) of the Immigration and Nationality Act for a period of at least one year.
5. An alien whose deportation is being withheld under section 243(h) of the Immigration and Nationality Act.
6. An alien who is granted conditional entry pursuant to section 203(a)(7) of the Immigration and Nationality Act as in effect prior to April 1, 1980.

Forms and Tools

[Medicaid Manual Policy 2215 Citizenship/Immigration/Identity](#)

9.9 IV-E Reimbursability

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(9) Eligibility		
	Policy Title:	IV-E Reimbursability		
	Policy Number:	9.9	Previous Policy Number(s):	N/A
	Effective Date:	December 2018	Manual Transmittal:	2018-14

Codes/References

Title IV-E of the Social Security Act Sections 471(a)(1); 472; 475(4)(A) & (B)

Title 45 Code of Federal Regulations (CFR) Parts 1355 and 1356

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) a/k/a The Welfare Reform Act

Requirements

The Division of Family and Children Services (DFCS) will:

1. Determine a child IV-E reimbursable when:
 - a. The child is under 18 years of age.
 - b. The child meets financial need criteria (based only on the child's income and resources once initial IV-E eligibility has been established).
 - c. The child resides in a IV-E reimbursable placement.
 - d. The child is in the custody of DFCS or another public agency under contract with the Georgia Department of Human Services (DHS).
 - e. There is a judicial determination of reasonable efforts to finalize the child's permanency plan that is in effect within 12 months of the child's removal and at least every 12 months thereafter while the child is in foster care (See policies [9.5 Eligibility: Reasonable Efforts](#) and [17.1 Legal: The Juvenile Court Process](#)).
 - f. A child enters foster care via Voluntary Placement Agreement (VPA) for the first 180 days, unless there has been a judicial determination of "contrary to the welfare" or "best interest" by a court.
2. Adhere to federal regulations which require a foster family home (relative or non-relative) and residential child care facility meet full approval standards.
3. Identify the following as reimbursable facilities:
 - a. A licensed or approved foster family home (see policy [14.1 Resource Development: Safety and Quality Standards](#)).
 - b. A licensed or approved relative foster home (see policy [14.1 Resource Development: Safety and Quality Standards](#)).
 - c. A private, non-profit group home or childcare facility licensed by the state (see policy [16.0 Room Board and Watchful \(RBWO\): Introduction to RBWO](#)).
 - d. A public (government) non-medical child group home or child care facility licensed for no more than 25 children.
4. Notify Revenue Maximization (RevMax), via a Notification of Change (NOC) in Georgia SHINES, of circumstances that may affect a child's IV-E status, including:
 - a. Child turns 18.
 - b. Changes in child's income or resources.
 - c. Placement changes.
 - d. Changes in legal custody.
 - e. Judicial proceedings and court orders.
5. Ensure a child does not receive two IV-E payments for the same day.

Procedures

Social Services Case Manager

1. Notify the RevMax Specialist (RMS) via an NOC in Georgia SHINES of:
 - a. Any changes to the child's, parent's or placement resource's circumstances.

- b. A concurrent placement and the need to use state funds to pay the concurrent placement while continuing the IV-E per diem to the original placement.
2. Determine where the child “spends the night” as the home to receive the IV-E payment, when a child is moved from one IV-E reimbursable placement to another the same day.
3. Document all activities in Georgia SHINES within 72 hours of occurrence.

The RMS will:

1. Conduct a IV-E reimbursability redetermination every six months, including establishing reimbursability for the past six months and for the next six months with each redetermination.
2. Determine if IV-E eligibility or reimbursability is affected, when the SSCM reports changes.
3. Authorize payment from State funds to a concurrent placement, when notified of a concurrent payment.
4. Inform the SSCM of any changes in IV-E eligibility or reimbursability via the Georgia SHINES Eligibility Summary page, including the correct funding source and effective date.
5. Document any loss of IV-E eligibility or reimbursability in the narrative of the Contact Detail in Georgia SHINES.
6. Notify Regional Accounting of the need for funding re-rates.

Social Services Supervisor

1. Ensure the RMS is notified of the following via an NOC in Georgia SHINES:
 - a. Any changes to the child’s, parent’s or placement resource’s circumstances.
 - b. Concurrent placements.
2. Provide guidance to the SSCM, as needed.

Practice Guidance

The SSCM must understand the concepts of “IV-E eligibility” and “IV-E reimbursability,” and how IV-E reimbursement can fluctuate from month-to-month. Eligibility is determined on a one-time basis when the child initially enters care. It is based on the child’s situation at the time of removal. Once established, a child’s eligibility continues as long as the child remains in DFCS custody. Reimbursability refers to the federal share in paying for the maintenance costs of a child in care; i.e., charging the cost of care to IV-E Foster Care (IV-E FC). The state may also claim IV-E administrative costs when a child is IV-E reimbursable. A child may lose and regain reimbursability status depending on changes in:

1. Placement.
2. Financial need.
3. Legal responsibility for the placement and care of the child.
4. Judicial determination of “reasonable efforts to finalize the child’s permanency plan” obtained within 12 months of the child’s removal and at least every 12 months thereafter while the child is in care.

Generally, IV-E reimbursability is for the entire month; therefore, if a child is IV-E reimbursable for any part of a month, the child is IV-E reimbursable for the entire month. The only exception to the whole month rule occurs with a change in the child's placement. A change in placement affects the reimbursability as of the date of change. Any time reimbursability is lost, the child is reclassified to IV-E non-reimbursable.

Concurrent Payments

A concurrent placement is defined as the planned, purposeful absence of a child from his original foster home/facility which continues to be paid at the same time his temporary placement is paid. This situation requires consideration of payment sources as two IV-E payments cannot be made at the same time.

Non-IV-E Reimbursable Placements

Non-IV-E reimbursable placements include the following:

1. Regional youth detention centers (RYDC).
2. Youth forestry camps (YFC) (secure and non-secure).
3. Youth development centers (YDC) and other public or private facilities (secure and non-secure) that are operated primarily for the detention of delinquent children, which must be (a) physically restricting and (b) likely to be non-operational without a population of children adjudicated delinquent (i.e., hardware secure, locked facilities).
4. Medical facilities.
5. Relative homes that are not approved foster homes.

If a child enters a reimbursable foster care placement for part of a month, but is subsequently moved to a non-reimbursable facility for part of the same month, the child's cost of care is not reimbursable beginning on the date of placement in the non-reimbursable placement. The child is not IV-E reimbursable until entering a reimbursable placement.

Financial Need (Income and Resources)

The child must have financial need in Aid to Families with Dependent Children (AFDC) terms for each month that he or she is in care. Only the child's income and resources are considered. In determining initial eligibility, the total income of the removal family, including the child, is considered. The income available to the child must be less than 185% of monthly foster care per diem expenses. The RMS determines whether the child's income meets the standard after applying certain deductions and disregards. The child's resources must not exceed \$10,000 in any single month. If the child in foster care is working, it is important for the RMS to know if the child is a full-time student in order to determine how to count the child's income.

Legal Responsibility for Placement and Care

The county department must continue to have a valid court order or VPA giving DFCS placement responsibility for the child.

Fatal Flaws with IV-E


The following circumstances are fatal to IV-E eligibility; i.e., the child loses IV-E eligibility and reimbursability for the entire placement episode in foster care when:

1. A judicial determination of “contrary to the welfare” or “best interest” is not obtained in the first order that sanctions the removal of the child.
2. A judicial determination of “reasonable efforts to prevent removal” or “reasonable efforts are not required” is not obtained within 60 days of the child’s removal via court order.
3. The child reaches age 18.
4. DFCS custody is terminated.
5. DFCS fails to acquire a court order within 180 days of a VPA that contains the judicial finding that continued placement is in the “best interest” of the child.
6. The child is on a trial home visit beyond six months or the trial home visit exceeds the time frame authorized by the court.
7. The child is on runaway status beyond six months.

Forms and Tools

N/A

9.10 Special Situations (Trial Home Visits, Runaway, Parenting Youth in Foster Care and Out-of-State IV-E Foster Care)

Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(9) Eligibility	
	Policy Title:	Special Situations (Trial Home Visits, Runaway, Parenting Youth in Foster Care and Out-of-State IV-E Foster Care)	
	Policy Number:	9.10	Previous Policy Number(s): N/A
	Effective Date:	December 2018	Manual Transmittal: 2018-14

Codes/References

Title 45 Code of Federal Regulations (CFR) Part 1356.21(e)

Requirements

The Division of Family and Children Services (DFCS) will:

1. Notify the Revenue Maximization (RevMax) Specialist (RMS) via the Notification of Change (NOC) in Georgia SHINES anytime a child in foster care is placed on a trial home visit, runs away or has a child.

2. Ensure that a trial home visit does not exceed six months in duration, unless the court orders a longer trial home visit (see policy [10.24 Foster Care: Trial Home Visits](#)).



If a trial home visit extends beyond six months without authorization by the court, or exceeds the time authorized by the court, and the child subsequently returns to foster care, the placement must be considered a new placement. IV-E eligibility must be newly established including judicial determinations regarding contrary to the welfare and reasonable efforts to prevent removal.

3. Provide foster care maintenance payments for a child, who is not in DFCS custody, but is placed together with their parenting youth in foster care.
4. Maintain responsibility for initial and ongoing IV-E determinations for any Georgia child placed outside the state.



Any IV-E eligible child in foster care in Georgia who is placed in another state shall be eligible for medical coverage in that state.

5. Provide medical coverage for any IV-E eligible child placed in Georgia from another state.
6. Retain responsibility for medical coverage of any child not IV-E eligible placed outside of Georgia.



The sending state shall retain responsibility for medical coverage for a child not IV-E eligible in foster care placed into Georgia from another state.

Procedures

Trial Home Visits or Runaways

The Social Services Case Manager (SSCM) will:

1. Track the length of time a child is on a trial home visit or runaway status.
2. Notify the RMS via a NOC in Georgia SHINES of the trial home visit or runaway episode.
 - The RMS will terminate IV-E reimbursability for a IV-E eligible child.
3. Submit a new IV-E application if a child returns to foster care from a trial home visit or runaway episode.
 - a. New eligibility determinations are not required if the child returns to foster care within six months or prior to any court authorized extension of a trial home visit.
 - b. New determinations of all eligibility factors, including judicial determinations of “contrary to the welfare” and “reasonable efforts”, are required if the child returns to foster care after six months or after the court authorized period for a trial home visit as this is considered a new placement episode.

Parenting Youth in Foster Care

The SSCM will:

1. Notify the RMS via the NOC in Georgia SHINES when a youth in foster care gives birth, indicating whether the youth and child are in the same placement and whether DFCS obtained custody of the child.
2. Request a Payment of Care waiver to add the child to the minor parent's foster care per diem, if the child is placed with the minor parent and is not in DFCS custody.
3. Assist the parenting youth with applying for medical assistance for the newborn child, if DFCS does not obtain custody of the newborn child.
 - a. Fax the Medical Assistance Application to the appropriate RMS.
 - b. Notify the RMS that the Medical Assistance Application is for the child of a parenting youth in DFCS custody.
 - c. Complete the Person Detail for the child in the parenting youth's case in Georgia SHINES.
4. Complete an initial Medicaid and IV-E Foster Care Application on behalf of the child, if DFCS obtains custody of the child (see policy [9.2 Eligibility: Applying for Medical Services at Initial Entry and Exit](#) and policy [9.3 Eligibility: Applying for Initial Funding](#)).

Out-of-State IV-E Foster Care

The SSCM will:

1. For a Georgia IV-E child placed out-of-state through the Interstate Compact on the Placement of Children (ICPC) (see policy [15.2 Interstate Compact on the Placement of Children: Placement of Georgia Children into Other States](#)):
 - a. Complete all required information in Georgia SHINES.
 - b. Notify the RMS via the NOC in Georgia SHINES of the child's placement out-of-state.
 - c. Obtain verification from the RMS of the child's continuing IV-E eligibility. The RMS will update the placement in Georgia Gateway and close the Georgia Medicaid case.
 - d. Notify and provide verification to the receiving state of the child's IV-E foster care status.
 - e. Provide instructions to the out-of-state placement provider for obtaining Medicaid in the receiving state.
2. For an out-of-state IV-E child placed in Georgia through ICPC (see policy [15.3 Interstate Compact on the Placement of Children: Placement of Children from Other States into Georgia/Georgia Receiving State](#)):
 - a. Complete a Medicaid Application in a Non-Incident Foster Care Child (FCC) stage for the ICPC IV-E foster child (determined IV-E by the sending state).
 - b. Submit the Medicaid Application to RevMax for processing in Georgia Gateway.
 - c. Provide RevMax the following verifications:
 - i. Child is receiving IV-E foster care per diem from the sending state.
 - ii. Child is currently in Georgia in an approved foster care placement.
 - iii. Child is under the age of 18.
 - iv. Child's social security number.
 - v. Child's foster home address.

3. For a Georgia child not eligible for IV-E and placed out-of-state through ICPC:
 - a. Complete all required information and updates in Georgia SHINES.
 - b. Send a NOC via Georgia SHINES to the RMS to notify them of the child's placement out-of-state.
 - c. Notify the receiving state that the child is not IV-E eligible.
 - d. Discuss medical options with the child's placement provider and determine if there is an out-of-state medical provider willing to become a Georgia Medicaid provider.



The legal state of the child in foster care is responsible for any costs for a child that is determined to be not IV-E eligible.

The Social Services Supervisor (SSS) will:

1. Review the case record in Georgia SHINES to ensure:
 - a. Compliance with trial home visit timeframes.
 - b. Diligent efforts are being made to locate a runaway child (see policy [19.22 Case Management: Missing Child](#)).
 - c. Notification to RevMax via the NOC in Georgia SHINES of the trial home visit, runaway status, birth of a child by a youth in foster care or placement of a child out-of-state.
 - d. Submission of a Medicaid Application for an out-of-state IV-E child placed in Georgia.
2. Provide guidance to the SSCM, as needed.

Practice Guidance

Trial Home Visit

A trial home visit refers to the circumstance when a child in DFCS custody returns to the home from which he or she was removed for a time period designated by the juvenile court. A trial home visit should be less than six months unless extended by the court, in order not to adversely affect a child's IV-E eligibility/reimbursability. DFCS retains legal custody for the duration of a trial home visit. Although a IV-E eligible child retains medical assistance during a trial home visit, the child is not eligible to receive IV-E payments. Parents cannot be paid a per diem for caring for their own children.

Parenting Youth in Foster Care

The Title IV-E program allows for states to claim reimbursement for the cost of an infant living in the same placement of the parenting youth in foster care without requiring DFCS to obtain custody of the infant (see policy [9.1 Eligibility: Foster Care Maintenance Payments](#)). The added cost of care for the infant is reimbursed through the parenting youth's IV-E status. Only one payment is made to the placement provider. State funds may be used if the child remains in the custody of a parenting youth in foster care who is not IV-E eligible.


If the child of a parenting youth in foster care is ever removed and placed apart from his or her parent, judicial placement authority must be obtained by DFCS. The infant would be entered into Georgia SHINES as a foster child and a Medicaid Application and IV-E Application for Foster Care

would have to be submitted to RevMax. If the issues requiring the removal from the parenting youth in foster care are addressed and the court sanctions reunification, the child may be placed in the same placement as the parenting youth and not lose IV-E eligibility or reimbursability.

Forms and Tools

N/A

9.12 Child Support

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(9) Eligibility		
	Policy Title:	Child Support		
	Policy Number:	9.12	Previous Policy Number(s):	N/A
	Effective Date:	August 2024	Manual Transmittal:	2024-07

Codes/References

O.C.G.A. §15-10-310 Grounds for Determining Termination of Parental Rights

O.C.G.A. § 19-6-15 Child Support Guidelines for Determining Amount of Award: Continuation of Duty of Support; Duration of Support

O.C.G.A. § 19-11-6 Enforcement of Child Support Payments and Alimony for Public Assistance Recipients

Title IV-E of the Social Security Act Section 471(a)(17)

45 CFR §§ 303.5(b), and 303.11

Requirements

The Division of Family and Children Services (DFCS) will:

1. *Where appropriate take all steps including cooperative efforts with the state/tribal agencies administering the plans approved under Titles IV-A and D, to secure an assignment of support on behalf of each child receiving foster care maintenance payments (FCMP) under Title IV-E (see Practice Guidance: Reasons for Limiting Child Support Referrals).*
2. **Only** refer parents to the Division of Child Support Services (DCSS) for child support under the following circumstances:
 - a. The child receives title IV-E FCMPs, and the parent abdicates their parental responsibility resulting in DFCS custody and refuses to engage in case planning and reunification. This includes:
 - i. Failing to return for or retrieve their child; or
 - ii. Leaving their child with DFCS or others and not returning.



“Failure to Return” should be selected on the Custody page in Georgia SHINES as a

child and family circumstances at removal in these situations.

OR

- b. There is an existing child support order when the child enters foster care; **or**
- c. There is a new child support order from the juvenile court subsequent to the child entering foster care.

Refrain from referring parents for child support that otherwise meet the criteria for referral when:

- The child’s birth resulted from incest or rape;
- The child is in the permanent custody of DFCS;
- The child returned home at or prior to the time the eligibility determination was completed i.e., the child returned home at the 72-hour hearing;
- The child receives Adoption Assistance benefits;
- The child’s parents are unknown;
- The child’s parents are deceased;
- The child’s parent is a minor in foster care; or
- The child has attained 18 years of age.

3. Verify whether “Failure to Return” is selected on the Custody page in Georgia SHINES when the parent abdicates their parental responsibility resulting in DFCS custody and refuses to engage in case planning and reunification.

4. Where a child support referral has been made, periodically assess whether the parents are actively engaged in case planning and reunification services, and whether establishing, enforcing, or continuing to enforce child support will prevent or delay reunification.

i The assessment may be done in conjunction with the case review process.

5. Notify DCSS when it is determined that it is no longer appropriate to establish, enforce, or continue to enforce a child support order as the parents are actively engage in case planning and reunification services, and the reduced income may prevent or delay reunification.

6. If the child support referral was made pursuant to a juvenile court order, obtain approval from the juvenile court prior to notifying DCSS that it is no longer appropriate to establish, enforce, or continue to enforce a child support order.

7. Document in Georgia SHINES within 72 hours of occurrence, changes to the child’s foster care case impacting child support establishment and collection. This may include but is not limited to the completing the Foster Care Eligibility Notice of Change (NOC).

i Information is exchanged between DFCS and DCSS through an information interface connecting Georgia SHINES and the DCSS system known as \$TARS. A child support referral to DCSS from DFCS initiates the information exchange.


Procedures

Social Services Case Manager

1. To facilitate a referral for to DCSS for child support:
 - a. Complete and submit the IV-E/Foster Care Eligibility Application in Georgia SHINES to the Revenue Maximization Specialist (RMS) when the child enters foster care in accordance with policy [9.3 Eligibility: Applying for Initial Funding](#), for a determination of whether the child meets the criteria for title IV-E FCMP.
 - i. If “Failure to Return” is selected on the Custody Page, write “Failure to Return in the Comment Box on the IV-E/Foster Care Eligibility Application; or
 - ii. If there is an existing child support court order when the child enters foster care:
 1. Document the court order in Georgia SHINES, upload a copy to External Documentation and add “child support order” in the Comments section.
 2. Write “existing child support order” in the Comment box on the IV-E/Foster Care Eligibility Application.
 - b. If the juvenile court orders child support subsequent to the child entering care:
 - i. Upload the order to External Documentation in Georgia SHINES. Add “child support order” in the Comment box, and
 - ii. Complete the NOC requesting a referral to DCSS and write “new juvenile court order for child support” in the Comment box.



Referrals to DCSS for child support are made by the RMS. For the initial referral, the RMS reviews the application and other information to determine whether the case meets the criteria for referral. For subsequent child support orders from the juvenile court, the RMS reviews the NOC and court order and makes the referral. Referred cases go to DCSS in the name of each qualifying child. DCSS seeks child support from each parent of the child. Following the initial referral, information is available to DCSS only for those parents who are listed in Georgia SHINES and linked to the child.

2. Inform parents who met the criteria of the referral to DCSS for child support and of their obligation to cooperate with DCSS while their child remains in foster care.
3. After the RMS makes the child support referral:
 - a. Report or initiate changes to DCSS by updating all required fields in Georgia SHINES to include:
 - i. A change to the permanency plan;
 - ii. A juvenile court order or any other orders for child support, and upload the order in External Documentation;
 -  DCSS must establish a new support order in Superior Court to collect child support ordered anywhere other than Superior Court, in most cases.
 - iii. Request a new child support referral for another parent by:

1. Updating the person detail page with the new parent’s demographic information, including their relationship to the child; and
2. Completing the NOC.



DCSS considers one alleged father per child at a time. Following another individual’s negative DNA test or upon identifying a previously unknown parent, a new referral to DCSS is required to initiate child support on that individual. Complete the NOC, explain the circumstances in the Comment box, to prompt Rev Max to initiate the new referral.

- iv. New information regarding a parent’s employment status;
- v. Effective date of termination of parental rights (TPR) or voluntary surrenders;
- vi. Effective date of the child’s return home.



DCSS receives changes from DFCS through the Georgia SHINES interface with DCSS’ \$TARS.

4. Where a child support referral has been made, in conjunction with the Social Services Supervisor (SSS) periodically reassess whether the parents are actively engaged in case planning and reunification services, and whether establishing, enforcing, or continuing to enforce child support will prevent or delay reunification.
5. When it is determined that a notification to DCSS is warranted based on the determination that establishing, enforcing, or continuing to enforce child support will prevent or delay reunification:
 - a. If the child support referral was pursuant to a juvenile court order, obtain approval from the juvenile court prior to notifying DCSS (see policy [17.1 Legal: The Juvenile Court Process](#)).
 - b. Notify DCSS via email at DCSSFieldsOperations@dhs.ga.gov. Include the following information in the email: “Due to the parent’s participation in case planning, compliance with services, and potential for a delay in reunification caused by reduced income, DFCS has determined that this case is no longer appropriate to establish, enforce, or continue to enforce a child support order. Please close this case.”



Follow up with DCSS may be needed to determine the status/outcome of this notification. Generally, DCSS will respond to the email within 10 business days to notify DFCS of the status/outcome of the case. The SSCM should send a follow-up email to DCSS if no response has been received within 30 calendar days.

6. Document events, efforts, decisions and results pertaining to child support in the documentation narrative in Georgia SHINES.

Social Services Supervisor

1. Review the case record in Georgia SHINES to:
 - a. Verify on the Custody page that the SSCM selected “failure to return” and that the selection matches the circumstances of the case, where appropriate.
 - b. Ensure all relevant fields in Georgia SHINES are completed or updated to report changes in

the case impacting child support.

- c. Ensure the person detail page in Georgia SHINES and an NOC are completed when a new referral is required on an additional or newly identified potential father.
2. During monthly staffings, discuss the SSCM's assessment of whether the parent is actively engaged in case planning and reunification services and if the continued child support will prevent or delay reunification.
3. Ensure the SSCM follows the outlined procedures and notifies DCSS using the email content outlined provided, when it is determined establishing, enforcing, or continuing to enforce child support will prevent or delay reunification.
4. Ensure that when the child support order was pursuant to a juvenile court order, the SSCM obtains the approval of juvenile court prior to notifying DCSS that it is no longer appropriate to establish, enforce, or continue to enforce a child support order requested.

The RMS will:

1. Refer the parents to the DCSS via Georgia SHINES as part of the eligibility determination for medical assistance and title IV-E, if:
 - a. The child receives title IV-E FCMPs and
 - b. The comment box indicates "Failure to Return" is selected on the Custody page in Georgia SHINES as a child and family circumstances at removal or,
 - c. There is an existing child support order when the child enters foster care, or
 - d. A child support order is issued by the new juvenile court subsequent to the initial eligibility determination.
2. Refer a new alleged parent to DCSS when notified via the NOC in Georgia SHINES.

Practice Guidance

Reasons for Limiting Child Support Referrals

The Administration of Children and Families' (ACF), Children's Bureau (CB) affords States the flexibility to determine which cases are appropriate for a referral to child support. States can narrowly define the term "where appropriate" and only refer cases where there will be no adverse impact on the successful achievement of the child's permanency plan of reunification. CB notes that studies show the assignment of the rights to child support is generally not found to be cost effective when applied to families where children are eligible for title IV-E FCMP as the parent(s) of these children are likely to be living in poverty. Reducing the income of the parent(s) could impede their ability to engage in reunification efforts, potentially extending a child's time in foster care. In these circumstances, it is probably not in the child's best interest to secure an assignment of child support.

Georgia law also allows DCSS to request a modification to the collection of child support based on a child's permanency plan if the child support may impede the parent's ability to establish a household and prepare for the child's return.

Child Support Referral and Collections

RevMax is responsible for referring cases to DCSS via Georgia SHINES during the eligibility determination for title IV-E and medical assistance, when a new parent is identified, or when there is a juvenile court order.

When DFCS has temporary custody of the child, child support funds collected by DCSS are used to pay for the child's care. Any remaining or unused funds may be deposited in a restricted funds account for the child (see Field Fiscal Services Financial Part 2 Manual [2403 Financial Section II: Restricted Funds - Children](#) regarding restricted funds).

DCSS depends on DFCS to share critical updates that determine whether they continue collecting child support and where they are required to send those funds. For example, when DFCS enters TPR in Georgia SHINES, DCSS learns of the change through the interface. As a result, the collection of new child support from that parent ceases. However, DCSS may continue to collect past due child support, also known as arrears, for any months the child was in foster care that the parent did not pay.

Paternity


When a case has been referred to DCSS and where paternity is an issue, DCSS arranges and pays for DNA testing. However, if the alleged father tested is the biological father, he will be required to pay for the testing. Any other need by the county department to establish paternity e.g., in preparation for filing a petition for TPR, identification of a placement resource, DFCS may initiate paternity testing in accordance with policy [19.23 Case Management: Paternity Testing](#).

Forms and Tools

N/A

Chapter 10 Foster Care

10.0 Introduction to Foster Care

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(10) Foster Care		
	Policy Title:	Introduction to Foster Care		
	Policy Number:	10.0	Previous Policy Number(s):	N/A
	Effective Date:	September 2020	Manual Transmittal:	2020-06

Codes/References

Public Law 96-272

Adoption and Safe Families Act of 1997 Public Law 105-89

Discussion

Overview

Foster care is the temporary out of home care for children who cannot live with their families primarily due to safety threats within their own home. The Division of Family and Children Services' (DFCS) Foster Care Program through partnership with the family, caregivers, court and other stakeholders provides support and strengthen families, protect children from further child abuse, and support every child having a permanent family.

Goals

1. Ensure the safety and well-being of children in care;
2. Enhance caregiver protective capacities so caregivers are able to ensure the safety and well-being of their children;
3. Preserve family relationships and connections for children;
4. Promote expedited permanency for children in foster care by:
 - a. Assessing the needs of the child, the family and the foster care givers utilizing a trauma-informed approach;
 - b. Ensuring the safety, stability and security of children;
 - c. Supporting families;
 - d. Prioritizing placement with kinship caregivers.
 - e. Partnering with families to identify solutions and achieve needed changes in their behavior and/or circumstances;
 - f. Providing services and supports to children and families address the reason for foster care and to prevent reentry into care;

- g. Supporting caregivers to meet the needs of children in their care.
- h. Minimizing placement disruptions;
- i. Meeting the unique developmental needs of children from birth to five years of age;
- j. Addressing the needs of youth and young adults to ensure their successful transition to adulthood.

Safety, Permanency, and Well-Being

Federal Law establishes provisions for reasonable efforts to preserve and reunify families when children must enter foster care. In addition, there are established safety, permanency and well-being outcomes for children in foster care. Both federal and state law specify compressed time frames for judicial reviews and decisions that are intended to move children quickly through the child welfare system to permanency. Georgia's child welfare practice remains mindful of these factors when working with families to establish case plan outcomes, provide appropriate services, and make permanency decisions. As a result, it is anticipated that children will spend less time in foster care and will experience fewer placement disruptions. Notwithstanding, DFCS must work in tandem with the judicial system and with community partners to achieve safety, permanency and well-being for children in foster care.

Children require a variety of services to promote their health, well-being and safety. Due to the trauma experienced by children who enter foster care, many of them will have one or more needs that require immediate attention and sometimes ongoing care and treatment. Foster care provides an opportunity to conduct a comprehensive trauma-informed assessment of each child's needs and respond to those needs through a combination of short and long-term interventions. Exposure to intensely traumatic events may require ongoing treatment after a child exits foster care. Consequently, case managers must be knowledgeable and resourceful in developing and utilizing resources to enable children to achieve the highest level of functioning possible to support successful permanency outcomes.

Responsibilities

While their child is in foster care, parents/guardians/legal custodians have the responsibility to:


1. Collaborate with DFCS in developing written case plans, including concurrent permanency plans to support timely permanency outcomes for their child.
2. Partner with DFCS to mitigate safety threats which led to the removal of the child from the home;
3. Actively participate in services aimed at making behavioral changes and improving family conditions that can support the child return home.
4. Maintain contact with their children through regular, consistent visitation;
5. Inform the DFCS Social Services Case Manager (SSCM) about significant changes, such as a change of address, telephone number, job, income, health or marriage circumstances, as well as changes in relationships, household composition (including unrelated adults), etc.;
6. Actively participate in planning for their children at court hearings, periodic reviews and meetings with local DFCS staff, etc.; and

7. Pay child support on behalf of their children in care, including medical coverage (if available to the parent).

DFCS has the responsibility to:

1. Ensure the safety and wellbeing of each child in care;
2. Treat parents/guardians/legal custodian, children and their caregivers with dignity and respect;
3. Provide excellent customer service;
4. Assist each parents/guardians/legal custodian in understanding the seriousness of foster care and the child's need for permanency within 12 months of entering care; Inform the parent that parental rights could be terminated should reunification not occur in an expeditious manner;
5. Participate with the parents/guardians/legal custodian in developing written case plans designed to achieve permanency for their child;
6. Provide services to parents/guardians/legal custodian to enhance diminished protective capacity that necessitated foster care;
7. Arrange regular visits between the parents/guardians/legal custodian and their child;
8. Preserve sibling connections with children in care when they are not placed together;
9. Share information with the parents/guardians/legal custodian about the child's well-being and experiences during placement;
10. Inform the parents/guardians/legal custodian of placement changes and any major illnesses of the child; Make every effort to contact the parent prior to the child undergoing surgery;
11. Partner with families during action planning and through the development of problem-solving skills;
12. Conduct diligent searches in partnership with the family to identify absent parents and kin to serve as caregivers or other supports to the family.
13. Partner with parents/guardians/legal custodian in planning for the child by having regularly scheduled meetings;
14. Partner with the community to support families;
15. Reinforce progress and celebrate accomplishments with families;
16. Recommend the child be returned to the parents/guardians/legal custodian when the circumstances which made foster care placement necessary have been ameliorated to the point where the child will be safe in the home; and
17. Enter and update all case information in Georgia SHINES to assure effective tracking of all children in foster care.

10.1 Placement of a Child

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(10) Foster Care		
	Policy Title:	Placement of a Child		
	Policy Number:	10.1	Previous Policy Number(s):	N/A
	Effective Date:	July 2024	Manual Transmittal:	2024-06

Codes/References

O.C.G.A. § 15-11-109 (c) Notice of hearings to specified nonparties
O.C.G.A. § 15-11-135 Placement in eligible foster care
O.C.G.A. § 15-11- 601.1 (a)(3), (4)(A)(B)(C)
O.C.G.A. § 49-5-3 Definitions
O.C.G.A. § 49-5-11(A)(B) Powers and Duties of the Department
Title IV-E of the Social Security Act §§ 471 (a)(29); 475 (5)(D), (7) and (8)
J.J. v. Ledbetter Consent Decree

Requirements

The Division of Family and Children Services (DFCS) will:

1. Define a child eligible for foster care as an individual who has not yet attained 18 years of age.



Children in Georgia are not eligible for title IV-E funding when they reach 18 years of age, as DFCS has opted out of the Federal definition of a child as it pertains to eligibility for foster care. However, DFCS provides extended foster care (EFC) to young adults ages 18 to their 21st birthday who meet the eligibility criteria.

2. Prepare the child for the transition from their home to foster care in a manner that minimizes trauma.
3. Determine if a child is Native American and complete notification requirements for children subject to the Indian Child Welfare Act (ICWA) as outlined in policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#).
4. Notify the closest applicable consulate within 24 hours or as soon as practical, whenever there is reason to believe a child subject to removal from the home is a foreign national (someone other than a U.S. citizen, U.S. permanent or temporary legal resident alien, or person in U.S. custody).



Under no circumstances should the fact that a foreign national has applied for asylum or refugee status be revealed to the consulate.

5. Obtain court approval for the physical placement of a child at the time of removal in accordance with policy [17.1 Legal: The Juvenile Court Process](#).
6. Engage the parent, guardian or legal custodian in the transition process, as appropriate.
7. Take a picture of the child in a child-friendly, trauma-sensitive manner upon the child's entry

into foster care and every six months thereafter while the child remains in foster care. Upload the pictures into External Documentation in Georgia SHINES.

8. Provide each child or youth who enters foster care with a picture of him or herself within 90 days of their entry into foster care. If the child is under the age of 14 provide the picture to the child's placement resource.
9. Ensure each youth in foster care obtains a state identification (ID) card issued in accordance with federal and state "Secure ID" requirements within 90 days of a youth ages 14-17 entering foster care in accordance with policy [13.8 Independent Living Program: State Identification](#).
10. Determine high risk medical or behavioral health needs of a child at initial entry and ongoing to secure the appropriate services to meet the children's needs.
11. Notify Amerigroup and the Revenue Maximization Unit (Rev Max) within 24 hours of a child entering foster care to arrange appropriate and timely medical and dental care.
12. Participate in a transfer staffing and joint visit with the Child Protective Services staff to discuss reason for removal and ensure continuity of services to the family.
13. Conduct a diligent search within 30 calendar days of the child's removal from their parents/caregivers to identify relatives, fictive kin or other committed individuals who serve as a placement resource or provide support to the child and family.
14. Select the most appropriate placement resource to meet the child's needs in accordance with policy [10.4 Foster Care: Selecting a Placement Resource](#), and prioritize placing children with kinship caregivers.
15. Ensure that appropriate safety screenings are completed and satisfactory findings are secured, prior to the placement or change in placement (including respite) of a child with kinship caregivers (relatives and fictive kin) or foster home (DFCS or Child Placing Agency (CPA) as outlined in policy [19.9 Case Management: Safety Screenings](#).
16. Arrange pre-placement visits between the child and the prospective placement resource whenever possible to minimize trauma (see policy [10.3 Foster Care: Changes in Placement](#)).
17. Discuss and provide the placement resource with the following information at the time of placement:
 - a. A description of any financial assistance for which the placement resource may be eligible, including any financial assistance for childcare.
 - b. A description of the reasonable and prudent parenting standard as outlined in policy [10.14 Foster Care: Promoting Normalcy for Children in Foster Care](#).
 - c. A copy of the child's education records. This includes an explanation of the process for enrolling the child in school and any information necessary to complete the process.
 - d. A copy of the child's health records. This includes:
 - i. A copy of or recommendations from the child's most recent physical and dental exams and any available information on the child's known medical conditions and current medications.
 - ii. A copy of or recommendations from the child's most recent developmental assessment, trauma assessment and psychological evaluation.
 - iii. Health insurance information for the child, including the child's Medicaid number.



If this information is not available at the time of placement, DFCS shall request the information no later than 15 days after the child enters foster care and provide the information to the placement resource within five business days of receipt.

- e. A copy of any court scheduling order or the dates and times for any scheduled hearings related to the child is provided to the placement resource at the time of placement, if available. If the information is not available, DFCS shall request the information no later than 15 days after the child enters foster care and provide the information to the placement resource within five business days of receipt.
 - f. Contact information for the county DFCS office.
18. Develop a Youth Runaway Prevention Plan for any child with a history of running away or at-risk to run away within seven calendar days of placement. Include the child, caregiver and other providers working with the child in the development of the plan (see policy [19.22 Case Management: Missing Children](#)).
 19. Arrange for each child who enters foster care to have a face-to-face family (parent/caregiver and sibling) visit no later than seven calendar days from the date of removal unless the court restricts such visitation.
 20. Make purposeful face-to-face contact with the child in foster care within seven calendar days of an initial placement to assess the child's safety, adjustment to the placement, and any needs of the child or caregiver.
 21. Ensure a Comprehensive Child and Family Assessment (CCFA) is completed in accordance with policy [10.10 Foster Care: Comprehensive Child and Family Assessment \(CCFA\)](#).
 22. Jointly develop the initial case plan with the family in accordance with policy [10.23 Foster Care: Case Planning](#) for submission to the juvenile court within 30 days of the child entering foster care.
 23. Designate at least one employee from each county office to receive via email, copies of all medical, psychological and educational evaluations, assessments and reports for a child and the child's parent or guardian when the child is placed in DFCS custody by the court pursuant to a Child in Need of Services (CHINS) or a delinquency disposition hearing.



As ordered by the court, all parties to a child's CHINS or delinquency case, and court personnel (including the court clerk's file), determined by court inquiry to have possession of or access to relevant documents and evaluations pertaining to the child and the child's parents or guardian, shall provide copies of those documents to DFCS not later than 72 hours after the child has been ordered into the custody of DFCS.

24. Document all pre-placement and placement activities in Georgia SHINES within 72 hours of occurrence.

Procedures

Social Services Case Manager

1. Engage the parent, guardian or legal custodian, kin and collaterals in transitioning the child from his/her home into the foster care placement setting:

- a. Discuss the importance of their involvement in the transitioning of the child into the foster care placement and encourage the parents, guardians or legal custodians to participate in the actual placement of a child, whenever possible and appropriate.
 - b. Gather information about absent parents, kin and the family's support to identify individuals that could serve as a placement or other supportive capacity for the child in accordance with policy [19.20 Case Management: Diligent Search](#).
 - c. Request and obtain clothing and other personal items for the child to take to their placement.
 - d. Obtain pictures of the child, family members, significant individuals and the child's home.
 - e. Obtain the child's medical, dental and development information from the parent/caregiver and/or other service provider as outlined in policy [10.11 Foster Care: Medical, Dental and Developmental Needs](#). Document the information in the Health Log in Georgia SHINES and upload documents to External Documentation.
 - f. Obtain the child's psychological and behavioral health information as outlined in policy [10.12 Foster Care: Psychological and Behavioral Health Needs](#). Document the information in the Health Log in Georgia SHINES and upload documents to External Documentation.
 - g. Obtain educational and school information for school aged children.
 - h. Obtain preschool or daycare information for children four years old and under.
 - i. Obtain identifying information (name, address, telephone number, relationship, date of birth, social security number and card, birth certificate, medical insurance card, etc.) for the child, parents, guardians or legal custodians, kin and others with a committed relationship to the child. Document the demographic information on the Person Detail page in Georgia SHINES.
 - j. Verify the child's citizenship or immigration status (see policy [9.6 Eligibility: Aid to Families with Dependent Children \(AFDC\) Relatedness Criteria](#)).
 - k. Inquire as to whether the child has any unearned income such as Supplemental Security Income (SSI) or Retirement, Survivors, Disability Insurance (RSDI).
 - l. Obtain information about the parents', guardians' or legal custodians' employment status, income and financial resources.
 - m. Explain, complete and provide to the child's parents/guardians the Notice of Case Record Information Available to Parents/Guardians in accordance with policy [2.10 Information Management: J.J. v. Ledbetter Parent or Guardian Request for Information](#).
2. Select a placement for the child in the order of placement preference accordance with policy [10.4 Foster Care: Selecting a Placement Resource](#).
 3. Prepare and transition the child to the selected placement resource in a manner that minimizes trauma (see Practice Guidance: [Initial Placement](#) and [Tips to Minimize Trauma at Removal and Placement into Foster Care](#)).
 4. Take a picture of the child upon their child's entry into foster care in a manner that minimizes trauma. Update the picture at a minimum every six months while the child remains in foster care.
 - a. Utilize a state-issued camera or mobile device to take the picture. The use of personal

phones or devices are prohibited.

- b. The picture should be of the child alone and depict a clear representation of the child's face, head and shoulders.
 - c. Upload the picture into External Documentation in Georgia SHINES. Document the child's age and date the picture was taken in the Details box on the External Documentation Detail page of the uploaded picture.
5. Provide each child a picture of him or herself within 90 days of entry into foster care. If the child is under 14 years of age, provide the picture to their placement resource.
- a. Pictures may be digital or quality hard copy;
 - b. Pictures may be provided to the placement resource along with the Child Passport. The picture may also be provided via the Communicare portal if used by the placement resource.
 - c. Document that the picture was provided to the child or placement resource in Georgia SHINES.
6. Provide and discuss the following with the placement resource at the time of placement:
- a. Agreement Supplement or RBWO Placement Agreement (if the child's placement is with a RBWO provider) which provides written and dated confirmation of the child's placement into the home and is signed at the time of placement.
 - b. Child Passport from Georgia SHINES, which includes:
 - i. Identifying information for the child
 - ii. Contact information for the SSCM and Social Services Supervisor (SSS)
 - iii. Psychological and developmental history
 - iv. School history
 - v. Reason for foster care entry (maltreatment code)
 - vi. History of foster care entry and previous placement types
 - vii. Siblings in foster care
 - viii. Child foster care plan type
 - c. Information about the child to minimize trauma, including:
 - i. The name the child prefers to be called
 - ii. Sleeping patterns/rituals
 - iii. Food preferences/dislikes
 - iv. Religious preferences
 - v. Clothing preferences
 - vi. Fears
 - vii. Strengths, including any special skills/achievements
 - viii. Special toy/object
 - ix. Pictures of the family
 - d. During and after hours contact information for the SSCM, SSS, County Director and County

Office.

- e. Confidentiality of foster child information as outlined in policy [2.6 Information Management: Confidentiality/Safeguarding Information](#) and protected health information in accordance with policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#).
 - f. The Caregiver Placement Passport from Georgia SHINES, which includes:
 - i. A description of any financial assistance for which the placement resource may be eligible, including any financial assistance for childcare.
 - ii. Reasonable and prudent parenting standards (RPPS) and restrictions on foster caregiver decision making.
 - iii. RPPS handout and Know Before You Say No.
 - iv. Educational stability for children in foster care.
 - v. School enrollment information.
 - g. A copy of the child's education records.
 - h. A copy of the child's health records.
 - i. A copy of or recommendations from the child's most recent physical and dental exams and any available information on the child's known medical conditions and current medications.
 - j. A copy of or recommendations from the child's most recent developmental assessment, trauma assessment and psychological evaluation.
 - k. Health insurance information for the child, including the child's Medicaid number.
 - l. A copy of any court scheduling order or the dates and times for any scheduled hearings related to the child.
 - m. Any upcoming appointments, medical supplies, prescriptions, etc.
 - n. Safe sleeping practices with all caregivers accepting an infant (birth to 12 months of age) in his/her home (see [Forms and Tools: Infant Safe to Sleep Guidelines and Protocol](#)).
 - o. Motor vehicle safety recommendations (see Practice Guidance: [Motor Vehicle 'Hot Car' Safety](#)).
 - p. The child's Life Book.
 - q. The child's portion of the current case plan.
7. Notify the closest consulate (for the child's country) that the foreign national child has been taken into DFCS custody:
- a. Inform the parent and child (14 years of age and older) of DFCS' obligation to notify the consulate when the court awards DFCS temporary custody of the child.
 - b. Call the Consulate to verify the name of the current Consular Officer, their email address, and fax number. The contact information for the consulate can be located at the [U.S. Department of State's Contact Information for Foreign Embassies](#).
 - c. Complete the Consular Notification form and send via fax or email to the Consular Officer. Include the County Director's name and contact information (see [Forms and Tools](#)).



Only complete notification by telephone if unable to complete the notification by fax or email.

- d. Document the notification in Georgia SHINES including the date and time of notification, method of notification, and the name of the consular officer. Upload the Consular Notification letter into External Documentation including confirmation of receipt.
- e. Allow the consulate the opportunity to assist with services for the child.
 - i. The services that they can provide will vary dependent upon many factors, such as the country's level of representation in the U.S. and available resources.
 - ii. Request the consular authorities' assistance with repatriation, diligent search for relatives in the home country, obtaining a birth certificate, passport or picture identification as needed.
8. Address factors that place the child at risk of running away, including if the has a history of run-away behaviors by developing a Youth Runaway Prevention Plan within seven calendar days of placement. Include the child, parents, placement caregiver and other providers working with the child in the development of the plan as outlined in policy [19.22 Case Management: Missing Children](#).
9. Request the following information within 15 days of the child's entry into foster care, if not available at the time of placement. Provide and discuss the information with the placement resource within five business days of receipt:
 - a. A copy of or recommendations from the child's most recent physical and dental exams and any available information on the child's known medical conditions and current medications.
 - b. A copy of or recommendations from the child's most recent developmental assessment, trauma assessment and psychological evaluation.
 - c. A copy of any court scheduling order or the dates and times for any scheduled hearings related to the child.
 - d. Health insurance information for the child, including the child's Medicaid number.
10. Collaborate with the DFCS Care Coordination Treatment Unit when a child has high risk medical and behavioral health needs in accordance with policies [10.11 Foster Care: Medical, Dental and Developmental Needs](#) and [10.12 Foster Care: Psychological and Behavioral Health Needs](#).
11. Collaborate with Wellness, Programming, Assessment and Consultation (WPAC) Unit and Amerigroup Care Coordination Team (CCT) when a child has moderate risk medical and behavioral health needs in accordance with policies [10.11 Foster Care: Medical, Dental and Developmental Needs](#) and [10.12 Foster Care: Psychological and Behavioral Health Needs](#).
12. Complete the Medicaid application within 24 hours of a child entering foster care (see policy [9.2 Eligibility: Applying for Medical Services at Initial Entry and Exit](#)).
13. Complete the Amerigroup GA Families 360° DFCS Referral Form within 24 hours of child's entry into foster care (see policy [10.11 Foster Care: Medical, Dental and Developmental Needs](#)).
14. Complete the title IV-E Application in Georgia SHINES within five days of a child entering DFCS custody (see policy [9.3 Eligibility: Applying for Initial Funding](#)).
15. Complete the service authorization for the CCFA referral within one business day of the Prelimi-

nary Protective Hearing (see policy [10.10 Foster Care: Comprehensive Child and Family Assessment \(CCFA\)](#)) if the CCFA is not being completed by DFCS staff.

16. Complete the Educational Programming Assessment and Consultation (EPAC) Referral/Enrollment form within one business day of the Preliminary Protective Hearing, if the child remains in foster care (see policy [10.13 Foster Care: Educational Needs](#)).
17. Apply to become a payee for any child receiving Social Security, Child Support or other benefits.
18. Complete the following Georgia SHINES pages within 72 hours of the occurrence or obtaining the information, including but not limited to:
 - a. Custody Detail
 - b. Legal Status
 - c. Legal Action and Outcomes Detail
 - d. Person Detail
 - e. Placement List
 - f. Diligent Search
19. Participate in the case transfer staffing within five business days of the child entering foster care and joint visit as outlined in policy [19.4 Case Management: Case Transfer](#).
20. Establish contact standards for purposeful and collateral contacts in accordance with policy [19.15 Case Management: Developing Contact Standards for Purposeful Contacts and Collateral Contacts](#).
21. Conduct an initial meeting with the child's school within five business days of the child's entry into foster care (see policy [10.13 Foster Care: Educational Needs](#)).
22. Arrange the initial parent-child visit within seven calendar days of child's entry into foster care in accordance with policy [10.19 Foster Care: Visitation](#).
23. Conduct a home visit with placement resource and child within seven calendar days of the placement (see policy [10.18 Foster Care: Purposeful Contacts in Foster Care](#)).
24. Ensure the child's health check and dental examination within 10 calendar days of entering foster care in accordance with policy [10.11 Foster Care: Medical, Dental and Developmental Needs](#).
25. Complete a referral for a trauma assessment within 10 calendar days of the child five years of age and older entering or re-entering foster care in accordance with policy [10.12 Foster Care: Psychological and Behavioral Health Needs](#)).
26. Submit a referral to Children 1st / Babies Can't Wait for a developmental assessment within 10 calendar days of the child entering foster care, if applicable (see policy [19.28 Case Management: Children 1st and Babies Can't Wait](#)).
27. Attend the multi-disciplinary team (MDT) meeting within 25 calendar days of the child's entry into foster care (see policy [19.5 Case Management: Case Consultation](#)).
28. Conduct and/or participate in the Family Team Meeting (FTM) held within 25 calendar days of the child's entry into foster care to develop the initial case plan (see policy [19.3 Case Management: Solution-Focused Family Team Meetings](#)).
29. Ensure the CCFA is completed no later than 25 calendar days from the CCFA referral date (see policy [10.10 Foster Care: Comprehensive Child and Family Assessment \(CCFA\)](#)).

30. Participate in all scheduled court hearings in accordance with policy [17.1 Legal: The Juvenile Court Process](#)).
31. Maintain purposeful contacts with the family and collaterals as outlined in policies [10.18 Foster Care: Purposeful Contacts in Foster Care](#) and [19.16 Case Management: Collateral Contacts](#).
32. Establish the visitation plan with parents, siblings and other family members (see policies [10.19 Foster Care: Visitation](#) and [10.20 Foster Care: Preserving Sibling Connections](#)).
33. Submit the diligent search report to the court within 30 calendar days of the child's removal from his/her home outlining efforts to locate relatives, fictive kin and other committed individuals for the placement of the child in accordance with policy [19.20 Case Management: Diligent Search](#).
34. Develop the initial case plan with the family and submit to the juvenile court within 30 days of the child's entry into foster care (see policy [10.23 Foster Care: Case Planning](#)).
35. Assist the child and placement resource in creating a Life Book as soon as the child enters care using information and pictures gathered from the family and obtained during the child's time in foster care (see [Forms and Tools: Creating and Using a Life Book](#)). The Life Book shall remain with the child throughout the child's stay in foster care.

Social Services Supervisor

1. Conduct a supervisor staffing with the SSCM when a child enters foster care to provide guidance on:
 - a. Strategies to minimize trauma for the child and family.
 - b. Issues that precipitated the child's placement into foster care and reasonable efforts that were made to prevent removal of the child, or safety threats that did not make reasonable efforts possible.
 - c. Conducting ongoing diligent search efforts.
 - d. Determining if the child is an Indian child and ensuring the appropriate notification and other efforts are made to adhere to ICWA, when applicable.
 - e. Efforts to place siblings together.
 - f. Exploring placement that is the most appropriate, least restrictive placement options including possible kin.
 - g. Discussing any high risk medical or mental health needs identified that requires coordinating with WPAC.
 - h. Creating a visitation plan with the child and parents, and siblings if they are not placed together.
 - i. Developing a Youth Runaway Prevention Plan for children at risk of running away.
 - j. Case plan outcomes and what is required to achieve safety, wellbeing and permanence for the child.
 - k. Preparing the child for the placement and planning the first purposeful contact with the child.
 - l. Engaging the parent on permanency and case planning.

2. Participate in the FTMs or MDTs, as required.
3. Verify that the Child Passport, Caregiver Placement Passport, copies of recent medical, dental, psychological, developmental and all other required information was provided to the placement resource at the time of placement or has been requested and provided in accordance with the timeframes outlined in the requirements and procedures.
4. Ensure the initial visitation between the parent-child and sibling has been arranged and occurs in accordance with the established policy.
5. Ensure that the initial purposeful contact with the child, parent and placement resource occurred timely, and that ongoing purposeful and collateral contact standards have been developed.
6. Ensure the following has been completed in Georgia SHINES:
 - a. Custody Detail
 - b. Legal Status
 - c. Legal Action and Outcomes Detail
 - d. Person Detail
 - e. Placement List
 - f. Diligent Search
 - g. Safety screenings
 - h. Approval and submission of the case plan to the court within 30 days of the child's entry into foster care
 - i. Documentation of all placement efforts
 - j. Documentation of the completion and approval of the Kinship Assessment
 - k. Placement Information
 - l. Payment of Care

Practice Guidance

Initial Placement

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

The placement process must be carefully managed to minimize the impact of separation and loss experienced by both the child and his/her parent, guardian or legal custodian. This initial placement period requires intensive intervention by DFCS to minimize trauma while determining the safety, permanency and well-being needs of the child and family. The CPS and Permanency SSCM

should coordinate a joint visit where parents, guardians or legal custodians are engaged in potential placement identification, pre-placement discussions and are asked to provide details and items that will aid in their child's transition to foster care (i.e. special needs, strengths, talents, interests, favorite foods, medications etc.). Partnering with parents, guardians or legal custodians early in the life of the case and facilitating visitation within required time frames can serve to foster cooperation and lessen the anxiety experienced when a child is removed from their home.

Tips to Minimize Trauma at Removal and Placement into Foster Care

1. Plan ahead as much as possible to reduce the element of surprise.^[1] Keep the family informed of our involvement and that removal is a possibility.
2. Engage the parent/child/other household members during the assessment and development of the genogram to identify supportive individuals and/or placement resources for their children, i.e. kin, friends, etc.
3. Identify a placement before removal, if possible. If the child needs to wait at the DFCS office while a placement is located, find a comfortable place for them to wait away from your phone conversations with prospective placements (to avoid hearing rejections), and perhaps with something to do to entertain themselves.
4. Collaborate with other agencies, when possible. Clarify roles and expectations to assist with the transition.
5. Separate children from the chaos of arrest, interrogation, or resistance on the part of the parents.
6. Engage the parents in helping the child. Remain calm. Move slowly. If the parent is visibly agitated, help to calm the parent down to reduce the effects on the child.
7. Explain to the child what is happening. Give the child as much information as possible as to where they are going and where they will be placed. Assure them that this is not their fault. Assure them that they are safe and will be cared for. Assure them that their siblings, if separated, are safe and will be cared for and they will see their family soon. Don't make promises you can't keep.
8. Provide sensory comfort, familiarity, help with settling in. Ask the parent, or the child, to gather together some familiar things before taking them away. Let the parent put child into the car seat, say good-bye, assist in the process of removal.
9. Ask children if they are hungry or thirsty. Provide comfort food. Ask them what they would like.
10. If the child must be picked up from school or other location to remove due to safety concerns, create a chance for the child to go home and pick up some things from home. Perhaps a kin or friend could meet them there or go with them to help pack some belongings.
11. Ask the parent and the child about medical conditions, allergies, medications. Especially for babies and very young children, ask the parent for information about feeding, schedules, routines.
12. Take time to help the child transition into the foster home. Make every effort not to use a provider to transport the child to their initial placement. The child may have connected to you during the removal. They have already had one abrupt separation. It may be reassuring to the child to know that the worker knows the people and place where they will be staying. Be a constant in the child's life until visits with parents can start.

13. If the child is being placed with a foster parent, ask the foster parents to meet with the child's parents to exchange information about the child and the child's living situation.
14. Inform the placement caregiver (foster parent, kin, etc.) about the child – medical conditions, allergies, medications, known behavioral and emotional issues, important people, anything that will help them to understand the child and to help them feel safe and comfortable.
15. Empathize, connect, and try to understand the child's perspective.
 - a. Be open to listening if they want to talk.
 - b. Acknowledge the child's feelings and the difficulty of what they are going through.
 - c. Acknowledge their love for their parents and their parents love for them.
16. Keep the parents informed of how the child is doing, when they will see the child, what they can do to support the child and to reunite with the child.
17. Support child's relationships and family connections:
 - a. Place siblings together.
 - b. Visitation is extremely important. In addition to their own trauma of being separated, children may worry about the safety and wellbeing of those family members from whom they are separated. Seeing that they are OK can ease that worry. If siblings are placed separately, arrange for sibling visits ASAP, and/or ask foster parents to allow and arrange for sibling contact. Set up visitation between child, siblings and parents as soon as possible.
 - c. Notify the child's school so they can be supportive, if the child remains in the school, or to provide classmates the opportunity for closure or continued connection if the child is to attend a different school. Allow the child to resume attending school as soon as possible. School may have been the one place where they felt safe.
18. Provide services aimed at healing and wellbeing as soon as possible, including trauma informed services:
 - a. Make sure the child has someone to talk to about what's happening that they feel comfortable with.
 - b. Refer the child and parents for assessments, counseling and/or other trauma informed therapy.
 - c. Provide training, information and support to the foster parents to help them care for the child and to address the child's needs.

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.

1. 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;

2. Make a habit of looking in the vehicle – front and back – before locking the door and walking away;
3. Ask the childcare provider to call if the child does not show up for care as expected;
4. 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;
5. 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;
6. A child in distress due to heat should be removed from the vehicle as quickly as possible and rapidly cooled.

Pictures of Children in Foster Care

Pictures are useful tools in child welfare cases. Pictures serve as evidence in child abuse cases. They can be utilized as a resource for identifying children in foster care who need to be transported by a service provider, have been abducted or have runaway. Pictures may also document one’s childhood and play a vital role in the development of the child’s Life Book while in foster care.

Because of trauma that children in foster care have suffered, it is imperative that sensitivity is used when taking pictures of children. Parents, caregivers, and children, when age and developmentally appropriate, should be provided an explanation of the need for maintaining updated pictures in the case record.

If a current picture meeting the criteria outlined in procedures is available and can be uploaded, an additional picture is not needed. However, if a current photo is not available, the SSCM should engage the parents and/or caregivers, when possible, in taking a picture of the child using the SSCM’s state issued camera or mobile device. The picture should appear natural and not intrusive.

Safe to Sleep

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” (See DFCS Infant Safe Sleep Guidelines and Protocol for additional guidance). Prior to placing a child with a placement resource, the home environment should be assessed to ensure that safe sleep conditions exist. At minimum, caregivers must be advised of the three primary safe sleep recommendations of the American Academy of Pediatrics (AAP) commonly referred to as the ‘ABC’s’ of safe sleep:

Alone – The baby’s sleep area should be close to, but separate from, where caregivers and others sleep. The sleeping area should be free of soft objects, toys, and loose bedding.

Back – Infants should always be placed on their back to sleep for naps and at night.

Crib – Place infants on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet.

Information outlined above should be discussed with the child and caregiver on the day placement occurs and encouraged during pre-placement visits.

Sibling

Sibling is defined as a person with whom a child shares a biological mother or father or one or both parents in common by blood, adoption or marriage, even if the marriage was terminated by death or dissolution. Additionally, the relationship between a child and his/her siblings shall not be severed until the relationship is terminated by a final adoption order.

Forms and Tools

[Agreement Supplement](#)

[Creating and Using Life Books](#)

[Caregiver Child Safety Agreement](#)

[Caregiver Child Safety Agreement \(Spanish\)](#)

[Consular Notification](#)

[Infant Safe to Sleep Guidelines and Protocol](#)

[Permanency Timeline](#)


[Permanency Timeline \(Spanish\)](#)

[Room, Board and Watchful Oversight Placement Agreement](#)

[Notice of Case Record Information Available to Parents/Guardians](#)

[Notice of Case Record Information Available to Parents/Guardians \(Spanish\)](#)

10.2 Placement of a Child via Voluntary Placement Agreement (VPA)

 Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(10) Foster Care		
Policy Title:	Placement of a Child via Voluntary Placement Agreement (VPA)		
Policy Number:	10.2	Previous Policy Number(s):	N/A
Effective Date:	December 2021	Manual Transmittal:	2021-06

Codes/References

O.C.G.A. § 49-5-8 Powers and Duties of Department

Title IV-E of the Social Security Act §§ 472 (a)(2)(A)(i) and 472(f)(g)

45 Code of Federal Regulations (CFR) Parts 1356.22 and 1356.67

42 U.S Code § 672(d) thru (g)

Indian Child Welfare Act of 1978 Final Rule (25 CFR Part 23)

Requirements

The Division of Family and Children Services (DFCS) will:

1. At its discretion, utilize a Voluntary Placement Agreement (VPA) when parent(s), guardian(s) or legal custodian(s) request to voluntarily place their child in foster care due to a short-term, time-limited crisis (see policy [17.3 Legal: Court Orders and Placement Authority](#)), and:

- a. The crisis is anticipated to end within 90 calendar days or up to a maximum of 180 calendar days if extended: and
 - b. There are no safety concerns or allegations of child abuse.
2. *Properly execute the written VPA binding on all parties to the agreement, for any child who enters care through a VPA only after services and all other placement options to prevent placement in foster care have been explored and entering care is determined to be in the best interest of the child in accordance with policy [20.6 Special Circumstances: Voluntary Placement Agreement](#).*
 3. *Verify that the Voluntary Placement Agreement to Place a Child in Foster Care (Authorization) form was uploaded to External Documentation in Georgia SHINES, has been signed by all parties, and specifies at a minimum:*
 - a. *The legal status of the child; and*
 - b. *The rights and obligations of the parent(s), guardian(s) or legal custodian(s) of the child and DFCS while the child is in care.*
 - c. *If the child is an Indian child as defined in the Indian Child Welfare Act (ICWA), that the VPA was recorded before a court of competent jurisdiction and certified by the judge or the court (see policy [1.6 Administration: Indian Child Welfare Act and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).*
 4. Adhere to the applicable provisions in policy [10.1 Foster Care: Placement of a Child](#).
 5. Adhere to policy [1.6 Administration: Indian Child Welfare Act and Transfer of Responsibility for Placement and Care to a Tribal Agency](#) if the child is a member of a federally recognized Indian tribe; or eligible for membership in a federally recognized Indian tribe, and is the biological child of a member of a federally recognized Indian tribe.
 6. *Utilize the following established uniform procedure/system consistent with state law, for revocation by the parent(s), guardian(s) or legal custodian(s) of a VPA and return of the child to their home or the home of a relative:*



Hereafter refer to revocation as termination of the VPA by the parent(s), guardian(s) or legal custodian(s).

- a. Request the parent(s), guardian(s) or legal custodian(s) sign the Voluntary Placement Agreement to Place a Child in Foster Care (Termination) form or provide another written request to terminate the VPA. All parties who signed the Voluntary Placement Agreement to Place a Child in Foster Care (Authorization) form must also sign the Voluntary Placement Agreement to Place a Child in Foster Care (Termination) form or other written request to terminate the VPA.



Use of the Voluntary Agreement to Place a Child in Foster Care (Termination) form is not legally necessary, however the request to terminate the VPA must be in writing.

- b. Return the child to the parent(s), guardian(s) or legal custodian(s) or to a relative within 72 hours of receipt of a written request to terminate the VPA and have the parent(s), guardian(s) or legal custodian(s) sign the Voluntary Placement Agreement to Place a Child in Foster Care (Termination) form at the time the child is returned.



An Indian child as defined by ICWA must be returned as soon as is practicable when a

written request to terminate the VPA is received from the parent or Indian custodian (see Practice Guidance: ICWA Protection for Indian Parents and Indian Custodians in policy [1.6 Administration: Indian Child Welfare Act and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).

7. Extend the VPA upon the parent(s), guardian(s) or legal custodian(s) request, when:
 - a. It is likely, based on the family's circumstances, that reunification will occur within an additional 90 days;
 - b. Services provided through foster care will support reunification; and
 - c. The County Director approves the request for an extension of the VPA.



The VPA cannot exceed 180 calendar days from the original date of the execution of the VPA.

8. Notify the parent(s), guardian(s) or legal custodian(s) in writing that they must accept physical and legal custody of the child within 14 calendar days of DFCS' notification that foster care services are no longer warranted (see Practice Guidance: DFCS Requests to Terminate the VPA).



In such instances, follow procedures for termination of the VPA.

9. Petition the court for custody of the child if it is determined that the child is unable to return home safely (see policy [17.1 Legal: The Juvenile Court Process](#)).



The petition must be filed in time for a hearing to be held, a judicial determination made that continued placement is in the best interest of the child, that the return of the child to such home would be contrary to the child's best interest and the signed order obtained within 180 days of the original date of the execution of the VPA.

10. Immediately make a report to the CPS Intake Communications Center (CICC) in accordance with policy [3.24 Intake: Mandated Reporters](#) if instances of child abuse are suspected or become known or there are safety concerns during the VPA.
11. Document all case activities including facts, circumstances and decisions in Georgia SHINES within 72 hours of occurrence. Upload to External Documentation copies of all documents and forms including but not limited to the VPA forms.

Procedures


Social Services Case Manager

1. Review Georgia SHINES to verify there is a properly executed VPA uploaded in External Documentation.
2. Participate in the transfer staffing upon the execution of the VPA, to discuss:
 - a. The circumstances that led to the need for the child's voluntary placement into foster care;
 - b. The expected timeframe for the child's return home;
 - c. The parent(s), guardian(s) or legal custodian'(s) efforts to mitigate the need for voluntary placement, including support from relatives, fictive kin and other resources;

- d. Placement needed or selected for the child;
 - e. Services needed for the child and/or parent(s), guardian(s) or legal custodian(s) to address the crisis the family is experiencing;
 - f. Other information as outlined in policy [19.4 Case Management: Case Transfer](#).
3. Clearly state expectations for the parent(s), guardian(s) or legal custodian(s) and the child (when age appropriate) about the following:
 - a. Timeframes of the VPA and the need for court intervention if the child cannot safely return home within 90 calendar days or to a maximum of 180 calendar days if the VPA is extended;
 - b. The process for revocation of the VPA;
 - c. Roles and responsibilities of the parent(s), guardian(s) or legal custodian(s) and DFCS;
 - d. Visitation plan (see policy [10.19 Foster Care: Visitation](#));
 - e. Case planning requirements (see policy [10.23 Foster Care: Case Planning](#));
 - f. Service provision (see policy [19.17 Case Management: Service Provisions](#)).
4. Track the timeframe of the VPA and monitor progress to determine if the child will be able to return home within 90 calendar days:
 - a. Conduct purposeful contacts with the child, parent(s), guardian(s) or legal custodian(s), and placement resource in accordance with policy [10.18 Foster Care: Purposeful Contacts in Foster Care](#));
 - b. Conduct collateral contacts in accordance with policy [19:16 Case Management: Collateral Contacts](#);
 - c. Monitor services being provided in accordance with policy [19.17 Case Management: Service Provision](#);
 - d. Assess the quality of visitation including frequency and parent/child interaction;
 - e. Initiate staffings with the Social Services Supervisor (SSS) to discuss progress and address barriers that may prevent the child's timely return home (see policy [19.6 Case Management: Supervisor Staffing](#)).
5. Prepare for the child's return home prior to the expiration of the VPA by meeting with the parent(s), guardian(s) or legal custodian(s) within 10 calendar days prior to the 90th day to discuss:
 - a. Their readiness to terminate the VPA;
 - b. The process for terminating the VPA;
 - c. Any services to be continued or initiated to support the child's return home.
6. When the parent(s), guardian(s) or legal custodian(s) request termination of the VPA:
 - a. Have them sign the Voluntary Agreement to Place a Child in Foster Care (Termination) or provide another written request of their intent to terminate the VPA.
 - b. Return the child within 72 hours of receiving a written request to terminate the VPA. Have the parent(s), guardian(s) or legal custodian(s) sign the Voluntary Agreement to Place a Child in Foster Care (Termination) form confirming the child was returned to their custody.
 - c. Notify the court of the termination of the VPA, if the child is subject to ICWA.

- d. Close the case in accordance with policy [10.26 Foster Care: Case Closure](#).
7. If the parent(s), guardian(s) or legal custodian(s) requests an extension of the VPA:
- a. In conjunction with the SSS, meet with them to:
 - i. Discuss the likelihood the child can be returned home within an additional calendar 90 calendar days.
 - ii. Determine if there are foster care supports or services can facilitate reunification.
 - iii. Remind them that the County Director must approve the extension of the VPA.
 - iv. Inform them that if the extension is approved:
 - 1. They may request termination of the VPA at any point during the additional 90 calendar day period if an extension is granted.
 - 2. A family meeting/Family Team Meeting (FTM) will be held by the 5th month that the child is in care (150 days) to determine their readiness for the child's return home.
 - 3. If the child cannot return home by the 180th day, DFCS is required to petition the court for custody of the child prior to the 180th day.
 - b. Staff with the SSS to determine if granting an extension is appropriate based on the family's circumstances, including whether it is likely that the child will return home within the additional 90 calendar days.
 - c. Obtain the County Director's approval of the extension. If approved, the County Director signs the "Approval for Extension of VPA" portion of the executed Voluntary Placement Agreement to Place a Child in Foster Care (Authorization) form that was used to initiate the VPA.
8. If the extension of the VPA is granted for up to an additional 90 calendar days:
- a. Monitor the VPA to ensure it does not exceed 180 calendar days.
 - b. Conduct a family meeting/FTM no later than the child's 5th month (150 days) in care:
 - i. Determine whether the parent(s), guardian(s) or legal custodian(s) are prepared for the child's return home.
 - ii. Obtain consensus regarding the date the child will be returning home.
 - iii. Provide information regarding the process for terminating the VPA, including providing a copy of the Voluntary Placement Agreement to Place a Child in Foster Care (Termination) form.
 - iv. Identify any services to be continued or initiated to support the child's return home.
 - c. Upon the parent(s), guardian(s) or legal custodian(s) request to terminate the VPA:
 - i. Have them sign the Voluntary Agreement to Place a Child in Foster Care (Termination) or provide another written notice of their intent to terminate the VPA.
 - ii. Return the child within 72 hours of receiving a written request to terminate the VPA. Have the parent(s), guardian(s) or legal custodian(s) sign the Voluntary Agreement to Place a Child in Foster Care (Termination) form confirming the child was returned to their custody.
 - iii. Notify the court of the termination of the VPA, if the child is subject to ICWA.

- iv. Close the case in accordance with policy [10.26 Foster Care: Case Closure](#).
- d. If it is determined that the parent(s), guardian(s) or legal custodian(s) is unable or unwilling to obtain custody, and it appears the VPA will expire prior to the child returning home within 180 calendar days of the child entering care:
 - i. Initiate a staffing with the SSS regarding the need to petition the court for custody.
 - ii. In consultation with the Special Assistant Attorney General (SAAG), petition the court for custody of the child (see policy [17.1 Legal: The Juvenile Court Process](#)).

 The petition must be filed in time for a hearing to be held, a judicial determination to be made and the signed court order obtained prior to the 180 days of the date of the original date of the execution of the VPA.
 - iii. Obtain and review any court orders.
 - iv. Monitor the child's time in care and ensure the court conducts a permanency plan hearing within 12 months of the child's entry into foster care via the initial VPA (see policy [17.2 Legal: Case Review/Permanency Plan Hearings](#)).
- 9. If instances of child abuse are suspected or become known or there are safety concerns during the VPA:
 - a. Immediately make a report to CICC in accordance with policy [3.24 Intake: Mandated Reporters](#).
 - b. In conjunction with the Special Investigation determine if the child would be safe if returned home.
 - c. If it is determined that the child will be unable to return home safely, in consultation with the SAAG, petition the court for custody of the child (see policy [17.1 Legal: The Juvenile Court Process](#)).
- 10. Document all VPA activities in Georgia SHINES within 72 hours of occurrence, including uploading into External Documentation:
 - a. Signed Voluntary Placement Agreement to Place a Child in Foster Care (Authorization)
 - b. Any approved extension of the VPA
 - c. The Voluntary Placement Agreement to Place a Child in Foster Care (Termination) or other written requests to terminate the VPA
 - d. Court Orders (when there is court intervention)

The Revenue Maximization (Rev Max) Specialist (RMS) will:

1. Determine whether the child meets the AFDC Relatedness criteria in the month in which the VPA was executed. A judicial determination of reasonable efforts to prevent removal is not required to meet IV-E eligibility.
2. Make a medical assistance and IV-E determination regarding the child (see policy [9.2 Eligibility: Applying for Medical Services at Initial Entry](#) and [9.3 Eligibility: Applying for Initial Funding](#)).

Social Services Supervisor

1. Review the VPA in Georgia SHINES External Documentation to ensure all appropriate parties have signed and the information contained is complete and accurate, including that any ICWA provisions are met if the child is subject to ICWA.
2. Participate in the transfer staffing to ensure the smooth transition of the child into foster care.
3. Conduct a staffing with the SSCM to discuss:
 - a. Timeframes for the VPA.
 - b. Request from the parent(s), guardian(s) or legal custodian(s) for an extension of the VPA.
 - c. The need for court intervention when the child cannot safely return home within 180 days, ensuring that all court action occurs timely.
 - d. Services provided to the child and parent(s)/guardian(s) or custodian(s) to meet any needs identified and progress made
4. Monitor the VPA to prevent the VPA from exceeding the 90 calendar days or 180 days if an extension was granted.
5. Review any request for an extension of the VPA to determine appropriateness. Obtain County Director approval if an extension is recommended.
6. Ensure the child is returned to the parent within 72 hours of the written request to terminate the VPA, or immediately if an Indian child subject to ICWA.
7. Ensure the court is notified of termination of the VPA for an Indian child subject to ICWA.
8. Ensure the SSCM seeks court intervention when the child cannot safely return home; or the parent(s)/guardian(s) or legal custodians are unable or unwilling to regain custody of the child within 180 days of child's time in care.
 - a. Ensure the petition is filed within sufficient time so the order will be in place prior to the 180th day.
 - b. Review the court order for the appropriate judicial determination that continued placement is in the best interest of the child.

Practice Guidance

DFCS may recognize a family is experiencing a short-term crisis (non-safety) with an anticipated end date. The signing of the Voluntary Placement Agreement to Place a Child in Foster Care form (VPA) by parent(s)/guardian(s) or legal custodian(s) avoids court action and allows foster care services to be provided for a limited period. DFCS is under no obligation to accept a VPA. A VPA is executed when the parent(s), guardian(s) or legal custodian(s) and the county department sign the form, Voluntary Placement Agreement to Place a Child in Foster Care.

If DFCS must file a dependency petition because the parent, guardian or legal custodian is unable or unwilling to obtain custody within 180 days, the judicial determination that continued placement in foster care is in the best interest of the child must be made and documented in the court order within 180 days of a child's entry into foster care via VPA. Another judicial determination of reasonable efforts to finalize the permanency plan (see policy [9.5 Eligibility: Reasonable Efforts](#)) is required within 12 months of the VPA signature date (and every 12 months thereafter), to maintain

IV-E payments.

DFCS Requests to Terminate the VPA

DFCS must determine if a family's circumstances warrant their child voluntarily entering foster care. Likewise, ongoing assessment of those circumstances must occur to determine whether the issues requiring the VPA have been resolved or if the circumstances have changed such that the family is no longer in need of the VPA. If at any time a SSCM finds there is no longer a need for voluntary foster care, in consultation with the SSS, the SSCM will notify the parents in writing. The family will have 14 days from the notice to take custody of their child.

Missing Child or Youth During a VPA

If a child goes missing during a VPA:

1. Follow policy [19.22 Case Management: Missing Children](#).
2. If the child has not returned or been located by the expiration of the VPA, custody reverts to the parent(s)/guardian(s) or legal custodian(s).
3. If the parent requests an extension, the VPA may be extended up to an additional 90 calendar days based on the individual circumstances of the case, with the county director's approval. An extension cannot be granted if the child went missing after the VPA was extended as the VPA cannot exceed 180 days. When deciding whether to extend the VPA consider:
 - a. Length of time the child has been missing.
 - b. Whether the parents are participating in services and actively working on their case plan outcomes.
4. Prior to the 180th day the case must close if the child has not returned.

Forms and Tools


[Voluntary Placement Agreement to Place a Child in Foster Care \(Authorization\)](#)

[Voluntary Placement Agreement to Place a Child in Foster Care \(Authorization\) \(Spanish\)](#)

[Voluntary Placement Agreement to Place a Child in Foster Care \(Termination\)](#)

[Voluntary Placement Agreement to Place a Child in Foster Care \(Termination\) \(Spanish\)](#)

10.3 Changes in Placement

 Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(10) Foster Care		
Policy Title:	Changes in Placement		
Policy Number:	10.3	Previous Policy Number(s):	N/A
Effective Date:	July 2024	Manual Transmittal:	2020-10

Codes/References

O.C.G.A. § 15-11-109 Notice of Hearings to Specified Nonparties;

O.C.G.A. § 15-11-215 Notice of change in Placement Hearings

O.C.G.A. § 49-5-281 Bill of Rights for Foster Parents; Filing of Grievance in Event of Violations

Requirements

The Division of Family and Children Services (DFCS) will:

1. Minimize the number of placement changes for children in foster care to lessen their trauma and only move children to:
 - a. Ensure the safety and well-being of the child;
 - b. Achieve permanency;
 - c. Place with siblings;
 - d. Place with a non-custodial parent;
 - e. Place with a kinship caregiver (relative or fictive kin);
 - f. Comply with placement preferences of the Indian Child Welfare Act, if there is reason to know a child is a member of a federally recognized Indian tribe; or eligible for membership in a federally recognized Indian tribe, and is the biological child of a member/citizen of a federally recognized Indian tribe (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)); or
 - g. Step down to a less restrictive placement in accordance with policy [10.4 Foster Care: Selecting a Placement Resource](#) (i.e., from a child caring institution to a kinship caregiver or foster family home).
2. Remove a child immediately if the child's health or welfare is endangered. Provide notification to the court and attorneys of record within 24 hours of the placement change.
3. Provide written notification to the Juvenile Court no less than five business days in advance of any placement change.
4. Provide written notification no less than five business days in advance of any placement change to allow the following individuals entitled to notice to request a court hearing to review the proposed placement change and any changes to the case plan or permanency plan resulting from the change in placement:
 - a. Children age 14 and older;
 - b. Parents, unless parental rights have been terminated;
 - c. Guardians or other legal custodians;
 - d. Persons/agency with physical custody of the child (i.e. kinship caregiver, foster parent, child placing agency [CPA] and/or child caring institution [CCI]);
 - e. Guardian Ad Litem (GAL);
 - f. All attorneys of record, including the Special Assistant Attorney General (SAAG).



Written notice may be provided via email if any individual entitled to notice has agreed to

receive notice via email. The juvenile court must provide a means for an individual entitled to notice, including those not represented by counsel, to electronically file an objection to a placement change which upon filing will be distributed electronically to all parties. (See also Procedures: Placement Change Hearing Requests).

5. Require placement resources to provide DFCS with a 14 calendar days' notice to have a child removed a child from their home.
6. Prioritize placing the child with a kinship caregiver over a non-kinship caregiver when a change in placement is necessary. If a non-kinship caregiver is selected for the placement of the child, document the reason for not selecting kin as a placement resource in the Diligent Search Information tab in Georgia SHINES.
7. Rejoin separated siblings when making placement changes, unless it has been reassessed to be contrary to any child's safety or well-being.
8. Ensure education stability for the child, when changing placements, in accordance with policy [10.13 Foster Care: Educational Needs](#).
9. Arrange pre-placement visits when making a non-emergency placement change to minimize trauma, whenever possible.
10. Discuss and provide the placement resource with the following information in writing:
 - a. At the time of placement:
 - i. An explanation of the process for enrolling the child in school and any information necessary to complete the process;
 - ii. A copy of the child's educational records;
 - iii. A copy of the child's health records;
 - iv. A description of any financial assistance for which the placement resource may be eligible, including any financial assistance for childcare;
 - v. A description of the reasonable and prudent parenting standard;
 - vi. Contact information for the county DFCS office.
 - b. At the time of placement, if available:
 - i. A copy of or recommendations from the child's most recent physical and dental exams and any available information on the child's known medical conditions and current medications;
 - ii. A copy of or recommendations from the child's most recent developmental assessment, trauma assessment and psychological evaluation;
 - iii. A copy of any court scheduling order or the dates and times for any scheduled hearings related to the child; and
 - iv. Health insurance information for the child, including the child's Medicaid number.



If this information is not available at the time of placement, DFCS shall request the information no later than 15 days after the child's entry into foster care. Discuss and provide the information to the placement resource within five business days of receipt.

11. Develop the Youth Runaway Prevention Plan for any child with a history of running away or at-risk to run away within seven calendar days of any placement change. Include the child, caregiver and other providers working with the child in the development of the plan (see policy [19.22 Case Management: Missing Children](#)).



If the child already has a Youth Runaway Prevention Plan in place, review and modify the plan with the new caregiver, child, and others working with the child.

12. Make every effort to ensure continuity of services. If any services must be re-established due to the change in placement, this must occur with the least disruption possible. Provide notification of the placement change to the following to ensure continuity of services:
 - a. The child's school;
 - b. Revenue Maximization (Rev Max) Unit;
 - c. Children's 1st/Babies Can't Wait (BCW), if applicable (see policy [19.28 Case Management: Children 1st and Babies Can't Wait](#));
 - d. Service providers involved with the child.
13. Conduct a purposeful contact in the home of the placement resource within seven calendar days of the placement change.
14. Assist youth with securing a new state identification (ID) card, reflecting their new address in accordance with policy [13.8 Independent Living Program: State Identification](#).
15. Consider the following as a temporary absence from the child's placement and not a placement change:
 - a. Visitation with a friend, sibling, kin or other caregiver, including a pre-placement visit to a prospective foster or adoptive placement;
 - b. Hospitalization for medical, acute psychiatric episodes or diagnosis;
 - c. Respite care when a child is expected to return to his or her foster care placement;

A circular icon with a lowercase letter 'i' inside, used to denote an informational note.

If the child is moved to respite and there is no plan to return the child to the original placement or it is determined later the child cannot return to the original placement, this is considered a placement move and thus, appropriate notification must occur.
 - d. Day or overnight camp;
 - e. Temporary travel with the foster family or CCI personnel, church, school or other persons or groups approved by DFCS;
 - f. Trial home visits; and
 - g. Runaway episodes.

Procedures

When DFCS Initiates the Placement Change

The Social Services Case Manager (SSCM) will:

1. Consult with the Social Services Supervisor (SSS) and obtain approval prior to initiating place-

ment changes.

- a. Review whether the placement change meets the circumstances outlined in the Requirements above to minimize trauma.
- b. Prioritize placement with of the child with a kinship caregiver in accordance with policy [10.4 Foster Care: Selecting a Placement Resource](#).
- c. If a non-kinship caregiver is selected for the placement of the child over a kinship caregiver, document the reason for the kin was not selected as a placement in the Diligent Search Information tab in Georgia SHINES.

2. Immediately move the child if he/she is deemed unsafe in their current placement.



When a safety threat is identified, the placement move can occur prior to the commencement of a scheduled hearing. Notify the court and attorney of record within 24 hours of the placement move.

3. Provide all required parties with a written notice of intent to move the child via the Notice of Change in Placement form at least five business days prior to the move, including their right to be heard via requesting a hearing regarding the placement change.
4. Conduct a purposeful contact with the child to discuss the placement change (see Practice Guidance: Placement Change Discussion with the Child).
5. Conduct a purposeful contact with the current placement resource to discuss the placement change and discuss their right to be heard via requesting a hearing regarding the placement change (Practice Guidance: Placement Change Discussion with the Current Placement Resource).
6. Discuss the placement change with the parent, guardian or legal custodian.
7. Schedule and conduct pre-placement visits, whenever possible; and invite the parent, guardian or legal custodian, when appropriate.
8. Engage the child (when age and developmentally appropriate) and the placement resource in discussion about the new placement (see Practice Guidance: Placement Change Discussion with the Child and Placement Change Discussion with the Current Placement Resource).
9. Ask the SAAG to request a hearing, if changes to the case plan or permanency plan result from the child's placement change (see policy [10.23 Foster Care: Case Planning](#)).



The hearing should be held within five days of the placement change notification. Contact the Office of General Counsel if problems arise related to the time of the hearing.


10. Provide the child with the opportunity to say good-bye to the placement resource and family or any facility staff and peers. If ongoing contact is appropriate, encourage this opportunity.
11. Provide notification of the placement change to the child's school and discuss maintaining the child in the same school setting and secure information needed for the new placement resource (see policy [10.13 Foster Care: Educational Needs](#)).
12. Provide notification of the placement change to the service providers (medical, dental, mental health and other well-being services and supports) to secure any information need for the new placement resource (see policy [19.17 Case Management: Service Provision](#)).
13. Proceed with the placement change five business days after the Notice of Change in Placement


form is sent.



If a hearing is requested, the change in the placement may not occur until the required hearing is completed.

14. Provide and discuss the following with the placement resource at the time of placement:
 - a. Agreement Supplement or RBWO Placement Agreement (if the child's placement is with a RBWO provider) which provides written and dated confirmation of the child's placement into the home and is signed at the time of placement;
 - b. Child Passport from Georgia SHINES which includes:
 - i. Identifying information for the child
 - ii. Contact information for the SSCM and SSS
 - iii. Psychological and developmental history
 - iv. School history
 - v. Reason for foster care entry (maltreatment code)
 - vi. History of foster care entry and previous placement types
 - vii. Siblings in foster care
 - viii. Child foster care plan type
 - c. To minimize trauma, also provide the caregiver with the following related to the child:
 - i. The name the child prefers to be called
 - ii. Sleeping patterns/rituals
 - iii. Food preferences/dislikes
 - iv. Religious preferences
 - v. Clothing preferences
 - vi. Fears
 - vii. Strengths, including any special skills/achievements
 - viii. Special toy/object
 - ix. Pictures of the family
 - d. During and after hours contact information for the SSCM, SSS, County Director and County Office;
 - e. Confidentiality of foster child information as outlined in policy [2.6 Information Management: Confidentiality/Safeguarding Information](#) and protected health information in accordance with policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#);
 - f. The Caregiver Placement Passport from Georgia SHINES which includes:
 - i. A description of any financial assistance for which the placement resource may be eligible, including any financial assistance for childcare;
 - ii. Reasonable and prudent parenting standards (RPPS) and restrictions on foster caregiver decision making;

- iii. RPPS handout and Know Before You Say No;
 - iv. Educational stability for children in foster care and the school enrollment information.
- g. A copy of the child's educational records;
 - h. A copy of the child's health records;
 - i. A copy of or recommendations from the child's most recent physical and dental exams and any available information on the child's known medical conditions and current medications;
 - j. A copy of or recommendations from the child's most recent developmental assessment, trauma assessment and psychological evaluation;
 - k. A copy of any court scheduling order or the dates and times for any scheduled hearings related to the child;
 - l. Health insurance information for the child, including the child's Medicaid number;
 - m. Any upcoming appointments, medical supplies, prescriptions, etc.;
 - n. Safe sleeping practices with all caregivers accepting an infant (birth to 12 months of age) in his/her home (see [Forms and Tools: Infant Safe to Sleep Guidelines and Protocol](#));
 - o. Motor vehicle safety recommendations (see Practice Guidance: Motor Vehicle 'Hot Car' Safety);
 - p. The child's Life Book; and
 - q. The child's portion of the current case plan.
15. Develop the Youth Runaway Prevention Plan for any child with a history of running away or at-risk to run away within seven calendar days of any placement change. Include the child, caregiver and other providers working with the child in the development of the plan (see policy [19.22 Case Management: Missing Children](#)).
-  If the child already has a Youth Runaway Prevention Plan in place, review and modify the plan with the new caregiver, child, and others working with the child.
16. If the following information was not available at the time of the child's placement, request within 15 days of the child's entry into foster care. Provide and discuss the information with the placement resource within five business days of receipt:
- a. A copy of or recommendations from the child's most recent physical and dental exams and any available information on the child's known medical conditions and current medications;
 - b. A copy of or recommendations from the child's most recent developmental assessment, trauma assessment and psychological evaluation;
 - c. A copy of any court scheduling order or the dates and times for any scheduled hearings related to the child; and
 - d. Health insurance information for the child, including the child's Medicaid number.



 If the change in placement occurs after this timeframe and the information is not yet available, immediately request the information and provide the information upon receipt

to the placement resource.

17. Complete the following in Georgia SHINES:
 - a. Documentation of contacts in the narrative of the Contact Detail page within 72 hours of the occurrence;
 - b. Documentation that all relevant information was provided to the caregiver and/or requested;
 - c. Update the Placement List page;
 - d. The Notification of Change (NOC) to Rev Max.
18. Notify Rev Max and Amerigroup within 24 hours of the placement change via the Amerigroup GA Families 360° DFCS Referral Form.
19. Conduct a purposeful contact in the home of the new placement resource within seven calendar days of the child's placement (see policy [10.18 Foster Care: Purposeful Contacts in Foster Care](#)).

When a Placement Resource Requests the Placement Change

The SSCM will:

1. Notify the Resource Development (RD) SSCM of the placement change request:
 - a. Inquire about any support the RD SSCM can provide to the foster parent to preserve the placement, if the child is placed in a DFCS foster home;
 -  If the child is placed in a CPA or CCI, coordinate efforts with the agency to preserve placement.
 - b. Request other placement options.
2. Immediately conduct a purposeful contact with the placement resource and the child to discuss the reason for the placement change request. This discussion may occur in conjunction with the placement change meeting described below.
 - a. Obtain the child's understanding of the reason the placement resource requested the placement change;
 - b. Gather family functioning information regarding the placement resource family (see policy [19.13 Case Management: Family Functioning Assessment](#));
 - c. Conduct a safety assessment (see policy [19.11 Case Management: Safety Assessment](#)). If the child is determined to be unsafe, immediately proceed with the placement change;
 -  When a safety threat is identified the placement move can occur prior to the commencement of a scheduled hearing. Notify the court and all attorneys of record within 24 hours of the placement move.
 - d. Identify supports or services needed to prevent the placement change;
 - e. Ask the child to provide information on any kin or former foster parents who may be able to become a placement resource, if the placement change will occur.
3. Refer the family for emergency services, if the placement resource has agreed to services to sta-

bilize the placement (see policy [19.17 Case Management: Service Provision](#)).

4. Accept the placement resource's notice to terminate the placement if the placement cannot be stabilized and continue to provide services pending the placement move.
5. Review the diligent search information in Georgia SHINES to determine if there are potential placement opportunities with kin or other committed individuals.
6. Discuss the possible placement change with the parent(s), guardian(s) or legal custodian(s) and ask them to provide any information on any additional kin to explore as a placement resource.
7. Convene a placement change meeting with the SSS, family and support team to discuss the following:
 - a. Reasons for the placement change request;
 - b. The needs of the child and the type of caregiver needed to meet those needs;
 - c. Services implemented to stabilize the placement and prevent the need for the placement change (see Practice Guidance: Placement Stability);
 - d. Additional actions that can be initiated to stabilize the current placement;
 - e. Recommendations for supports/services to be implemented with the current or next placement. The emphasis is on preserving the placement which often means providing additional support to the existing placement resource;
 - f. The child's placement history for the purpose of identification of former resources that may be amenable to the child's return, or to assess patterns that may assist in providing support to the current or new placement;
 - g. If child will be moved, what will be needed to stabilize the new placement and assist with the child's adjustment;
 - h. Prospective placement resources that are in close proximity of the parent, guardian or legal custodian that are the most appropriate, least restrictive placement for the child.
 - i. Whether the non-custodial parent or kin can serve as a placement resource;
 - j. Whether the child is part of a sibling group. Whether the child is currently separated from a sibling in foster care and if so, whether the sibling's placement resource has been contacted for possible placement;
 - k. The family's permanency plan and whether the family is working the plan. If the plan is reunification, identification of barriers preventing reunification and the anticipated timeframe for achievement;
 - l. Parent/caregiver participation in visitation and services provided to the child and family that may be adversely impacted by the move;
 - m. Consideration of how to ensure educational stability in accordance with policy [10.13 Foster Care: Educational Needs](#)).



For youth with probation involvement, invite probation officers to the meeting, when possible as the probation officer may be aware of the placement issues and can speak to how child's probation is impacted. Always maintain confidentiality regarding the child and family.

8. Notify the individuals entitled to notice at least five business days prior to the placement change via the Notice of Change of Placement form.



When using e-mail transmission use reasonable and appropriate security measures to protect confidential information in accordance with policy [2.6 Information Management: Confidentiality/Safeguarding Information](#).

9. Document the placement change meeting in Georgia SHINES and follow up on recommendations to ensure placement stability.
10. Select the new placement for the child that will meet his/her needs in accordance with policy [10.4 Foster Care: Selecting a Placement Resource](#). If a non-kinship caregiver is selected for the placement of the child, document the reason for not selecting any identified kinship caregiver in the Diligent Search Information tab in Georgia SHINES.
11. Schedule pre-placement visits with the new placement resource, whenever possible; and invite the parent, guardian or legal custodian to the pre-placement visit as appropriate.
12. Engage the child (when age and developmentally appropriate) and placement resource in discussion about the new placement (see Practice Guidance: Placement Change Discussion).
13. Ask the SAAG to request a hearing, if changes to the case plan or permanency plan result from the child's placement change (see policy [10.23 Foster Care: Case Planning](#)).



The hearing should be held within five days of the placement change notification. Contact the Office of General Counsel if problems arise related to the time of the hearing.



14. Provide the child an opportunity to say good-bye to the placement resource and family or any facility staff and peers. If ongoing contact is appropriate, encourage this opportunity.
15. Provide notification of the placement change to the child's school and discuss maintaining the child in the same school setting and secure information needed for the new placement resource (see policy [10.13 Foster Care: Educational Needs](#)).
16. Provide notification of the placement change to the service providers (medical, dental, mental health and other well-being services and supports) to secure any information need for the new placement resource (see policy [19.17 Case Management: Service Provision](#)).
17. Proceed with the placement change 14 calendar days after receiving the placement change request from the placement resource.



If a hearing is requested, the change in the placement may not occur until the required hearing is completed.

18. Provide and discuss the following to the placement resource at the time of placement:
 - a. Agreement Supplement or RBWO Placement Agreement (if the child's placement is with a RBWO provider) which provides written and dated confirmation of the child's placement into the home and is signed at the time of placement;
 - b. Child Passport from Georgia SHINES which includes:
 - i. Identifying information for the child
 - ii. Contact information for the SSCM and SSS

- iii. Psychological and developmental history
 - iv. School history
 - v. Reason for foster care entry (maltreatment code)
 - vi. History of foster care entry and previous placement types
 - vii. Siblings in foster care
 - viii. Child foster care plan type
- c. To minimize trauma, also provide the caregiver with the following related to the child:
- i. The name the child prefers to be called
 - ii. Sleeping patterns/rituals
 - iii. Food preferences/dislikes
 - iv. Religious preferences
 - v. Clothing preferences
 - vi. Fears
 - vii. Strengths including any special skills/achievements
 - viii. Special toy/object
 - ix. Pictures of the family
- d. During and after hours contact information for the SSCM, SSS, County Director and County Office;
- e. Confidentiality of foster child information as outlined in policy [2.6 Information Management: Confidentiality/Safeguarding Information](#) and protected health information in accordance with policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#);
- f. The Caregiver Placement Passport from Georgia SHINES which includes:
- i. A description of any financial assistance for which the placement resource may be eligible, including any financial assistance for childcare;
 - ii. Reasonable and prudent parenting standards (RPPS) and restrictions on foster caregiver decision making;
 - iii. RPPS handout and Know Before You Say No;
 - iv. Educational stability for children in foster care;
 - v. The school enrollment information.
- g. A copy of the child's educational records;
- h. A copy of the child's health records;
- i. A copy of or recommendations from the child's most recent physical and dental exams and any available information on the child's known medical conditions and current medications;
 - j. A copy of or recommendations from the child's most recent developmental assessment, trauma assessment and psychological evaluation;

- k. A copy of any court scheduling order or the dates and times for any scheduled hearings related to the child;
 - l. Health insurance information for the child, including the child's Medicaid number;
 - m. Any upcoming appointments, medical supplies, prescriptions, etc.;
 - n. Safe sleeping practices with all caregivers accepting an infant (birth to 12 months of age) in his/her home (see [Forms and Tools: Infant Safe to Sleep Guidelines and Protocol](#));
 - o. Motor vehicle safety recommendations (see Practice Guidance: Motor Vehicle 'Hot Car' Safety);
 - p. The child's Life Book; and
 - q. The child's portion of the current case plan.
19. Develop the Youth Runaway Prevention Plan for any child with a history of running away or at-risk to run away within seven calendar days of any placement change. Include the child, caregiver and other providers working with the child in the development of the plan (see policy [19.22 Case Management: Missing Children](#)).
-  If the child already has a Youth Runaway Prevention Plan in place, review and modify the plan with the new caregiver, child, and others working with the child.
20. If the following information was not available at the time of the child's placement, request within 15 days of the child's entry into foster care. Provide and discuss the information with the placement resource within five business days of receipt:
- a. A copy of or recommendations from the child's most recent physical and dental exams and any available information on the child's known medical conditions and current medications;
 - b. A copy of or recommendations from the child's most recent developmental assessment, trauma assessment and psychological evaluation;
 - c. A copy of any court scheduling order or the dates and times for any scheduled hearings related to the child; and
 - d. Health insurance information for the child, including the child's Medicaid number.
-  If the change in placement occurs after this timeframe and the information is not yet available, immediately request the information and provide the information upon receipt to the placement resource.
21. Complete the following in Georgia SHINES:
- a. Documentation of efforts to preserve the placement and/or locate an alternative placement in the narrative of the Contact Detail page within 72 hours of the occurrence;
 - b. Documentation that all relevant information was provided to the caregiver and/or requested;
 - c. Update the Placement List page;
 - d. The NOC to Rev Max.
22. Notify Rev Max and Amerigroup of the placement change via the Amerigroup GA Families 360°

DFCS Referral Form.

23. Conduct a purposeful contact in the home of the new placement resource within seven calendar days of the child's placement (see policy [10.18 Foster Care: Purposeful Contacts in Foster Care](#)).

Pre-Placement Visits

The SSCM will:

1. Arrange pre-placement visits with the new placement resource, taking into account:
 - a. The child's eating, sleeping and activity patterns;
 - b. The parent's, guardian's or legal custodian's work schedule or other responsibilities;
 - c. The daily routine of the new placement resource.
2. Prepare the placement resource by providing as much information about the child as possible, including:
 - a. The reasons the child entered foster care; the number of previous placements and the reasons for previous placement moves; and the names and telephone numbers of the previous foster parents, if the previous foster parents authorized such release and as allowable under state and federal law;
 - b. Any pertinent information relevant to the care of the child;
 - c. The child's history of abuse or neglect;
 - d. The child's relationship with his/her family;
 - e. The presence of any siblings in foster care and the visitation requirements with siblings;
 - f. Any history of psychological or behavioral issues or psychotropic medications;
 - g. Any significant medical history or conditions including current health needs and medications;
 - h. The child's educational needs and current school setting;
 - i. The child's strengths, skills or talents.
3. Encourage the parent, guardian or legal custodian to share information about the child with the placement resource, including the child's nickname, favorite foods, developmental history, current needs, etc.
4. Engage the child in a discussion (when age and developmentally appropriate) to prepare them for the pre-placement visit:
 - a. Provide information about the placement resource family, home, and community;
 - b. Discuss the date, timeframe and transportation arrangements.
5. Conduct the pre-placement visit:
 - a. Introduce the child to the placement resource family and facilitate interaction;
 - b. Show the child where he/she will sleep and where his/her belongings will be kept;
 - c. Confirm the ending time of the visit with the placement resource and the child.
6. Confirm the details of the actual placement with the child, parent, guardian or legal custodian

and placement resource following pre-placement visits.

Placement Change Hearing Requests

Whenever a hearing is requested as a result of the notification of a change in placement, the SSCM will:

1. Staff the case with the SSS and consult with the SAAG.
2. Be prepared to testify in court and provide the court with the reason for the placement change.



The court will consider any objections filed to the change of placement and evidence pertaining to such objections, including evidence from the child, foster parent, relative, or caregiver.

3. Address the court's concerns regarding the original recommended placement and offer the court an alternative placement for the child, if the court rejects the recommended placement.



The court may order DFCS to submit a new case plan with a new permanency plan and an alternative placement; or the court may make any other order related to placement or custody outside the department.

4. Document any court ordered recommendations in the narrative of the Contact Detail page in Georgia SHINES.
5. Upload the court order in Georgia SHINES.
6. Participate in a staffing with the SSS to discuss court hearing outcome.
7. Complete court ordered recommendations including updating the case plan or permanency plan in Georgia SHINES.

The SSS will:

1. Conduct a staffing with the SSCM to:
 - a. Determine if any safety concerns exist that require the immediate removal of the child from the current placement;
 - b. Discuss whether the child is part of a sibling group including:
 - i. Whether the placement resource for a separated sibling is capable of caring for all siblings;
 - ii. Whether all siblings will be placed together in the new placement;
 - iii. How the child will transition to the new placement.
 - c. Assess whether services could prevent a placement disruption;
 - d. Discuss the child's placement history and diligent search information;
 - e. Determine next steps.
2. Participate in the placement change meeting with the SSCM, family and support team.
3. Monitor ongoing efforts to jointly place siblings and/or locate kin or prior placement resources amenable to the child's return as a possible placement resource.

4. Verify that the Child Passport, Caregiver Placement Passport, copies of recent medical, dental, psychological, developmental and all other required information was provided to the placement resource at the time of placement or requested and provided in accordance with the timeframes outlined in the requirements and procedures.
5. Ensure timely notification of the placement change to the court, parent, guardian or legal custodian and other required parties.
6. Ensure Rev Max and Amerigroup receive notification of the placement change.
7. Participate in a staffing with the SAAG prior to a scheduled court hearing as a result of the placement change.
8. Review the case record in Georgia SHINES to ensure:
 - a. A purposeful contact is made within seven days of the child's placement change;
 - b. The following pages in Georgia SHINES are completed or updated:
 - i. Custody Detail
 - ii. Legal Status
 - iii. Legal Action and Outcomes Detail
 - iv. Placement List
 - v. NOC
 - vi. Person Detail
 - vii. Diligent Search

Practice Guidance

Placement Stability

Placement stability is important for children to develop healthy secure relationships. Additionally, placement stability is especially important for youth success in foster care. Youth who experience minimized placement changes are more likely to experience fewer school changes, less trauma and distress, less mental health and behavioral problems and increased probabilities for academic achievement and experiencing a lasting positive relationship with adults. For children in foster care, the number of placements, or places where they live, can impact daily functioning and adjustment as well as the time to achieve permanency. Frequent placement moves not only compound the issue of being separated from one's parents, but can also result in separation from siblings, relocation to a new geographical area, and experiencing a sense of not belonging; all of which can lead to distress and have a profound adverse emotional impact. Because of the seriousness of the long-term consequences for children, placement stability is one of the permanency outcomes in the Child and Family Services Reviews (CFSR).^[2]

It is essential that SSCMs make every effort to maintain stabilized placements for children in foster care. Some tips for placement stability are:

1. Prioritizing placements with non-custodial parent, kin or other committed individuals.
2. Early and detailed assessments of the needs of the child, identifying risk factors to assist with placement planning.

3. Providing support and training for caregivers. This involves but is not limited to the following:
 - a. Anticipating caregiver needs based on knowledge of the child's needs and proactively providing support;
 - b. Responding timely to caregiver requests for support and intervention;
 - c. Identifying red flags that can escalate without intervention;
 - d. Providing or referring the caregiver for training on caring for special or new needs of the child.
4. Conducting frequent purposeful contacts with children and caregivers.
5. Ensure frequent parent/child, sibling visitation, as appropriate.
6. Providing timely services to address behavioral health or other needs the child may have.
7. Providing services to the child and caregiver to assist in addressing conflicts.

Placement Changes

When the child experiences a placement change and must be moved to another placement, careful planning and preparation must occur to assist the child through another loss. Pre-placement preparation eases the child's transition and lessens his/her fear and confusion. Whenever possible, the SSCM, placement resource and parent, guardian or legal custodian should all be involved in the placement change process. Taking the time to engage in pre-placement efforts better ensures that an appropriate match between the child and the placement resource has been made and reduces the likelihood of unnecessary placement moves for the child while in foster care.

Placement moves experienced by a child may revive earlier feelings associated with past separations and entry into foster care. Helping a child express his/her feelings and concerns, as well as finding appropriate ways to grieve, will also make the placement transition smoother. The SSCM or other trusted adult should encourage the child to discuss his/her feelings regarding the placement move and allow the child to have input. Although the placement decision is the responsibility of DFCS, the child may have suggestions on placement options or ideas that would help assure placement stability and ease the child's apprehension regarding changing placements.

Placement Change Discussion with the Child

The placement change discussion with the child should include:

1. An age-appropriate explanation of the placement change, when it will occur, why it is necessary and how it will occur.
2. Whether siblings in care will be placed together and/or change placements with the child.
3. A description of the home or facility where the child will be placed to help the child better understand what to expect.
4. Information about the people who live in the home or facility, showing pictures if available.
5. A description of the community, including the school the child will be attending, if it is different from the child's current community or school.
6. Any feelings or concerns the child may have related to the placement change.

7. An explanation as to when the pre-placement visit(s) will occur, if possible, and how the child will be transported to the home or facility.
8. Information about when the next contact with the parent, guardian or legal custodian will take place.
9. The identification of “transitional objects” such as toys, pictures, stuffed animals or other familiar items that give the child some sense of security during the move.
10. How the child and current placement resource will maintain a relationship after the placement change when it is in the child’s best interest.
11. Any questions the child may have.

Placement Change Discussion with the Current Placement Resource

The placement change discussion with the current placement resource should include:

1. A discussion of the issues that precipitated the need or request to change placements.
2. A discussion and notification of the right to request a court hearing related to placement move decision and the process for requesting the hearing.
3. An explanation when the placement change will occur and how it will occur.
4. Whether siblings currently placed in the home will also be moved.
5. Any feelings or concerns the placement resource may have related to the placement change.
6. Whether they are willing to be contacted by the new placement resource for the purpose of sharing information with them.
7. How they can maintain a relationship with the child when it is in the child’s best interest.
8. Their ability to participate in pre-placement visits to assist the child in transitioning to the new placement.
9. Any questions the placement resource may have.

Notice of Change in Placement Hearings

Children aged 14 and older; Parents, unless parental rights have been terminated; Guardians or other legal custodians; Persons/agency with physical custody of the child (i.e. kinship caregiver, foster parent, child placing agency (CPA) and/or child caring institution (CCI)); Guardian Ad Litem (GAL); and all attorneys of record, are entitled to file an objection to a placement change and participate in the resulting court hearing. At the hearing requested as a result of a placement change, the court shall consider the case plan and permanency plan recommendations made by DFCS, including a recommendation as to the placement of the child. The court may consider any evidence, including hearsay evidence, that the court finds to be relevant, reliable, and necessary to determine the needs of a child adjudicated as a dependent child and the most appropriate case plan and permanency plan. The court may also consider evidence presented by the child, foster parent, relative or caregiver objecting to the placement change. The court shall make findings of fact upon which the court relied in determining to reject or accept the case plan or permanency plan and DFCS’ recommendations, including the location of the child’s placement.

If the court rejects DFCS’ recommendations, the court shall demonstrate that DFCS’ recommenda-

tions were considered and explain why it did not follow the recommendations. If the court rejects the DFCS case plan and permanency plan recommendations, including the change in placement of a child adjudicated as a dependent child, the court may order DFCS to devise a new case plan and permanency plan recommendation, including a new recommendation as to the placement of the child within the resources of the department, or make any other order relative to placement or custody outside the department as the court finds to be in the best interests of the child and consistent with the policy that children in DFCS custody should have stable placements.

If the court finds that the child has been living in a stable home environment with the current caregiver(s) for the past 12 months and that removal from the caregiver(s) would be detrimental to the child’s emotional well-being, the court may presume that continuation of the child’s placement with the current caregiver is in the child’s best interests and shall enter a finding that a change of placement is a failure by DFCS to make reasonable efforts to finalize the permanency plan in effect at the time of the hearing; provided however, that such presumption shall not apply to prevent the return of the child to his or her parent, guardian, or legal custodian.


Respite Care

Respite care placements are intended to be temporary in nature, therefore the child should return to his/her original placement within a short period (see policy [14.18 Resource Development: Supervision of Children](#) for a definition of respite). If a child is moved to a temporary placement until a more permanent placement is located, this temporary placement is not considered a respite placement, but rather a placement change; thus, the change in placement notification requirements apply. As soon as it is determined that a respite care placement is going to become the child’s new placement, notice must be given. The DFCS SSCM should provide placement change notification as soon as they become aware a child is changing placements or a child cannot return to his/her original placement.

Forms and Tools

- [Agreement Supplement](#)
- [Amerigroup GA Families 360° DFCS Referral Form](#)
- [Notice of Change in Placement](#)
- [Room, Board and Watchful Oversight Placement Agreement](#)

10.4 Selecting a Placement Resource

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(10) Foster Care		
	Policy Title:	Selecting a Placement Resource		
	Policy Number:	10.4	Previous Policy Number(s):	N/A
	Effective Date:	March 2023	Manual Transmittal:	2023-02

Codes/References

O.C.G.A. § 15-11-2 Definitions

O.C.G.A. § 15-11-211 Relative Search by DFCS

Title IV-E of the Social Security Act §§ 471 (a)(22) and (31)

Title IV-E of the Social Security Act §§ 472 (c)(1) and (2)

45 CFR Parts 1355.20 (a) and (a)(2)

Public Law (PL) 103-382 Multiethnic Placement Act of 1994 as amended by PL 104-188 The Interethnic Adoption Provisions of 1996 (MEPA-IEAP)

PL 115-123 Family First Prevention Services Act of 2018 (FFPSA)

Requirements

The Division of Family and Children Services (DFCS) will:

1. *Develop and implement standards to ensure that children in foster care placements in public or private agencies are provided quality services that protect the safety and health of the children (see policy [14.1 Resource Development: Safety and Quality Standards](#), [16.8 Room Board Watchful Oversight \(RBWO\): Minimum Standards](#) and [22.3 Kinship: Kinship Assessment](#)).*
2. Identify a safe, least restrictive, and most family-like setting in close proximity to the home of the parent, guardian or legal custodian, when the permanency plan is reunification.



A placement in a foster home or childcare institution (CCI) a substantial distance from the home of the parent, guardian or legal custodian should be made only when it is necessary and consistent with the child's permanency plan.

3. Conduct diligent efforts to locate absent or non-custodial parents, relatives, fictive kin or other committed individuals for the placement of the child, prior to the initial placement of the child into foster care or any subsequent placement change (see policy [19.20 Case Management: Diligent Search](#)).
4. Consider the following when selecting a placement for a child in foster care:
 - a. The order of placement preferences;
 - b. The order of placement preferences, if there is reason to know a child is a member of a federally recognized Indian tribe; or eligible for membership in a federally recognized Indian tribe, and is the biological child of a member/citizen of a federally recognized Indian tribe;
 - c. *Placement with adult relative over a non-related caregiver, provided that the relative caregiver meets all relevant state child protection standards;*




Georgia's kinship continuum prioritizes placements with kinship caregivers which includes relatives and fictive kin.

- d. *Placement of siblings together in the same home unless joint placement is contrary to the safety or well-being needs of any sibling;*
- e. *Placement in the child's own community and school district to allow the child to remain in his/her home school unless it is not in his/her best interest to do so (see policy [10.13 Foster Care: Educational Needs](#));*


- f. The proximity of the home to the child’s community of origin and family, the child’s permanency plan, and the specific service needs of the child.
 - g. Placement with the placement resource with whom the child was previously placed, when a child re-enter foster care or change placements.
 - h. The Multi-Ethnic Placement Act (MEPA)/Interethnic Adoption Provisions, which prohibits delaying or denying a placement of a child based on race, color and national origin of a foster parent or the child (see policy [1.4 Administration: Non-Discriminatory Child Welfare Practices](#)).
5. Select the most appropriate placement to meet the child’s needs based on the following order of placement preferences:

- a. Non-custodial parent: this includes a parent of the child that does not have physical or legal custody of the child.

 If the non-custodial parent is a father and both parents agree that he is the father and/or he has an established relationship with the child, placement may occur. If paternity has not been established either through DNA testing or paternity acknowledgement, this should occur following the placement of the child in the home (see policy [17.14 Legal: Establishing Paternity via Paternity Acknowledgement](#), [17.15 Legal: Legitimation](#) and [19.23 Case Management: Paternity Testing](#)).

- b. Kinship caregiver which includes:

- i. Relative: defined by blood, marriage or adoption, including the spouse of any of those persons even if the marriage was terminated by death or divorce;
- ii. Fictive kin: a person who is not related to the child by blood, marriage, or adoption but who prior to his or her placement in foster care is known to the family, has a substantial and positive relationship with the child, and is willing and able to provide a suitable home for the child.

 Fictive kin must become foster parents to receive financial assistance for caring for a child in the custody of DFCS.

- c. Other committed individual: includes fictive kin and other individuals, including but not limited to neighbors, teachers, scout masters, caregivers, or parents of friends of such child and with whom such child has resided or had a significant relationship;

 Committed individuals must become foster parents to receive financial assistance for caring for a child in the custody of DFCS.

- d. Foster family home or adoptive home (DFCS or CPA): *For the purpose of title IV-E, “foster family home” means the home of an individual or family that is licensed or approved by the state in which it is situated as a foster family home that meets the standards established for the licensing or approval; and in which a child in foster care has been placed in the care of an individual, who resides with the child and who has been licensed or approved by DFCS to be a foster parent that DFCS deems capable of adhering to the reasonable and prudent parent standard; that provides 24-hour substitute care for children placed away from their parents or other caretakers; and that provides the care for not more than six children in foster care.*

The number of foster children that may be cared for in a home may exceed six children in foster care, for any of the following reasons:

- i. To allow a parenting youth in foster care to remain with the child of the parenting youth.*
- ii. To allow siblings to remain together.*
- iii. To allow a child with an established meaningful relationship with the family to remain with the family.*
- iv. To allow a family with special training or skills to provide care to a child who has a severe disability.*

Foster families that are approved must be held to the same standards as foster family homes that are licensed. Anything less than full licensure or approval is insufficient for meeting Title IV-E eligibility requirements.

- e. Child Caring Institution (CCI): A CCI means a private CCI, or a public CCI which accommodates no more than 25 children and is licensed by the State in which it is situated or has been approved by the agency of the State responsible for licensing or approval of institutions of this type as meeting the standards for approval except, in the case of a child who has attained 18 years of age, the term includes a supervised setting in which the individual is living independently. Children in Georgia age 18 and older are not eligible for Title IV-E funding, therefore DFCS does not claim IV-E for supervised independent living settings. The definition of CCI for Title IV-E purposes does not include detention facilities, forestry camps, training schools or any other facility operated primarily for the detention of children who are determined to be delinquent.*




Georgia has not implemented QRTPs and will only claim IV-E foster care maintenance payments for the initial two weeks (14 days) that an eligible child is placed in a CCI, unless the CCI meets the other allowable categories under title IV-E (see policy [9.1 Eligibility: Foster Care Maintenance Payments](#) for all allowable placements under title IV-E).


- f. Psychiatric residential treatment facility (PRTF), if temporary treatment is necessary.*
- 6. Adhere to the Indian Child Welfare Act (ICWA) placement preferences outlined in policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#).*
 - 7. Adhere to confidentiality and Health Insurance Portability and Accountability Act (HIPAA) provisions outlined in policies [2.6 Information Management: Confidentiality/Safeguarding Information](#) and [2.5 Information Management: Health Insurance Portability and Accountability Act](#). Obtain a signed Authorization for Release of Information (ROI) to facilitate sharing of information, when applicable.*
 - 8. Complete appropriate safety screenings and ensure satisfactory findings are secured, prior to any placement or replacement (including respite) of a child with kin, other committed individual, or foster home (DFCS or Child Placing Agency (CPA)).*
 - 9. Document placement efforts and selection in Georgia SHINES within 72 hours of occurrence.*

Procedures

Social Services Case Manager

1. Gather information about the child by:
 - a. Interviewing the parents/guardians/legal custodians, caregivers, kin, and the child;
 - b. Reviewing all available sources for information [e.g., Family Functioning Assessment (FFA) Comprehensive Child and Family Assessment (CCFA), psychological evaluation, recommendations from a child's therapist, trauma assessment, medical records, educational assessments and reports, and information from previous placement resources, parents, guardians or legal custodians and kin].
2. Determine the individual needs of the child, including but not limited to:
 - a. The child's strengths, interests and talents;
 - b. The child's daily functioning, feelings, cognitive functioning, physical capacity, temperament, relationships, pervasive behaviors etc.;
 - c. The child's ability to accomplish age and developmentally appropriate tasks;
 - d. The child's educational level and any needs;
 - e. The child's physical and mental health including any health or behavioral health needs; and
 - f. The child's culture, religion, independent living skills and community relationships.
3. Determine whether the child is a part of a sibling group (see policy [10.20 Foster Care: Preserving Siblings Connections](#)):
 - a. Determine if the child has any siblings already placed in foster care and explore whether the placement resource of the siblings in care can also be a viable placement of the child(ren) entering care; and
 - b. Search for a placement resource to accommodate the entire sibling group.

 If the siblings cannot initially be placed together, document in the narrative of the Contact Detail in Georgia SHINES the reason(s) for separation, the plans to maintain sibling visitation and the sibling-bond and ongoing efforts to place the siblings together.
4. Consider the following when selecting the placement of the child regardless of the placement type:
 - a. Least restrictive and most family-like setting;
 - b. Placement of siblings together;
 - c. Placement in the child's own community and school district;

 Explore placement resources near (within a 50-mile radius) to the child's community, when a placement is not available within the same community.
 - d. Needs of the child;
 - e. Caregiver protective capacity;
 - f. Previous placements of the child, when appropriate;

- g. Level of cooperation of the placement resource and support of the child's permanency plan.
5. Identify absent and/or non-custodial parents, kin and other committed individuals to serve as a placement resource through the diligent search process (see policy [19.20 Case Management: Diligent Search](#)).
6. If the child has been in out-of-home care in the past, explore whether the previous placement resource is appropriate, available and receptive to the placement of the child, if a non-custodial parent or kin caregiver cannot be located or is unable to care for the child.
7. Adhere to the ICWA placement preferences if there is reason to know a child is a member or is eligible for membership and has a biological parent who is an enrolled member of a federally recognized tribe as outlined in policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#).
8. Consider the following when selecting a placement for a child with the absent or non-custodial parent, kin or other committed individual:
 - a. All kin and other committed individuals who have requested to be a placement resource (see Practice Guidance: Placement Selection for additional guidance when there is multiple kinship caregiver options);
 - b. Any current court orders related to the non-custodial parent's rights, obligations and/or restrictions related to the child;
 - c. The age, desires and needs of the child and the ability of the non-custodial parent, kin or other committed individual to meet the child's needs;
 - d. Whether the child is part of a sibling group and the willingness and ability of the non-custodial parent, kin or other committed individual to care for the siblings;
 - e. The impact the trauma from the child abuse on the child and their behaviors;
 - f. The extent to which the non-custodial parent, kin or other committed individual was or should have been aware of the child's circumstances and any action taken to intervene;
 - g. The relationship between the non-custodial parent, kin or other committed individual and the child;
 - h. The parent's ability to co-parent and/or potential reunification with either parent;
 - i. The level of cooperation of the kin or other committed individual towards the goal of reunification.
 - j. The non-custodial parent, kin or other committed individual has the financial and non-financial supports to appropriately care for the child and meet the ongoing needs of the child;
9. To facilitate the approval for a child to be placed with an absent or non-custodial parent:
 - a. Verify that grounds for dependency do not exist for the absent or non-custodial parent; therefore, no case plan with this parent is needed prior to placement;
 - b. Complete a Kinship Assessment as outlined in policy [22.3 Kinship: Kinship Assessment](#).



If the placement is with a putative father, establish paternity through DNA testing and/or legitimation subsequent to the placement (see policy [17.14 Legal: Establishing Paternity via Paternity Acknowledgement](#), [17.15 Legal: Legitimation](#) and [19.23 Case Management:](#)

10. To facilitate approval for a child to be placed with kin or other committed individual:
 - a. Initiate the foster parent approval process:
 - i. Inform the kin or other committed individual of the benefits and requirements for becoming a foster parent (see policy [14.1 Resource Development: Safety and Quality Standards](#) and [22.6 Kinship: Waiver of Non-Safety Standards for Kinship Foster Homes](#)).
 - ii. Make a referral to the Kinship Coordinator and Resource Development (RD) to begin the process of becoming a foster parent and provide support through the process (see policy [22.2 Kinship: Use of Kinship Caregivers in Foster Care](#)).
 - b. Complete a Kinship Assessment as outlined in policy [22.3 Kinship: Kinship Assessment](#) to place the child in the home while the foster family home approval process is underway.
 - c. If relatives of a putative father are identified, establish paternity through DNA testing and/or legitimation subsequent to the placement (see policy [17.14 Legal: Establishing Paternity via Paternity Acknowledgement](#), [17.15 Legal: Legitimation](#) and [19.23 Case Management: Paternity Testing](#)).
11. Locate a foster or adoptive home (DFCS or CPA) based upon that home's proximity to the child's community of origin and family, the child's permanency plan, and the specific needs of the child, when the non-custodial parent, kin, or other committed individual is not appropriate and/or available to be a placement resource.
 - a. Review the home study and other available information to determine the best placement match for the child based on their needs.
 - b. Coordinate with the RD SSCM for a DFCS foster home; or with the Child Placing Agency for a CPA foster home in accordance with policy [16.3 Room Board and Watchful Oversight: Room Board and Watchful Oversight \(RBWO\) Placement Referral](#).
12. Locate a placement through a CCI if appropriate to meet the needs of the child in accordance with the provisions outlined in policy [16.3 Room Board and Watchful Oversight: RBWO Placement Referral](#).
13. Conduct safety screenings for the selected placement resource in accordance with policy [19.9 Case Management: Safety Screenings](#).
14. Document the placement efforts and selection in Georgia SHINES.
15. Obtain supervisory approval of the placement selected. Ensure that the Diligent Search tab has been updated with the diligent search efforts for the absent or non-custodial parents, kin or other committed individuals, including reasons for not selecting kin that was located through the diligent search efforts.
16. Notify the court of the plan to place the child with the selected placement resource.
17. Refer to policy [10.1 Foster Care: Placement of a Child](#) when a placement resource has been selected for the child.
18. Refer to policy [10.3 Foster Care: Changes in Placement](#) when selecting a placement resource for a placement move for a child.

Social Services Supervisor

1. Monitor initial and ongoing diligent efforts to locate absent or non-custodial parents, kin or other committed individuals as a placement resource in accordance with policy [19.20 Case Management: Diligent Search](#).
2. Ensure the order of placement preferences are followed to locate the most appropriate placement resource for the child, including prioritizing placement with relatives to minimize trauma and adhering to ICWA placement preferences for an Indian child.
3. If a non-kinship caregiver is selected for the placement of the child, explore the reason for the selection and review the Diligent Search tab in Georgia SHINES to verify that absent or noncustodial parents and kin were explored and appropriately ruled out prior to approving the non-kinship caregiver.
4. Ensure identified kin caregivers willing to serve as placement resource are referred to the Kinship Coordinator and Resource Development to ensure timely kinship foster family home approval and/or Kinship Assessment.
5. Conduct a supervisor staffing to address any concerns related to selecting the appropriate placement resource for the child.
6. Review case documentation to ensure efforts are being made to locate the most appropriate placement resource for the child and that the pre-placement and placement information including diligent search information is entered in Georgia SHINES within 72 hours of occurrence.

Practice Guidance

Placement Selection

Being in foster care can be a very traumatic experience, therefore when a child is initially placed or re-enter foster care, making an appropriate placement selection can minimize trauma to the child. The placement resource must be able to meet the safety, permanency and well-being needs of the child and consider the needs of the child's family (as related by blood, marriage or adoption). Having a good understanding of the child's individual needs and the strengths of the placement resource can promote placement stability and reduce the likelihood of placement disruptions.

The ideal placement resource will be in the community from which the child was removed to assist with maintaining the child's connections to immediate and extended family, educational, medical, dental and mental health providers and meet the child's religious, and cultural needs. The placement should be near the parents, guardians or legal custodians to maintain connections and promote frequent visitation and participation in meeting the well-being needs of the child. Reunification is more likely to occur when frequent and consistent visitation between the parents, guardians or legal custodians and child occurs and the child is placed within proximity to them. The most appropriate, least restrictive setting offers the child an opportunity to be placed where there will be a minimum of disruption to his/her family life and an assurance that the child will be afforded safety, permanence, and overall well-being. Clinical and support services within the community can be utilized to maintain the child in the least restrictive placement and should be evaluated for their effectiveness. The selected placement resource should also be consistent with the best interests and special needs of the child. The SSCM must always consider a caregiver's current circumstance, capacity and ability to ensure the child's safety and well-being. Whenever there is a concern about safety of children and/or family members, it must be addressed with a focus on the caregiver's abil-

ity to immediately improve and change conditions for children. Safety should continue to be the focus throughout the life of the case.^[3]

Placement with kin or other committed individual is, often the first choice, especially when the prospective kinship caregiver and the child are already attached, bonded, and comfortable with each other; the prospective kinship caregiver lives near the child's current residence which preserves the child's friendships, school, and community connections; and the prospective kinship caregiver is willing and able to provide for the child's needs. Placement with kin minimizes trauma for the child during their time in foster care by allowing them to be cared for by someone they know and trust and maintain connectedness long after the child exits care to permanency. The practice of assessing kin or other committed individuals supports the agency's reasonable efforts to preserve or reunify families. A growing body of research confirms that, in most circumstances, placement with kin or other committed individuals is the best option when children cannot remain with their parents. Several studies have found that children in these types of placements are better able to adjust to their new environment and are less likely to experience behavioral problems and psychiatric disorders than those in the general foster care population. Finally, children placed with kin experience fewer school disruptions than children in non-kinship foster care, and their sense of identity and self-esteem is reinforced.^[3]

When children enter foster care and the diligent search has identified kin, it is critical that the agency take all necessary steps to assess to determine if they would be an appropriate placement resource as soon as possible. Oftentimes, more than one relative, fictive kin or other committed individual may request to care for a child in foster care. When there are multiple kinship placement resources available, consider the following caregiver capacities and family dynamics when selecting a placement:

1. Is the kinship caregiver able to avoid displacing their feelings and history with the child's parents onto the child?
2. Will the child be exposed to positive or negative family legacies/cycles while in the kinship caregiver's household?
3. Has the child frequently resided in the kinship caregiver's home or has the child been previously placed with the kinship caregiver?
4. How well does the child's needs, routines and schedule fit within the current activities of the kinship caregiver's household?
5. Will the kinship caregiver be able to meet and comply with agency goals for reunification and/or another permanency plan?
6. Does the kinship caregiver understand and agree to the need for a legal relationship with the child (i.e. adoption or guardianship)?
7. Is the kinship caregiver willing to care for the child's siblings, if applicable, and/or maintain sibling connections?
8. What support systems are in should the kinship caregiver require respite?
9. What supports or alternative plans/agreements are in place if the kinship caregiver becomes ill or deceased?

Timeliness of Relative Placements

Georgia law balances the priority of kinship placements against the child's need for placement stability, attachment, and connections. DFCS has the obligation to search for relatives quickly and notify those relatives as soon as possible that a child related to them is in state custody and in need of a placement. Relatives should also be notified that if they do not quickly come forward and take steps to visit with the child, participate in their case, and make themselves available as a placement, they may lose any priority as a long-term or adoptive placement that they would otherwise have.

If a relative is notified and does not begin taking an active role in the case within six months, the court can determine that this relative is not an appropriate placement for the child. If the child has been in a stable foster placement in excess of 12 months, the court can determine that the child should not be moved absent a dangerous situation. SSCMs and supervisors should consult with SAAGs, attorneys, and the court whenever such situations arise.

In cases where relatives come forward within six months of receiving notification and take active steps to assist as a resource and placement for the child, the relative will retain priority over other potential permanent placements even if the process for obtaining placement approval is slow, as it may be in ICPC situations. When a child has been with a stable foster family for 12 months, the county should initiate case consultation, permanency roundtables or other methods for staffing with regional leadership to determine the best interest of the child. In balancing the importance of kin connectedness and the bond that the child has established with a foster family, considerations should be given to the relationship between the child and the prospective kinship caregiver, the validity of the delay in assessing the kinship caregiver's home and the foster parent's openness to maintaining connections should the child remain in their home. SSCMs should clearly present to the court the process used to determine the recommended placement, the factors considered in making the placement decision that is in the best interest of the child and the final agency recommendation at permanency reviews and hearings set for the purpose of considering a child's placement.

Kinship Caregivers

A kinship placement refers to placement of a child in the home of a relative or fictive kin through an approved Kinship Assessment or approved kinship foster home. Exploration of all possible kinship caregivers is critical and must be expedited to maintain and promote family continuity. It is critical that kin understand we are seeking not only for them to become a placement for the child, but also a potential permanent home if reunification is not possible. If a relative fails to demonstrate an interest in and willingness to provide a permanent home for a child within six months from the date he or she receives the required notice that the child is in foster care, the court may excuse DFCS from considering the relative as a placement (see policy [19.20 Case Management: Diligent Search](#)).

Research shows that children thrive best in their families. It has been the practice of kin to care for a related child when their parents cannot. Preserving relationships with family members and kin is crucial to a child's sense of safety and well-being. DFCS is committed to developing strong partnerships with extended family to better serve the needs of children placed in foster care. In preserving the child's family ties, DFCS is supporting and promoting the child's need to feel and experience a sense of belonging, reduce the long-term negative effects of the child's separation from their parents and allow for continued connection between the child, their family, and the community. Fam-

ily continuity and permanency planning focuses on achieving a level of stability in the child's life. By ensuring the child is safe, protected and in a wholesome living environment, the child's permanency is assured. Supportive services are also provided to the family with the intent of establishing and achieving a permanency plan for the child. For financial and non-financial supports, available for kinship placements refer to policy [22.8 Kinship: Financial and Non-Financial Supports for Children in Foster Care or Who Have Achieved Permanency](#).

Foster Family Home

Types of foster family homes include:

1. Kinship foster home: Kinship foster homes approved by DFCS or a CPA for the temporary placement of a related kin child.
2. DFCS foster home: non-relative foster homes approved by DFCS for the temporary placement of children in foster care.
3. CPA foster home: Foster homes approved by a CPA contracted with DFCS for temporary placement of children in foster care.

Kinship foster homes are relatives or fictive kin of the child who are approved as a foster parent by DFCS for the placement of the child that is in foster care. DFCS encourages all relatives and fictive kin to become approved foster parents. If a kin is interested in becoming a foster parent, the placement SSCM and the Kinship Coordinator partners closely with resource development staff to support them through the approval process. The kin should attend an information session to gather information required for fostering (see policy [14.7 Resource Development: Inquiries and Information Sessions](#)).

A non-related foster home is considered the least restrictive (most family-like) setting when relatives or fictive kin are not available or appropriate as a placement resource. A foster home placement offers experiences inherent in family living which are essential in achieving maturity and the ability to initiate and sustain a family of one's own. Children who have special needs, but can benefit from family life, can have their needs met in a foster home. DFCS and CPA foster homes should be equally considered as placements for a child based on a determination of the home's level of capacity to care for the child's emotional and physical needs; the proximity of the home to the child's community of origin; and the child's best interests.

DFCS or CPA Adoptive Home

An adoptive home is approved for the foster care placement of a child for whom the established goal is adoption. Adoptive homes must meet the regular standards of care required for approved family foster homes as outline in policy [14.1 Resource Development: Safety and Quality Standards](#).

Child Caring Institution (CCI)

A CCI is any child welfare facility which provides full-time room, board and watchful oversight (RBWO) to six or more children up to 18 years of age. Some CCIs are approved to care for youth up to age 21. The CCI must be approved through the Office of Provider Management (OPM) to serve children in DFCS custody (see policy [16.6 Room Board Watchful Oversight \(RBWO\): Age Requirements for Child Care Institutions \(CCI\)](#)).


Psychiatric Residential Treatment Facility (PRTF)

A Psychiatric Residential Treatment Facility is a temporary non-hospital facility with a provider agreement with a State Medicaid Agency to provide intensive therapeutic intervention to a child to ensure safety and stability. PRTFs offer intensive behavioral health services to children in Georgia.

Forms and Tools

N/A

10.10 Comprehensive Child and Family Assessment (CCFA)

 Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(10) Foster Care		
Policy Title:	Comprehensive Child and Family Assessment (CCFA)		
Policy Number:	10.10	Previous Policy Number(s):	N/A
Effective Date:	March 2020	Manual Transmittal:	2020-03

Codes/References

O.C.G.A § Section 15-11-190 Social Study


O.C.G.A § Section 15-11-191 Contents of Social Study

45 CFR §1355.25

Requirements

The Division of Family and Children Services (DFCS) will:

1. Complete an individualized, culturally competent Comprehensive Child and Family Assessment (CCFA) in partnership with the family for each child entering foster care (see Practice Guidance: Child and Family Assessments). The CCFA shall:
 - a. Identify the behaviors and conditions of the child, parents/caregivers and family that contributed to the safety threats; and
 - b. Make recommendations for what changes must be made to mitigate or eliminate those safety threats; and
 - c. Provide recommendations for the child's placement, permanency and well-being.
2. Utilize DFCS staff or approved/contracted providers to complete the CCFA.
3. Refer to a state approved/contracted provider to complete a CCFA within one business day of the Preliminary Protective Hearing (PPH), if the CCFA is not being completed by DFCS staff.
4. Complete a Service Authorization in Georgia SHINES and obtain approval to initiate the CCFA in accordance with the Georgia SHINES Job Aide: Comprehensive Job Aid for Service Authorization in Forms and Tools. Document the provider's acceptance of the referral in Georgia SHINES.

 Emailed referrals must be encrypted. To encrypt the email, type DHSEncrypt in the Subject line.

5. Require the contracted CCFA provider to provide acceptance or non-acceptance of the CCFA referral decision to the Social Services Case Manager (SSCM) within 48 hours of receipt.
6. Within 24 hours of the CCFA provider accepting the referral, notify the parent/guardian/legal custodian and placement resource that a CCFA will be completed. Explain the family assessment process and provide the name and contact information of the selected provider.

 The initial notification can be made via telephone and followed up in writing.

7. Ensure all family/household members are engaged in the development of the CCFA, which includes the following components:

a. **Family Assessment:** Provides a picture of the child and other family members (see Practice Guidance: Child and Family Assessment).

- i. Household Composition (marital, education, and citizenship status of each household member)
- ii. Living Arrangements
- iii. General Financial Status
- iv. Health of household members
- v. Genogram
- vi. Birth Family Background Information for Child
- vii. Provides an idea of their relationships, strengths, stressors, history and behaviors
- viii. Prior DFCS Involvement
- ix. Description of the parent-child relationship
- x. Family functioning (see policy [19.13 Case Management: Family Functioning Assessment](#)).

 This includes reviewing any existing Family Functioning Assessment.

b. **Social Study:** Provides a social history of the child and family.

- i. Description of the plan, if any, for the return of the child to his/her parents and for achieving legal permanency for the child if reunification efforts fail;
- ii. Indicate whether the best interests of the child will be served by granting reasonable visitation rights to his/her other relatives in order to maintain and strengthen the child's family relationships;
- iii. Indicate whether the child has siblings under the court's jurisdiction, and if so:
 1. The nature of the relationship between such child and his/her siblings;
 2. Whether the siblings were raised together in the same home, have shared significant common experiences or have an existing strong bond;
 3. Whether the child expresses a desire to visit or live with his/her siblings and whether ongoing contact is in such child's best interest;
 4. The appropriateness of developing or maintaining sibling relationships;

5. If siblings are not placed together in the same home, indicate why the siblings are not placed together and what efforts are being made to place siblings together or why those efforts are not appropriate; and
 6. If siblings are placed or reside in another state.
- iv. The appropriateness of any placement with a relative of the child;
 - v. Whether a caregiver is willing and able to provide a legally permanent home for the child if reunification is unsuccessful.
- c. **Trauma Assessment:** Determines if the child or family has been exposed to trauma or has experienced any significant stressful impacts;
 - i. Collaborate with the Amerigroup Care Coordination Team (CCT) to ensure each child five years of age and older receives a trauma assessment and incorporate the results into the CCFA (see policy [10.12 Foster Care: Psychological and Behavioral Health Needs](#)).
 - d. **Medical Assessment:** Determines the child's current health status.
 - i. Collaborate with the Amerigroup Care Coordination Team (CCT) to ensure that each child entering foster care receives a Health Check within 10 calendar days of entering foster care and incorporate the results into the CCFA (see policy [10.11 Foster Care: Medical, Dental, and Developmental Needs](#)).
 - ii. This is required even if the child has been recently seen by a doctor.
 - e. **Kinship Assessment:** Assesses the capacity of relatives or fictive kin to serve as placement, visitation or permanency resources for a child; Completed if an identified kin resource is available and willing to serve as a resource; Supervisory approval is required prior to requesting the CCFA provider to complete a Kinship Assessment (see Practice Guidance: Kinship Assessment).
 - f. **Reassessment:** May be necessary if the current CCFA Assessment is more than 12 months old.
 - g. **Additional Assessments:** May be necessary based on the individual needs of the child and family.
8. Ensure the CCFA includes a summary of findings/conclusions and recommendations for services, placement, case planning and permanency planning.
 9. Require providers to submit the completed CCFA to DFCS no later than 25 calendar days of the referral.
 10. Utilize the multi-disciplinary team (MDT) meeting that occurs within 25 calendar days of a child entering foster care to discuss the summary, conclusions and recommendations from the CCFA.
 11. Incorporate applicable recommendations from the CCFA into the case plan.
 12. Terminate the CCFA if a child exits foster care before the CCFA is completed.
 13. Upload the following into Georgia SHINES External Documentation within 72 hours of receipt.
 - a. The Service Authorization/Referral Form with the Provider Only section completed indicating the provider's acceptance or non-acceptance of the referral.
 - b. The completed CCFA or completed portions if CCFA was terminated.
 14. Initiate the Supplemental Security Income (SSI) application process on behalf of any child

whose CCFA indicates the presence of mental or physical disabilities within five business days of receiving the CCFA.

15. Ensure providers and staff respect families' rights to confidentiality and protected health information through adherence to the Health Information Portability and Accountability Act (HIPAA) and other confidentiality laws in accordance with policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#).

Procedures

Social Services Case Manager

1. Consult with the Social Services Supervisor to determine which CCFA components need to be completed and whether the CCFA will be completed by the SSCM or an approved provider.
 - a. Gather and analyze past records and reports.
 - b. Review any formal assessments of the family completed within the previous 12 months (e.g. medical, social, educational, family, psychological, etc.).
 - c. If the CCFA will be completed by a provider select a provider from the approved provider directory.
 - i. Ensure the CCFA provider can communicate effectively with the child and family. Consider any potential language barriers or whether any reasonable accommodations are needed.
 - ii. Record the name of the provider on the Needs and Outcomes page in Georgia SHINES.
 - iii. Complete the Service Authorization Detail page in Georgia SHINES and obtain approval (see [Forms and Tools](#): Georgia SHINES Job Aid: Completing a Service Authorization).
2. Submit the referral to the selected CCFA provider within one business day of the Preliminary Protective Hearing.
 - a. Provide the CCFA provider with the contact information for the Amerigroup CCT at the time of the referral.
 - b. Provide the Amerigroup CCT with the contact information for the CCFA provider as soon as the referral is accepted by the provider (see policy [9.2 Foster Care: Applying for Medical Services at Initial Entry and Exit](#) for the Amerigroup referral process).
 - i. The Amerigroup CCT will contact the SSCM or CCFA provider regarding scheduling of medical/dental appointments and trauma assessment (if applicable).
 - ii. The Amerigroup CCT will provide the results of the medical and trauma assessments to the CCFA provider for inclusion in the CCFA.
 - c. Within 24 hours of the CCFA provider accepting the referral, notify the parent/guardian/legal custodian and placement provider of the agency's intent to complete the CCFA. Explain the family assessment process and identify the selected provider. If the notification is done by telephone, also follow up with written notification. When possible, conduct a face-to-face introduction (see Practice Guidance: Family Engagement).
 - d. Within two business days of the provider accepting the referral, make available for review

any background information on the child and parents, including the FFA.

- i. Obtain the appropriate written release of information prior to disclosure of protected health information (i.e., HIPAA).
 - ii. Allow the provider to review the record except for the names of any reporters.
 - iii. Only DFCS staff may copy documents from a case record.
3. Participate in a multi-disciplinary team (MDT) meeting within 25 calendar days of a child entering foster care (see policy [19.5 Case Management: Case Consultation](#)).
- a. Ensure the child's placement setting, permanency plan, and service needs (including those of the family and/or caregiver) are adequately addressed.
 - b. Ensure recommendations are reasonable and address the specific behaviors or conditions that must be corrected for the child to be safely reunited with family.
4. Within five business days of receiving the final CCFA report from a CCFA provider, carefully review the CCFA information for quality and accuracy.
 - a. Ensure the recommendations concerning each child's placement setting, permanency plan, and service needs (including those of the family and/or caregiver) are clearly documented.
 - b. If the CCFA is incomplete or of poor quality, immediately return it to the provider with specific information about what must be improved or changed.
5. Make appropriate service referrals in accordance with policy [19.17 Case Management: Service Provision](#).
6. Incorporate applicable recommendations from the CCFA into the case plan in accordance with policy [10.23 Foster Care: Case Planning](#).
7. Submit a copy of the CCFA to the Juvenile Court upon completion.
8. If the CCFA is cancelled:
 - a. Notify the provider (if applicable) and the Amerigroup CCT as soon as the decision is made to cancel the CCFA. The initial notification may be made via telephone and followed by written notification.
 - b. Notify the Amerigroup CCT that the CCFA has been cancelled via the Amerigroup GA families 360° DFCS Form (see policy [9.2 Foster Care: Applying for Medical Services at Initial Entry and Exit](#)).
 - c. Include the date of cancellation in the written notifications (e.g., date of the Adjudicatory Hearing returning the child).
 - d. Document the verbal and written notifications of cancellation in the Contact Detail in Georgia SHINES. Indicate the full name of the person(s) notified.

Completing the CCFA:

1. Gather information about the family to complete the CCFA (see Practice Guidance: Gathering Information), including:
 - a. Information from the DFCS case record, including the FFA;
 - b. Formal evaluations and treatment summaries (e.g., medical, psychological, drug and alcohol assessments, etc.);

- c. Whether interpretation services are needed for non-English speaking or auxiliary aids for sensory impaired individuals; and
 - d. Contact information for the Amerigroup CCT.
2. Contact the family and placement resource to initiate the comprehensive assessment process:
 - a. Engage all pertinent family members of the child in foster care, including those outside of the removal household.
 - b. Partner with parents to identify their family’s developmental stage(s), needed behavioral change, and actions needed to develop relapse prevention skills.
 - c. Observe family interactions, living conditions, behaviors, etc.
 - d. Explore all areas of family functioning in accordance with policy [19.13 Case Management: Family Functioning Assessment](#).
 - e. Develop a genogram (see policy [19.19 Case Management: Genogram](#)).
 - f. Complete the Birth Family Background Information for Child form.
 3. Collaborate with the Amerigroup CCT to obtain completed medical, dental, and trauma assessments. Review the assessment results provided by the Amerigroup CCT for inclusion in the CCFA report.
 4. Explore all available sources of possible information about the family, including making collateral contacts with individuals/agencies that know or have worked with the family.
 5. Facilitate a MDT meeting within 25 calendar days of a child entering care.
 - a. Coordinate the date and time for the MDT.
 - b. Include representatives from at least three professional disciplines (e.g., public health, mental health, and education).
 - c. Provide participants written notice of the MDT meeting at least five business days in advance of the scheduled meeting date(s).
 - d. Present the completed CCFA Report and discuss what was learned about the family.
 - e. Identify high risk or difficult situations the family faces in everyday life (see policy [19.2 Case Management: Family Developmental Stages and Tasks](#)).
 - f. Review recommendations for services, placement and permanency planning, and the expected outcomes from such recommendations.
 - g. Discuss any edits and revisions that need to be made to the CCFA report.
 - h. Establish a deadline for submission of the edited version of CCFA, if applicable.
 6. Complete all required forms in accordance with DFCS guidelines.
 7. Submit the completed CCFA within 25 calendar days of the referral date (if a CCFA provider).
 8. Submit the completed sections of the CCFA within 10 calendar days of being notified of the termination or cancellation of the CCFA (if a CCFA provider).

Social Services Supervisor

1. Determine whether the CCFA will be completed by the SSCM or a provider.

2. Ensure the timeliness of referrals to CCFA providers and the Amerigroup CCT.
3. Ensure families and placement providers are informed about the CCFA process and are made aware of who will be completing the CCFA.
4. Ensure the results of the medical and trauma assessments are received timely and incorporated into the completed CCFA.
5. Ensure kinship assessments are initiated immediately following the identification of potential kinship placement resources.

Practice Guidance

Child and Family Assessment

The comprehensive child and family assessment expands upon the assessment conducted during the investigation and identifies behaviors and conditions about the child, parent, and family that contributed to safety threats and the risk of child maltreatment. The assessment provides the SSCM and the family with a greater understanding of how a family's strengths, needs, and resources affect the child's safety, permanency and well-being. It is strengths-based, family-centered, culturally competent, individualized, and developed in partnership with the family. The strengths identified provide the foundation upon which the family can make changes. The assessment also involves the extended family, formal and informal support. The information gathered guides the family and SSCM in:

1. Identifying what must change to mitigate or eliminate the safety threats.
2. Addressing the effects of maltreatment.
3. Addressing the effects of the child's removal.
4. Eliminating or reducing the risk of maltreatment reoccurring.
5. Providing the foundation for providing appropriate services.
6. Developing the case plan.

When a child enters foster care, it is extremely important to obtain as much information about the child and family as soon as possible. The SSCM must engage parents/caregivers at the time of removal and each subsequent contact to obtain a complete picture of each child's needs. The SSCM must be knowledgeable and resourceful in utilizing and developing resources to enable children to achieve the highest level of functioning possible. This will involve working in partnership with birth families, placement providers, service providers, medical professionals and other community partners.

Gathering Information

Explore all sources of possible information about the family that will assist in conducting a family assessment, especially any existing FFA. It may require obtaining a signed Authorization for Release of Information form. Some ways of obtaining information include:

1. Consulting with the previous Case Managers, Supervisor or other DFCS staff familiar with the family.

2. Reviewing past CPS and Foster Care history.
3. Making collateral contacts with individuals/agencies that know or have worked with the family.
4. Interviewing the family and observing family interactions, living conditions, behaviors, etc.
5. Accessing reports and records generated from other agencies and/or other professionals.
6. Reviewing formal evaluations and treatment summaries (e.g., medical, psychological, drug and alcohol assessments, etc.).
7. Accessing any other source of information pertinent to the assessment process.

Family Engagement

Children as well as their immediate and extended family should be engaged in the assessment process to develop a complete picture of the family. Family-centered approaches are effective ways to involve the family in assessment, planning and decision-making around the needs of the child (see policy [19.3 Case Management: Solution-Focused Family Team Meetings](#)). One early and important step is to make sure the parent/guardian/legal custodian and the placement provider know who will be completing the CCFA. If the CCFA is being completed by a provider, DFCS should make every effort to introduce the provider to the parties involved as soon as possible. Face-to-face introductions are preferred and help providers establish working relationships and support timely completion of the CCFA.

Engage families with the understanding that situations resulting in a child entering foster care are associated with the challenges of everyday life events that all caregivers face (see policy [19.2 Case Management: Family Developmental Stages and Tasks](#)). The assessment information also assists judges, CASAs, citizen panels, and other providers working with the child and family to gain a better understanding of the:

1. Situations in everyday life that are difficult for the family and the exceptions;
2. Parental capacities and child vulnerabilities;
3. Degree of parent-child attachment and the child's sense of belonging;
4. Child's extended family as a potential resource for support and/or placement;
5. 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.);
6. Strengths and resources which the family can engage;
7. 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;
8. Challenges impacting the success of a reunification permanency plan; and
9. Medical, emotional, social, educational and placement-related needs of the child.

Kinship Assessment

The CCFA should identify kin to be explored as possible placement, visitation and/or permanency resources. With supervisory approval, a case manager may request a CCFA provider to complete the Kinship Assessment. The Kinship Assessment must be requested as part of the CCFA in order to utilize the CCFA funding source. Refer to the Field Fiscal Services [COSTAR Manual Section 3006 Sup-](#)

[port Services](#) for information regarding funding.

Forms and Tools

[Birth Family Background Information for Child](#)


[CCFA WRAP Approved Providers List](#)

[CCFA/WA Provider Qualifications](#)

[COSTAR Manual Section 3001 Family Foster Care Programs](#)

[COSTAR Manual Section 3006 Support Services](#)

10.11 Medical, Dental, and Developmental Needs

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(10) Foster Care		
	Policy Title:	Medical, Dental, and Developmental Needs		
	Policy Number:	10.11	Previous Policy Number(s):	N/A
	Effective Date:	May 2024	Manual Transmittal:	2024-05

Codes/References

O.C.G.A. § 49-5-12(c) Licensing and inspection of child welfare agencies; standards; revocation or refusal of license; penalties; violations

Title IV-E of the Social Security Act § 475(5)(D)

Requirements

The Division of Family and Children Services (DFCS) will:

1. Arrange appropriate and timely medical and dental care for each child in foster care, including, but not limited to:
 - a. Working with the caregiver and the Amerigroup Care Coordination Team (CCT) to establish a medical and dental home for each child that will provide diagnostic, preventive, and emergency care through childhood.
 - b. Ensuring each child has a physical examination at least once a year in addition to all Early and Periodic Screening, Diagnostic and Treatment (EPSDT) consistent with the recommendations for preventive pediatric health care posted at: brightfutures.aap.org/clinical_practice.html
 - c. Ensuring the child/youth receive a physical examination within 48 hours of their return from being missing in accordance with policy [19.22 Case Management: Missing Children](#).
 - d. Ensuring each child under 12 months of age undergoes dental screening, with subsequent dental cleaning and examination at least every six months thereafter (as recommended by the American Academy of Pediatrics).
 - e. Ensuring each child 12 months of age and over has a dental examination, with subsequent

dental cleaning and examination at least every six months thereafter (as recommended by the American Academy of Pediatrics).

f. Ensuring each child has an annual eye examination or vision screening.

2. Ensure each child receives a Health Check within 10 calendar days of entering foster care.
3. As part of the Health Check, refer all children in foster care under five years of age to Children 1st for developmental screening, assessment and services within 10 calendar days of entering foster care (see policy [19.28 Case Management: Children 1st and Babies Can't Wait](#)).



Children three years of age and younger may have already been referred as part of a Child Protective Services (CPS) Investigation. In such instances, a new referral is unnecessary, however, follow up is needed with Children 1st to obtain the results of the screening.

4. Share the results of the developmental screening with the birth parents and foster caregivers.
5. Ensure a child who has signs or symptoms consistent with HIV infection, or whose health history places the child at risk, is evaluated by a physician to determine if testing is necessary and appropriate.
6. Monitor the child's health and medical care on an ongoing basis directly with medical/dental providers and the Amerigroup CCT to ensure each child receives appropriate care.
 - a. For children with ongoing medical/dental conditions requiring regular care, DFCS staff shall follow up each month to ensure treatment is being provided and to obtain regular updates on the child's condition.
 - b. For children without health conditions requiring them to be under the care of a medical/dental provider or receive frequent care, DFCS staff shall follow up within ten business days of a child's visit to the provider (e.g., office visit, annual physical, etc.).
7. Be available and responsive to any hospital or other entity providing hospitalization or treatment to manage the medical/dental needs of children in foster care.
8. Invite parent(s) to attend all of their child(ren)'s medical and dental appointments, unless prohibited by court order or child safety concerns.
9. Collaborate with the Wellness, Programming, Assessment, and Consultation (WPAC) Unit to secure appropriate services for children with high-risk medical needs.
10. Require all medication prescribed to children in foster care to be administered only as directed by the prescribing physician.
 - a. All medication shall be administered only by authorized adults and transported in the original containers.
 - b. The signed consent of the DFCS County Director is required for any new prescribed medication.
11. *Ensure a child's health records are reviewed and updated, and a copy of the record is supplied to the foster parent or foster care provider with whom the child is placed, at the time of each placement of the child in foster care.*
12. *Ensure a child's health records are supplied to the child at no cost at the time the child leaves foster care if the child is leaving foster care due to having attained the age of majority under State law.*

13. Make every effort to contact the parent(s) and obtain parental permission prior to any surgery when a child is in the temporary custody of DFCS. When a parent cannot be located or refuses to provide permission despite documented medical opinion of the need for surgery, authorization shall be obtained from the court or DFCS County Director or a designee with the same or higher level of authority within DFCS (i.e., County Director, Region Director, District Director).
14. Obtain authorization from the DFCS County Director prior to any surgery when a child is in the permanent custody of DFCS. When the County Director is unavailable, authorization shall be obtained from a designee with the same or higher level of authority within DFCS (i.e., County Director, Region Director, District Director).
15. Require all consent forms for surgical procedures to be signed by the County Director or a designee with the same or higher level of authority within DFCS (i.e., County Director, Region Director, District Director).
16. Maintain current medical documentation in Georgia SHINES.
17. Adhere to policy [10.28 Foster Care: End of Life Decisions for Children in Foster Care](#) regarding life sustaining procedures (LSP), do not resuscitate (DNR) and organ donation.

Procedures

Child Enters Foster Care

The Social Services Case Manager (SSCM) will:

1. Engage parents, birth family, children, and collateral contacts to obtain information about a child's health/medical and dental status including:
 - a. Birth information (name & address of the hospital, circumstances surrounding the birth, complications, etc.).
 - b. Current medications and/or any medical equipment (name, dosage, how and when to administer, reason it is being taken, and the prescribing physician).
 - c. Medical history, including known medical problems, allergies (i.e., foods, drugs, etc.), seizures, serious accidents or injuries, surgeries, or hospitalizations.
 - d. Immunization history (types of immunizations and date obtained).
 - e. Developmental history.
 - f. Location of medical and dental records (including name and addresses of all medical and dental providers).
2. Share known information regarding a child's health and medical status with the foster caregiver, CCFA provider, Amerigroup CCT, and the local public health department or other medical provider (see policy [10.1 Foster Care: Placement of a Child](#)).
3. Collaborate with the WPAC Unit and the Amerigroup CCT when a child has high risk medical needs to ensure the child receives appropriate services.
 - a. Staff the case with the WPAC Unit. Include the child's current caregiver when applicable.
 - b. Provide the contact information of the Core Providers if a child is placed in a MWO level Child Caring Institution (CCI).

- c. Notify the WPAC Unit of any Transitional Roundtable, Permanency Staffing or Cold Case Staffing.
 - d. Invite the regional WPAC specialist to Permanency Roundtables.
4. Collaborate with the Amerigroup CCT to ensure each child has a Health Check within 10 days of entering foster care that includes developmental screening (as prescribed by EPSDT guidelines or BCW/Children 1st) and dental screening for children under 12 months of age or a dental examination for children 12 months of age and over.
 - a. If the developmental screening indicates the presence of any developmental delay, submit a referral to Children 1st district coordinator for a full developmental assessment within five business days or sooner if indicated.
 - b. If dental screening of a child under 12 months of age identifies any concerns or need for dental treatment, ensure the Amerigroup CCT coordinates follow up treatment with an approved dental provider within five business days of receipt of results, or sooner based on the treatment needed.
 - c. If vision screening yields any concerns, ensure the Amerigroup CCT obtains an ophthalmic assessment and treatment for prescribed corrective devices within five business days or sooner based on treatment needed.
 5. Document the results of all screenings and assessments on the child's Person Detail page and Health Information page in Georgia SHINES within 72 hours of receipt.
 6. Review the results of developmental screening with birth parents during the next purposeful contact that occurs after receiving the information.
 7. Review the results of developmental screening with placement providers during the next purposeful contact that occurs after receiving the information.
 8. Obtain health information on the child's family and record it in the Family Medical Section of the Birth Family Background Information for Child.

Ongoing Basis

For each child in care, the SSCM will:

1. Ensure each child receives preventive health maintenance including:
 - a. Regular well-checks.
 - b. Immunizations (unless parents express a sincere religious objection to immunization of their child).
 - c. Dental cleaning and exam at least every six months.
 - d. Annual eye examinations/vision screening.
2. Communicate directly with medical and dental providers each month to ensure treatment is being provided and to obtain regular updates on the child's condition. This applies to youth under the care of a physician for treatment of a health condition. For other youth, communicate directly with the medical/dental provider within ten business days of a visit (e.g., office visit).
3. Collaborate with the Amerigroup CCT to follow through with recommendations made by medical and dental providers within five business days for non-emergency issues. Emergency issues

require immediate follow up.

4. When a child is hospitalized, work continually and closely with hospitals during admission, treatment, and discharge to ensure full engagement throughout the child's stay (see policy [19.29 Case Management: Coordination of Care with Hospitals](#)).
5. Share the child's medical information with the placement provider and document that it was shared.
6. Obtain written information on the child's diagnosis, treatment, medications, etc. and enter it in the child's Health Information page under the Person Tab in Georgia SHINES.
7. Consult with a child's parents to determine if they agree with any medication prescribed to their child. Document the parental response.
8. Provide timely notification of any injuries, accidents, major illnesses, or death involving a child in out of home care.
 - a. Immediately notify the Supervisor and County Director.
 - b. Immediately notify the child's parents (mother and father) and caregivers (if they are not aware).
 - c. Notify the child's siblings (if appropriate).
 - d. Prepare a case summary to assist in completion or complete the Child Death/Near Fatality/Serious Injury Report, when applicable (see policy [6.7 Special Investigations: Reporting of Child Death, Near Fatality, Serious Injury](#)).
 - e. Make a report to the Child Protective Services Intake Communication Center (CICC) immediately, but no later than 24 hours, if there is known or suspected child abuse and/or neglect (see policy [3.24 Intake: Mandated Reporters](#)).
9. If a child dies due to medical complications, obtain copies of all medical documentation related to the circumstances surrounding the death (e.g., EMT report, ER records, etc.).
10. Make every effort to consult the parent(s) of a child in the temporary custody of DFCS prior to any non-surgical procedure. When a parent cannot be located or is not in agreement with a non-surgical procedure being performed, consult with the Social Services Supervisor for authorization.
11. Make every effort to contact the parent(s) of a child in the temporary custody of DFCS and obtain parental permission prior to any surgery.
 - a. When a parent cannot be located or refuses to provide permission despite documented medical opinion of the need for surgery, obtain authorization from the court.
 - b. If the court is unwilling to intervene, obtain authorization from the DFCS County Director or a designee with the same or higher level of authority within DFCS (i.e., County Director, Region Director, District Director).
 - c. After consent is obtained granted the appropriate authority, ask the DFCS County Director to sign the medical provider's consent form.

To Ensure Child's Developmental Needs are Adequately Addressed

The SSCM will:

1. Communicate monthly with the Babies Can't Wait (BCW) Service Coordinator, therapist, and others to ensure a child eligible for BCW receives the appropriate services to reach his/her developmental potential.
2. Share the results of a child's initial Health Check and the most recent court order with the BCW service coordinator.
3. Work collaboratively with the child's parents and placement provider to meet the child's developmental needs, including self-esteem, cultural identity, positive guidance/discipline, social relationships, and age-appropriate responsibilities.
4. Collaborate with the Amerigroup CCT and WPAC Unit to ensure a referral is made to a diagnostic/treatment provider for further evaluation of any developmental delays, disabilities, etc., within five business days of the developmental assessment (if the need for further evaluation is indicated).

Practice Guidance

Health Check

The initial Health Check consists of a comprehensive unclothed physical examination, a dental examination and a developmental assessment (as applicable). All children should undergo an initial physical examination performed by a primary care physician and receive well-child checks based upon EPSDT standards. Children 12 months of age and older should also undergo an initial dental examination performed by a licensed dentist. Children under 12 months of age should undergo dental screening instead of a dental examination. Dental screening may be performed by a pediatrician or primary care physician. However, once these children reach 12 months of age, they should undergo an initial dental examination performed by a licensed dentist. Development assessments are performed on children from nine to 36 months of age by the primary care physician according to the EPSDT periodicity schedule. Babies Can't Wait (BCW) also conducts Developmental Assessment Screening on children from birth to age three (see policy [19.28 Case Management: Children 1st and Babies Can't Wait](#)). Copies of BCW assessments should be maintained in the case record. Many medically fragile children are under the care of medical specialists. Special services, equipment needs, medical supplies, etc., may be recommended by the physician as medically necessary due to a child's medical condition or diagnosis.

Medical/Dental Coverage at Initial Entry into Care

Children in foster care should be seen by Georgia Medicaid providers. The Medicaid program provides funds to the state for the costs of providing medical and some dental services to Medicaid eligible recipients. DFCS must utilize these funds for services to children entering DFCS custody to conserve state funds for those children not eligible for Medicaid (see policy [9.2 Eligibility: Applying for Medical Services at Initial Entry and Exit](#)).

Georgia Families 360

On March 03, 2014, the Georgia Department of Community Health (DCH) transitioned from a standard fee-for-service Medicaid program to a statewide Medicaid Care Management Organization (CMO) through Amerigroup Georgia Managed Care Company. The transition impacted children in DFCS custody and children receiving AA as they became members of a new program called Georgia

Families 360. The new program is separate from Georgia Families, the general Medicaid program administered by DCH. Georgia Families 360 is designed to provide coordinated care across multiple services and focus on the physical, dental, and behavioral needs of member children. The program is designed to ensure each member has a medical and dental home, access to preventive care screenings, and timely assessments. It also seeks to ensure medical providers adhere to clinical practice guidelines and evidence-based medicine.

Amerigroup Care Coordination Teams (CCT) and Care Managers

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

Any services not authorized by the Amerigroup CCT will not be paid for out of Medicaid. Therefore, it is imperative that all medical/dental, behavioral health and developmental care be coordinated with the Amerigroup CCT to avoid any uncovered expenses. See Field Fiscal Services COSTAR Manual Section [3100 Family Foster Care](#) for an explanation of the “Unusual Medical/Dental” funding source for children who are not Medicaid eligible or who receive a service not covered by Medicaid. For youth covered by other forms of Medicaid (i.e., Fee-for-Service) or health coverage, the SSCM should utilize known providers in the community and contact the WPAC Unit for further support or assistance.

Amerigroup Notification Form (E-Form)

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

Children 1st

Children 1st was created by the state of Georgia to improve the health conditions of children from birth through five years of age. Children 1st is the “Single Point of Entry” to a statewide collaborative system of public health, prevention-based programs and services, school, and community-based

organizations to identify children at risk for poor health or developmental outcomes. Children 1st identifies and screens children and links them to programs such as:

1. Babies Can't Wait (BCW)
2. Children's Medical Services (CMS)
3. Universal Newborn Hearing Screening and Intervention (UNHSI)
4. Georgia Newborn Screening Program
5. 1st Care
6. Women, Infants, and Children Program (WIC)

Referrals are submitted to the local Children 1st District Coordinator. A list of Children 1st District Coordinators is available at dph.georgia.gov/children1st.

Physical Impairment

A physical impairment is defined as a dysfunction of the musculoskeletal and/or neurological body systems that affects the ability of an individual to move or coordinate movement. This includes one or more of the following body systems: neurological; musculoskeletal; sensory organs; respiratory, including speech organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic, skin; and endocrine. A physical impairment on its own does not make a child eligible for BCW services. However, if there is a significant developmental delay due to the physical impairment, then the child may be eligible.

Developmental Needs

A developmental assessment is completed as part of the Health Check for children under four years of age who enter foster care. The assessment determines whether there are factors that may result in a developmental delay for a child or place a child at risk of delay. Any child in care [***under the age of three***] who has a suspected developmental delay, physical impairment or diagnosed disability must be referred to BCW via Children 1st for assessment. DFCS cannot provide consent for BCW services. Consequently, a surrogate parent or other appropriate adult may be needed to act on behalf of the child and provide necessary consents. See policy [19.28 Case Management: Children 1st and Babies Can't Wait](#).

Developmental Delays

A developmental delay is a chronological delay in the appearance of normal developmental milestones achieved during infancy and early childhood, adjusted for prematurity in one or more of the following areas: cognitive, physical (including vision and hearing), communication, social/emotional and adaptive. Such delays may be caused by organic, psychological, or environmental factors. **Example:** If most children crawl by eight months of age and walk by the middle of the second year, then a child five or six months behind schedule in reaching these milestones may be classified as developmentally delayed regarding mobility.

Significant Developmental Delay

A delay is considered significant when it interferes with children's ability to interact within their natural environment (relative to expected developmental sequences of cognitive, communication,

adaptive, physical, and social-emotional development) to such a degree that ongoing development is compromised. In addition, secondary delays relative to the initial delay are likely to occur (e.g., significant delays in expressive communication may lead to compromised social skills with peers). Criteria for a significant delay include identification of deficits in skills which are instrumental in accomplishing later developing skills or functional tasks that would be expected of peers who are developing typically.

If the use of standardized diagnostic measures is deemed appropriate, a score of two (2) standard deviations below the mean (average) in one of the five developmental domains, **or** at least one and a half (1.5) standard deviations below the mean in two or more of the five developmental domains constitutes a significant delay. The determination of whether a child has a significant developmental delay must be made by a qualified clinician.

Sexual Health Needs

Sexual and reproductive needs of youth in foster care are addressed through the initial and follow-up health screening. Youth in foster care may receive health education and risk prevention services through Georgia's Personal Responsibility Education Program (GA-PREP), which provides high risk youth (ages 10-19) free access to evidence-based teen pregnancy prevention programs and supplemental adult preparation subjects. Youth in care access PREP services through the agency's partnership with the Department of Public Health (DPH) Adolescent Health and Youth Development (AHYD) Program. GA-PREP is federally funded by the Administration for Children and Families' (ACF) Family and Youth Service Bureau (FYSB).

HIV Antibody Testing

If a child has signs or symptoms that may be consistent with HIV infection or whose health history places the child at-risk, the child must be evaluated by a physician to determine if testing is necessary and appropriate. Minors may receive HIV prevention counseling and testing services with or without parental consent. Whenever possible, parents should be involved in the counseling and testing. Local public health facilities with knowledgeable specialists in HIV may be contacted for consultation and information. The SSCM must recognize and understand the risk factors for HIV which may need to be brought to the attention of health care providers such as:

1. The child was sexually abused by a person(s) from a high-risk group.
2. The child has been engaged in sexual activity with high-risk group partners.
3. The child has a history of intravenous (IV) drug usage.
4. The child was born to a parent from a high-risk group.
5. The child is a hemophiliac.

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 18 months of age, resulting in a "false positive." A ***"true negative" finding can only be made 18-24 months following birth***, at which time seroconversion may have occurred. In other words, the child's body would have begun to produce specific, detectable antibodies in response to the presence of the virus. Primary health care providers should be able to care for HIV-exposed children and for most asymptomatic HIV-infected children with normal immune systems. As children become symptomatic, they will need the care of

a pediatric infectious disease specialist. Since a child with a depressed immune system is at greater risk of suffering severe complications from routine childhood illnesses such as chicken pox and measles, the physician needs to be consulted when determining the setting that is best for the child and the degree to which that setting should be restricted. Usually, the benefits of an unrestricted setting outweigh the risks of the child acquiring harmful infections. Often, the infected child can be served in a foster home and attend school and/or day care. The results of HIV testing are confidential and may be released only to the following individuals:

1. The child's parents/guardian/custodian (unless child is in the permanent custody of DFCS, then a decision is made on a case-by-case basis).
2. Placement provider; and
3. Any health care provider who has a legitimate need to know such information.

Wellness, Programming, Assessment, and Consultation (WPAC) Unit

The WPAC Unit provides practice support, consultation and quality monitoring of physical and moderate behavioral health needs of children and youth in foster care. Specific functions of intensive support and monitoring include:

1. Training and consultation.
2. Performance monitoring.
3. Review, assessment, and programmatic recommendations.
4. Data tracking and trend analysis.
5. Coordination and partnering during case staffing and case planning; and
6. Strategic coordination with community partners.

High Risk: Medical

"High risk" youth are those with significant medical conditions or illnesses. Medical issues that contribute to children being considered as "high risk" include:

Down Syndrome
Cerebral Palsy
Multiple Sclerosis
Spina Bifida
Fragile X Syndrome
Von Willebrand Disease
Sickle Cell
Osteogenesis Imperfecta
Rickets
Cancer
Diabetes
Hypoxia
Neurological disorders
Epilepsy
TBI

Respiratory Illness
 Respiratory Failure
 Asthma
 Gastrointestinal Illness
 Short Gut Syndrome
 Failure to thrive
 Feeding disorders
 Birth defect to organs
 Organ failure
 Organ transplants
 Mechanically/Technology dependent...G-tube dependent
 Trach and/or Vent dependent
 Portacaths
 Physically disabled children


Consent for Surgical and Non-Surgical Procedures

In general, DFCS can give permission or consent for medical care deemed appropriate or necessary by competent medical authorities. Moreover, some court orders contain language that explicitly gives DFCS the authority to provide consent for ordinary medical care. This usually involves non-surgical procedures or routine surgical procedures that are considered low risk. However, when consent for extraordinary medical care (e.g., major surgery, potentially life-threatening procedures) is needed, it should be sought from a parent or the court. Even when DFCS has the legal authority to make medical decisions regarding children in DFCS custody, such authority must be exercised in a manner consistent with family-centered practice. Families should **always** be involved in the decisions affecting their lives. This applies to parents and the children. Decisions should always be based upon what is in the best interest of the child.

Forms and Tools

- [Babies Can't Wait](#)
- [Birth Family Background Information for Child](#)
- [Children 1st](#)
- [Department of Behavioral Health and Developmental Disabilities \(DBHDD\)](#)
- [Medical Homes Ensure Better Health Care for Children](#)

10.12 Psychological and Behavioral Health Needs

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(10) Foster Care		
	Policy Title:	Psychological and Behavioral Health Needs		
	Policy Number:	10.12	Previous Policy Number(s):	N/A
Effective Date:	April 2020	Manual Transmittal:	2020-04	

Codes/References

O.C.G.A. § 49-5-220 Legislative Findings and Intent; State Plan for the Coordinated System of Care for Severely Emotionally Disturbed Children or Adolescents

O.C.G.A. § 49-5-225 Local Interagency Committees; Membership; Function of Committees

Requirements

The Division of Family and Children Services (DFCS) will:

1. Refer each child five years of age and older for a trauma assessment within 10 calendar days of the child entering or re-entering foster care.
2. Collaborate with the Amerigroup Care Coordination Team (CCT) to refer a child to a licensed behavioral health provider for a behavioral health assessment if there is indication of a need for such an assessment.
3. Identify children with high risk behavioral health needs and follow the DFCS Teaming and Efficiency and Quality in Placement Matching Protocol to secure the appropriate services to meet the children's needs with assistance from the DFCS Care Coordination Treatment Unit.
4. Identify children with moderate risk behavioral health needs and collaborate with the Wellness, Programming, Assessment, and Consultation (WPAC) Unit to secure appropriate services to meet the children's needs.
5. Conduct monthly collateral contacts with behavioral health treatment providers and the Amerigroup CCT to obtain regular updates on children with behavioral health conditions requiring ongoing, regular care.
6. Provide medical and behavioral health information to the child's caregiver at the time of placement and on an ongoing basis.
7. Obtain authorization from the County Director prior to administering psychotropic medication to children in foster care, except in emergency situations. Authorization shall be provided to the prescribing physician within two business days of request.



When children are receiving in-patient treatment (e.g. Crisis Stabilization Unit, Psychiatric Residential Treatment Facility), the consent decision is to be provided within 24 hours of the request from the facility.

8. Monitor the well-being of each child prescribed psychotropic medication:
 - a. Document the name of each medication taken, the frequency, and the prescriber in Georgia SHINES.
 - b. Review the medication log maintained by the caregiver during purposeful contacts to ensure the medication is being taken as prescribed.
9. Be available and responsive to any hospital or other entity providing hospitalization or treatment services to manage the behavioral health needs of children in foster care in accordance with policy [19.29 Case Management: Coordination of Care with Hospitals](#).
10. Refer each child being considered for treatment in a Psychiatric Residential Treatment Facility (PRTF) to the Local Interagency Planning Team (LIPT) for staffing.

11. Serve as a permanent team member of each LIPT and consistently have a local representative present at each meeting.

Procedures

Child Enters Foster Care

The Social Services Case Manager (SSCM) will:

1. Engage the birth family, child, caregivers and collateral contacts to obtain as much information as possible and develop a full picture of the child's needs. Inquire as to whether the child has any emotional or behavioral problems, or if anyone has observed any of the following:
 - a. Suicidal ideation, self-mutilating behaviors, and/or violence;
 - b. Substance abuse, addiction, or prenatal exposure to substances:
 - i. Does the child have any issues with substances? Which substances?
 - ii. Has an alcohol and substance use assessment been completed? Who completed it? Results?
 - iii. Has child been in substance use treatment or is currently in treatment? If so, where?
 - iv. Date of last drug screen.
 - c. Risky sexual behavior:
 - i. Is child sexually active or promiscuous?
 - ii. Is child using contraceptives? If so, which ones and who prescribed them?
 - iii. Has the child had any pregnancies? What happened?
 - iv. Does the child have any sexualized history? If so, what has been done to help them work through that?
 - v. Has the child ever been sexually abused?
 - vi. Has the child been treated for any sexual related health conditions?
 - d. Indicators of sex trafficking (see [Forms and Tools: Human Trafficking Case Management Statewide Protocol](#)).
 - e. Antisocial behavior;
 - f. Frequent or uncontrollable angry outbursts;
 - g. Excessive sadness and crying;
 - h. Withdrawal;
 - i. Lying or stealing;
 - j. Defiance;
 - k. Unusual eating habits, such as hoarding food or loss of appetite;
 - l. Sleep disturbances;
 - m. Changes in behavior at school, including truancy.
2. Collaborate with the Amerigroup CCT to ensure a child is referred for a trauma assessment

within 10 calendar days of entering foster care as part of the Comprehensive Child and Family Assessment (CCFA) in accordance with policy [10.10 Foster Care: Comprehensive Child and Family Assessment](#).

3. For any child identified by the CCFA or any other assessment as having behavioral health, serious medical or developmental needs:
 - a. Staff with the Social Services Supervisor and any other appropriate entities (e.g. Field Program Specialist, WPAC Unit, DFCS Care Coordination Treatment Unit). To the extent possible, the staffing should include the child's parent and current caregiver to discuss assessment results and recommendations.
 - b. Collaborate with the Amerigroup CCT to refer a child to a licensed behavioral health provider for a behavioral health assessment as needed.
 - i. Provide the evaluator sufficient background information on the child and family.
 - ii. Obtain written information on the child's diagnosis and recommended treatment.
 - iii. Ensure children receive the treatment necessary to meet their needs.
 - iv. Update the child's Health Log under the Person Tab in Georgia SHINES immediately, but no later than 72 hours after receipt.
 - c. Follow the procedures established in the DFCS Teaming and Efficiency and Quality in Placement Matching Protocol to secure the appropriate services to meet the children's needs.
 - d. Contact the WPAC Unit for assistance in meeting the needs of a child with moderate risk behavioral health needs within two business days of identifying the need. Submit requests for well-being support from the WPAC Unit to healthmatters@dhs.ga.gov.
 - e. Attend and participate in LIPT meetings:
 - i. Staff cases to ensure appropriate services are recommended;
 - ii. Review and modify, as needed, decisions about placement of children and adolescents in out-of-home treatment or placement;
 - iii. Monitor each child's progress.
4. Actively monitor a child's in-patient treatment:
 - a. If possible, provide the in-patient treatment facility the Foster Care Individual Child Medication Log at admission;
 - b. Develop a reintegration plan shortly after a child's admission into a treatment program;
 - c. Review the individual plan for the child or adolescent and amend the plan if necessary;
 - d. Ensure services are provided in the least restrictive setting and facilitate prompt return to the home setting when possible.
5. Provide medical and behavioral health information to the child's caregiver.
6. Update the child's Health Log, Case Plan and Log of Contacts in Georgia SHINES reflect monitoring of any behavioral health referrals and of the child's progress in responding to the services provided.

Child is Prescribed Psychotropic Medication

The SSCM will:

1. Review the Authorization of Psychotropic Medication for Children in Foster Care submitted by the prescribing physician.
 - a. Contact the prescriber, if additional information is needed.
 - b. Have a discussion with the parent, child and caregiver regarding the use of psychotropic medication (see Practice Guidance: [Psychotropic Medication](#)).
2. Obtain the County Director's decision to grant or deny consent and notify the prescribing physician of the decision within two business days of the request from the prescriber. If the County Director is unavailable, obtain consent from the Region Director.
 - a. When children are receiving in-patient treatment (e.g. Crisis Stabilization Unit, Psychiatric Residential Treatment Facility), the consent decision is to be provided within 24 hours of the request from the facility.
 - b. A medication consult may be needed with Amerigroup before the decision to grant or deny consent can be made.
 - c. If it is not possible to obtain written informed consent prior to starting psychotropic medication, verbal consent may be obtained from the DFCS County Director/Region Director. However, the Authorization of Psychotropic Medication for Children in Foster Care must be received by the DFCS County Director/Region Director and provided to prescribing physician no later than the next business day following the verbal consent.



Informed consent is not required when dealing with emergency circumstances such as suicidal ideation, severe psychosis, self-injurious behavior, physical aggression that is dangerous to self or others, or severe impulsivity that endangers self or others. Also, if psychotropic medications were initiated on an outpatient basis and the physician determines that withholding any medication can be detrimental to the patient's health.

3. If consent is granted:
 - a. Scan completed/signed consent to the prescriber.
 - b. Notify the parent, child and foster caregiver that consent was granted.
 - c. Upload the consent form into Georgia SHINES External Documentation.
 - d. Ensure the prescription is filled.
 - e. Update the child's Health Log under the Person tab in Georgia SHINES.
4. If consent is not granted:
 - a. Inform the prescriber of the decision by scanning the consent form with an explanation.
 - b. Notify the parent, child and caregiver of the decision/reason and direct the caregiver to destroy the prescription slip.
 - c. Work with the prescriber, parent, child and caregiver to establish an alternative treatment plan to address the needs of the child.
 - d. Upload the consent denial into Georgia SHINES External Documentation.

5. Ensure the child's caregiver understands the requirements below and agrees to:
 - a. Notify any prescriber of DFCS guidelines regarding consent.
 - b. Take the medication consent documents received from DFCS to all the child's behavioral health appointments.
 - c. Delay filling new prescriptions until consent is given by DFCS.
 - d. Follow DFCS guidelines regarding the administration of psychotropic medications.
 - e. Complete and continually update the Foster Care Individual Child Medication Log so that it always remains accurate and current. A Medication Administration Record (MAR) may be used by a Child Caring Institution (CCI) or Child Placing Agency (CPA) and is an appropriate substitute.

Ongoing Basis

The SSCM will:

1. Conduct at least one collateral contact with behavioral health providers each month to confirm that treatment is being provided and to obtain regular updates on the child's condition. This is applicable for children with behavioral health conditions requiring ongoing, regular care (see policy [19.16 Case Management: Collateral Contacts](#)).
 - a. Request therapy notes from the provider following each visit.
 - b. Obtain written information on the child's diagnosis, treatment, medications, etc. and enter it in the child's Health Information page under the Person Tab in Georgia SHINES.
 - c. Notify the DFCS Care Coordination Treatment Unit if there are problems obtaining notes from treatment providers.
2. Collaborate with the Amerigroup CCT to follow through with recommendations made by behavioral health providers within five business days for non-emergency issues.
 - a. Emergency issues require immediate follow up.
 - b. Notify the DFCS Care Coordination Treatment Unit of issues with collaborating with the CCT.
3. Discuss and review the medication log maintained by the caregiver during purposeful contacts with the child (when age and developmentally appropriate) and caregiver.
4. Consult with the child's parents, the child, and the caregivers regarding any concerns they have with any medication prescribed to the child. Document their responses.
5. Share the child's medical and behavioral health information with the caregiver and document that it was shared.
6. Ensure the following information for each child is current and present in Georgia SHINES:
 - a. List of all prescribed medications;
 - b. Authorization of Psychotropic Medication for Children in Foster Care (i.e. any existing forms authorizing the use of psychotropic medication signed by the County Director);
 - c. Current trauma assessment, psychological evaluation or other behavioral health assessments;
 - d. Documents related to behavioral health referrals;

- e. Therapy notes from treatment providers.
7. Inform the DFCS Care Coordination Treatment Unit or WPAC Unit of any Permanency Roundtables or staffing held for children with complex behavioral health needs and provide access to case information.

Practice Guidance

Psychotropic Medication

Psychotropic medications are drugs that affect the central nervous system by changing how the brain processes information. They can alter a person's mood, thoughts, perceptions, emotions and behaviors. It is important to remember that although medications can play a role in treating several behavioral health disorders and conditions, treatment may also include psychotherapy (also called "talk therapy") and brain stimulation therapies (less common). In some cases, psychotherapy alone may be the best treatment option. Choosing the right treatment plan should be based on a person's individual needs and medical situation. Treatment should always be provided under the care of a licensed behavioral health professional.

When children enter care with behavioral health needs that warrant the use of psychotropic medication, the parents are usually aware of the child's condition. Nevertheless, there should be a discussion with them as well as the child and the caregiver prior to authorizing the use of psychotropic medication for a child in DFCS custody. Even though DFCS may have the legal authority to authorize the use of psychotropic medication as part of a child's treatment plan, having the support of the parent, child and caregiver will contribute to the success of the treatment plan. Since there may be strong feelings for or against the use of psychotropic medication, skill must be exercised to build a consensus. If no consensus can be reached, respectfully inform all parties that DFCS must take the course of action determined to be in the best interest of the child.

When children are in a Crisis Stabilization Unit (CSU) or Psychiatric Residential Treatment Facility (PRTF), decisions regarding consent for the use of psychotropic medication must be made very quickly to avoid impeding a child's treatment. Therefore, consent should not be delayed by an inability to locate a parent or an inability to build a consensus with the parent, child and foster caregiver. Ideally, the discussion with the parent, child and caregiver should occur before the child requires in-patient treatment.

Behavioral Health Assessments

When a child enters foster care, it is extremely important to assess the child's psychological and behavioral health needs. There are various types of behavioral health assessments including Trauma Assessments, Psychological Evaluations, Psychiatric Evaluations, Psychosocial Evaluations, Substance Abuse Evaluation, etc. Each of these assessments must be completed by a licensed behavioral health provider. The Trauma Assessment serves as the baseline assessment for children five years or older entering foster care and can help identify whether other types of assessments are appropriate to meet the needs of a child.

Trauma Assessment

Trauma can affect many aspects of a child's life and may lead to secondary problems that negatively impact safety, permanency, and well-being (e.g., peer relationships, problems in school,

health related problems). The Administration for Children and Families (ACF), a federal agency in the Department of Health and Human Services, has informed state child welfare agencies of the need to implement trauma-focused screening, assessment and treatment for children in foster care. The emotional well-being of our children is of the utmost importance and is directly correlated to their ongoing safety and success of permanency plans. The trauma assessment identifies all forms of traumatic events experienced directly or witnessed by a child to determine the best type of treatment for that specific child. In addition to the trauma history, trauma-specific evidence-based clinical tools assist in identifying the types and severity of symptoms the child is experiencing. Examples of evidence-based, trauma-specific clinical tools include:

1. UCLA PTSD Index for DSM-V
2. Trauma Symptom Checklist for Children (TSCC)
3. Trauma Symptom Checklist for Young Children (TSCYC)
4. Child Sexual Behavior Inventory

The trauma assessment must provide recommendations and actions to be taken by DFCS to coordinate services and meet a child's needs. Behavioral health providers who conduct a trauma assessment will provide a report which includes:

1. Trauma history, which informs the agency of information concerning any trauma the child may have experienced or been exposed to, as well as how they have coped with the trauma in the past and present
2. A standardized trauma screening tool
3. Summary and recommendations for treatment (if needed)

The inclusion of a trauma assessment as part of the CCFA does not mean there will not be situations in which other specialized assessment (e.g., psychological evaluations, psycho-sexual evaluations, psychiatric evaluations, neuropsychological evaluations, substance abuse assessments, psycho-educational evaluations, etc.) will be warranted. The decision to refer a child for additional assessments must be made on a case-by-case basis in coordination with the CCT after an overall assessment of the child's needs has been completed. If it is determined that a psychological evaluation is needed, prior authorization must be obtained from Amerigroup for Medicaid to pay for it.

Psychological and Neuropsychological Evaluation

Psychological evaluations are not required for every child who enters care. However, the results of the trauma assessment may recommend a psychological evaluation. If so, the SSCM should collaborate with the Amerigroup CCT to refer a child to a licensed psychologist in-network. Amerigroup must provide prior authorization for any psychological evaluation; otherwise, Medicaid cannot be used to pay for the evaluation. Amerigroup will evaluate the medical necessity for the psychological evaluation based on the needs of the child and information already available. The Amerigroup CCT will coordinate any evaluation deemed necessary. For 24 Hour Emergency Assistance regarding behavioral health or addictive disease services, call 1-800-715-4225.

DFCS Care Coordination Treatment Unit

The DFCS Care Coordination Treatment Unit, formerly known as Placement Resource Operations

(PRO), is one of eight units under the Placement and Permanency Section of DFCS. Requests for clinical services from the DFCS Care Coordination Treatment Unit may be submitted to cctu.support@dhs.ga.gov. The goals of the unit include:

1. Assisting DFCS youth with severe emotional disorders, developmental disabilities, intellectual disabilities, medical complexities, and/or addictive diseases, with gaining access to an appropriate system of care in their communities, ensuring that they have access to appropriate therapeutic and placement services;
2. Coordinating appropriate services for youth who will be discharged from a Psychiatric Residential Treatment Facility (PRTF) or Crisis Stabilization Unit (CSU) and returning to the community; and
3. Partnering with agencies to facilitate effective referral and screening processes that will ensure continuity of care.

Target Populations

1. RBWO Program Designation children/youth: MWO-SMFWO
2. Severe Medically Complex
3. Substance Abuse & Human Trafficking (CSEC)
4. Specialized cases (populations) requiring out of state placement for treatment purposes, hoteling, 5+ placement disruptions and prevention cases
5. PRTF & Acute Hospitalizations
6. Emerging Dependent Adults 18-21 years old with I/DD, Severe MH, BH concerns

Behavioral Support Specialists

Behavioral Support Specialists within the DFCS Care Coordination Treatment Unit provide oversight and consultation for behavioral management issues for children in DFCS custody. They help DFCS field staff identify appropriate placement resources for children categorized as high-end with complex needs. They also provide additional support and oversight to RBWO providers to ensure that children are benefitting from therapeutic interventions and moving towards less restrictive placements

Therapeutic Support Specialists

Therapeutic Support Specialists within the DFCS Care Coordination Treatment Unit provide intensive practice guidance and consultation to field staff on cases that require a meticulous level of insight to navigate the complexities within our state systems, policies and regulations. These specialists are responsible for immediate and on-going assessment of medical necessity, treatment and discharge planning of inpatient admissions to a PRTF, CSU or other acute inpatient behavioral or physical health facility.

Wellness, Programming, Assessment, and Consultation (WPAC) Unit

The WPAC Unit provides practice support, consultation and quality monitoring of physical and moderate^[4] behavioral health needs of children and youth in foster care. Specific functions of intensive support and monitoring include:

1. Training and consultation;
2. Performance monitoring;
3. Reviews, assessment and programmatic recommendations;
4. Data tracking and trend analysis;
5. Coordination and partnering during case staffing and case planning; and
6. Strategic coordination with community partners.

Local Interagency Planning Team (LIPT)

A LIPT should be established on behalf of children in each community. The team may be single or multi-county teams depending upon the size of the community and geographic availability of needed resources. The purpose for the development of the LIPT is to improve and facilitate the coordination of services to children with severe emotional disorders (SEDs) and addictive disease. LIPTs have the following goals:

1. To assure children with severe emotional disorders (SEDs) and addictive disease (ADs), and their families, have access to a system of care in their geographic area;
2. To assure the provision of an array of community therapeutic and placement services;
3. To decrease fragmentation and duplication of services and maximize the utilization of all available resources in providing needed services; and
4. To facilitate effective referral and screening systems that will assure children have access to the services they need to lead productive lives.

Georgia law requires permanent membership of the LIPT to include a local representative from each of the following agencies:

1. Department of Behavioral Health and Developmental Disabilities (DBHDD);
2. Division of Family and Children Services (DFCS);
3. The Department of Juvenile Justice (DJJ);
4. The Department of Public Health (DPH);
5. Georgia Vocational Rehabilitation Agency (GVRA);
6. Local education agency (i.e., Public schools' representative).

In addition to the permanent members, the local interagency committee reviewing the case of a child or adolescent may include, as ad hoc members, the special education administrator of the school district serving the child or adolescent, the parents of the child or adolescent, and caseworkers from any involved agencies.

High Risk: Behavioral Health

“High risk” youth regarding behavioral health are those who have been designated as having a severe emotional disturbance or substance use/abuse. This would include:

1. A condition of severe emotional disturbance

- a. A mental or emotional disturbance listed in the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM V);
 - b. Adult diagnostic categories appropriate for children and adolescents:
 - i. Substance related disorders;
 - ii. Schizophrenia and other psychotic disorders;
 - iii. Mood disorders;
 - iv. Anxiety disorders;
 - v. Somatoform disorders;
 - vi. Dissociative disorders;
 - vii. Sexual and gender identity disorders;
 - viii. Impulse control disorders;
 - ix. Adjustment disorders;
 - x. Personality disorders.
 - c. Disorders usually first evident in infancy;
 - d. Childhood and adolescence disorders (including pervasive development disorders);
 - e. Attention Deficit and disruptive behavior disorders;
 - f. Tic disorders;
 - g. Stereotypic movement disorder;
 - h. Feeding and eating disorders;
 - i. Separation anxiety disorder;
 - j. Selective mutism and reactive attachment disorder.
2. Functional Symptoms and Impairment:
- a. Psychotic symptoms; Serious mental illness (e.g., schizophrenia) characterized by defective or lost contact with reality, often with hallucinations or delusions;
 - b. Danger to self, other and property because of emotional disturbance: The individual is self-destructive (e.g., at risk for suicide, runaway, promiscuity, and/or at risk for causing injury to persons or significant damage to property).
3. Functional Impairment in two of the following capacities (compared with expected developmental level):
- a. **Self-care** - manifested by a person's consistent inability to take care of personal grooming, hygiene, clothes, and meeting of nutritional needs;
 - b. **Community** - manifested by a consistent lack of age appropriate behavioral controls, decision making and judgment, or involvement in the juvenile justice system;
 - c. **Social Relationships** - manifested by the consistent inability to develop and maintain satisfactory relationships with peers and adults;
 - d. **Family** - manifested by a pattern of significantly disruptive behavior exemplified by repeated and/or unprovoked violence to siblings and/or parents, disregard for the safety and

welfare or self or others (e.g., fire setting, serious and chronic destructiveness, inability to conform to reasonable limitations and expectations, which may result in removal from the family or its equivalent);

e. School and/or work:

- i. Inability to pursue educational goals in a normal time frame (e.g., consistently failing grades, repeated truancy, expulsion, property damage, or violence towards others);
- ii. Inability to remain consistently employed at a self-sustaining level (e.g., inability to conform to work schedule, poor relationships with supervisor and other workers, hostile behavior on the job).

Moderate Risk: Behavioral Health

About one fourth of youth between 10-17 years of age fall into the “moderate risk” category regarding behavioral health. They tend to be experimenters. They commit minor delinquent offenses and occasionally use illicit substances, but not hard drugs. They may also be one year behind in school.

Low Risk: Behavioral Health

About half of all young people fall into the “low risk” category regarding behavioral health. They do not commit any serious delinquent acts, do not use illicit substances, and are not yet sexually active. A small portion occasionally drink alcohol and a few are a year behind in school because of their birth dates or for developmental reasons. However, their risk for any significant negative consequences is minimal.

Hospitalization

When children require short-term, specialized hospitalization services to manage critical or immediate behavioral health needs, it is extremely important that DFCS staff is available and responsive to the hospital and treatment staff providing care to the children. In some cases, family members are not available to participate in treatment and support activities. Consequently, DFCS has the responsibility to fill in the gaps and ensure full engagement in the treatment process. Hospitals are places where children go to receive treatment and must not be viewed as foster care placements. Therefore, discharge planning should begin as soon as a child is admitted to a hospital or treatment facility. DFCS must ensure an appropriate placement option is available upon the child’s release from the hospital so that the transition from the treatment facility to the placement occurs as smoothly as possible. Regardless of what day or time the discharge is scheduled to occur, a child should not be left in a hospital or facility after their treatment needs have been met.

Georgia Families 360

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

tive care screenings, and timely assessments. It also seeks to ensure medical providers adhere to clinical practice guidelines and evidence-based medicine.

Amerigroup Care Coordination Team (CCT) and Care Managers


Each Georgia Families 360 member is assigned to a regional Care Coordination Team with a specified Care Manager. The Amerigroup CCT members are Masters level staff, most whom hold a professional license to practice in their respective field. The Amerigroup CCT completes a Health Risk Screening (HRS) on youth in care to identify medical and/or behavioral health needs. It ensures each child is assigned to a behavioral health services provider as needed. The Amerigroup CCT is responsible for coordinating the health components of the Comprehensive Child and Family Assessment (CCFA), including the initial physical, dental, and trauma assessment.

Care Managers are the primary partner of the SSCM for identifying and making referrals for needed services. Care Managers ensure each youth has an individualized care plan that addresses both physical and behavioral health needs. They work with community agencies to ensure appropriate services are provided. Any services not authorized by the Amerigroup CCT will not be paid for out of Medicaid. Therefore, it is imperative that all behavioral health and developmental care be coordinated with the Amerigroup CCT to avoid any uncovered expenses. If a child is ineligible for Medicaid, then the Department of Behavioral Health and Developmental Disabilities (DBHDD) will provide behavioral health services to the child.

Forms and Tools

- [Authorization of Psychotropic Medication for Children in Foster Care](#)
- [DFCS Teaming for Efficiency and Quality in Placement Matching Protocol](#)
- [Foster Care Individual Child Medication Log](#)
- [Guidelines for Psychotropic Medication Use on Children in Foster Care](#)
- [Human Trafficking Case Management Statewide Protocol](#)
- [Local Interagency Planning Teams \(LIPT\) Teams - Handbook](#)
- [Psychotropic Medication Management - Consent Process Flow Chart](#)
- [Psychotropic Medication Usage Parameters for Foster Children - Amerigroup](#)

10.13 Educational Needs

	Georgia Division of Family and Children Services		
	Child Welfare Policy Manual		
	Chapter:	(10) Foster Care	
	Policy Title:	Educational Needs	
	Policy Number:	10.13	Previous Policy Number(s):
Effective Date:	March 2022	Manual Transmittal:	2022-02

Codes/References

- O.C.G.A. § 20-2-690.1
- Title IV-E of the Social Security Act Sections 471(a)(30) and 475(5)(D)

Every Student Succeeds Act of 2015 (P.L. 114-95)

Fostering Connections to Success and Increasing Adoptions Act [FCA] of 2008 (P.L. 110-351)

Child and Family Services Improvement and Innovation Act of 2011

Individuals with Disabilities Education Act of 2004 (IDEA)

McKinney-Vento Homeless Assistance Act


Healthy, Hunger Free Kids Act of 2010

Non-Regulatory Guidance: Ensuring Educational Stability for Children in Foster Care

Requirements

The Division of Family and Children Services (DFCS) will:

1. *Ensure educational stability for children in foster care from five years of age up until their 18th birthday, including:*
 - a. Developing an Educational Stability plan
 - b. *Assuring each placement of a child in foster care considers the appropriateness of the current educational setting and proximity to the school in which the child is enrolled at the time of placement or subsequent placement change. There are no exceptions to the requirement regarding appropriateness of the educational setting for each child in foster care.*
 - i. A Best Interest Determination (BID) shall be conducted within Georgia SHINES using the incorporated BID questionnaire.
 - ii. Written notice shall be provided to the child's school when a child enters/re-enters foster care or changes foster care placements confirming the child is in DFCS custody and providing placement information.
 - c. *Coordinating with the appropriate local educational agency to ensure that all children remain in the same school they were attending at the time of removal and at any subsequent placement change. This includes providing transportation to and from the school of origin.*

 Foster care maintenance payments now include transportation costs for educational stability (see Practice Guide: Ensuring Education Stability for Children in Foster Care Field in policy [9.1 Eligibility: Foster Care Maintenance Payments](#)).
 - d. *Immediately enrolling each child in an appropriate new school and arranging for immediate transfer of the child's educational records to the new school, when remaining at the same school is not in the best interest of the child. A child must not have a break in school attendance due to entry/re-entry into foster care or a placement move.*
 - e. *Exploring all transportation options available to maintain a child in their current school placement (e.g., foster parent, school district, private provider, etc.). Staff shall utilize the DFCS Educational Stability Checklist, the Educational Stability Field Practice Guide, and Educational Stability Transportation Funding Request Protocol for more information and guidance. Refer to the [Field Fiscal Services COSTAR Manual, Section 3006 Support Services 511 Comprehensive Child and Family Assessment](#) for guidance regarding funding.*
 - f. Connecting a child to available afterschool programs within their school or local area (where applicable). If programs are not available within the child's school, contact the DFCS Afterschool Care Program to see if any DFCS funded afterschool programs are available in the child's local area.

2. Ensure children from five years of age up until their 18th birthday receive an educational assessment and consultation via the DFCS Educational Programming, Assessment and Consultation (EPAC) Unit within 30 calendar days of entering foster care.
3. *Ensure children in foster care from five years of age up until their 18th birthday are enrolled as full time elementary or secondary students or have completed secondary school.* (DFCS requirements are above the minimum age requirements for compulsory school attendance in Georgia). *Elementary and secondary educational services may be obtained through one of the following means:*
 - a. *Public school which provides elementary or secondary education in the community in which the child resides. If the school system determines it is unable to meet the educational needs of a child, the school system must provide an alternative means for the child to obtain an education.*
 - b. *Home school providing elementary or secondary education, if in accordance with Georgia's home school statutes, and if **pre-approved** by EPAC.*
 - c. *Independent study elementary or secondary education program in accordance with Georgia law or other jurisdiction in which the program is located, which is administered by the local school or school district.*
 - d. *On-campus school (that meets Georgia Department of Education requirements) at any residential facility in which the child resides.*
 - e. *Private school:*
 - i. The private school must be approved by DFCS.
 - ii. The cost of attending private school must not be incurred by DFCS.
 - f. *General Educational Development Diploma (GED):*
 - i. The GED must be obtained in accordance with the policies and procedures of the Technical College System of Georgia.
 - ii. The cost of GED preparation or testing must not be incurred by DFCS unless available resources are identified.
4. *Coordinate with the local educational agency to ensure each child in foster care who is incapable of attending school on a full-time basis due to a medical condition (whose incapability is supported by regular updated information in the case plan) receives the appropriate educational services to meet their needs.*
5. Coordinate with the local educational agency to ensure children/youth with cognitive, emotional, or physical challenges that prevent them from fully benefitting from a regular school program are provided with appropriate educational services and resources.
6. Identify youth that meet the definition of “homeless” under the McKinney-Vento Homeless Assistance Act and refer them to the local educational agency McKinney-Vento Homeless Assistance Act Liaison to ensure they receive services for which they may qualify under the McKinney-Vento Homeless Assistance Act.
7. Use the Georgia Department of Education’s Statewide Longitudinal Data System (SLDS) and the Parent Portal to obtain education data on children in foster care, including enrollments, withdrawals, attendance, course grades, test scores, and other relevant educational information.
8. Minimize the number of school absences a child experiences due to court or treatment related

appointments and contact the child's school to seek excused absences when such appointments occur. This includes court appearances, court-mandated appointments, and medical appointments that cannot be scheduled outside of school hours.

9. Maintain ongoing contact with each child's school to ensure the educational services being provided are appropriate and to monitor each child's academic performance, attendance, and conduct.
10. Ensure youth above the age of compulsory school attendance (age 16 or above) and interested in pursuing a GED rather than a high school diploma are referred to EPAC for of the most appropriate educational program (see Practice Guidance: [High School Diploma vs. GED](#)).
11. *Ensure a child's education records are reviewed and updated. At the time of placement, a copy of the records shall be supplied to the foster parent or foster care provider with whom the child is placed.*
12. *Ensure a child's education records are provided to the child, at no cost, at the time the child leaves foster care, if the child is leaving foster care by reason of having attained the age of majority under State law.*

Procedures

Child Enters/Re-enters Foster Care or Changes Foster Care Placements


The SSCM will:

1. Collaborate with the Social Service Supervisor, EPAC Education Support Monitor, and the local educational agency to make a best interest determination regarding a child remaining in the same school the child was attending and complete the Best Interest Determination in Georgia SHINES (see Practice Guidance: [Best Interest Determination](#)).
2. Provide the Education Notification Form to the child's school within one business day of a child's initial entry/re-entry into foster care or placement change to provide the following information:
 - a. Confirmation of DFCS placement authority;
 - b. New caregiver information;
 - c. Emergency contacts;
 - d. Individuals authorized to act on behalf of the child and DFCS (e.g., SSCM, Supervisor, etc.);
 - e. Name and contact information of the Education Support Monitor, if known at that time;
 - f. Guidelines regarding discipline for children in foster care (see policy [14.20 Resource Development: Discipline and Behavior Management](#)); and
 - g. Reminder to school personnel to keep matters pertaining to the child confidential.
3. Arrange for school-age children to continue in the same school they were attending prior to entering foster care or changing placements, except when it is not in the best interest of the child.



If a placement cannot be located within the same school district, discuss with the caregiver the need to transport the child to his/her home school. Make other arrangements for

transportation when there are extenuating circumstances, and the caregiver cannot provide the transportation (see Educational Stability Practice Guide).

4. If it is not in the best interest of a child to remain in the home school, document the following in the case plan for court approval:
 - a. A statement that it is not in the best interest of the child to remain in the same school at removal or placement change;
 - b. A description of the supporting circumstances, which may include documentation of:
 - i. Safety and/or well-being concerns (e.g., familial, or community-based issues of violence, maltreatment, etc.);
 - ii. Reason(s) the child’s previous educational setting was not appropriate to meet the child’s needs;
 - iii. A child’s need for a specialized placement based on identified needs such as mental health, medical issues, substance abuse issues, etc.);
 -  Documentation from a licensed medical or clinical professional is required.
 - iv. The placement decision being based on securing permanency for the child, reuniting the child with siblings, or securing an appropriate relative placement or permanency resource for the child;
 - v. The child being placed out of the state.
 - c. An assurance that DFCS and the local educational agency have cooperated to assure the immediate and appropriate enrollment in the new school and that all educational records have been provided or transferred within 10 business days;
 - d. An assurance that the appropriateness of the child’s educational setting has been considered based on information included in the EPAC Educational Assessment and Educational Stability Plan for the child.
5. If it is determined that the child qualifies as “homeless” under the McKinney-Vento Homeless Assistance Act, collaborate with the local educational agency for assistance with keeping students in their school of origin and ensuring they receive all related services for which they are eligible.
 - a. All youth in foster care may not be identified as “homeless” based on their circumstances.
 - b. For cases involving Unaccompanied Homeless Youth who are in foster care:
 - i. Once a child enters care, their personal information and education status must be entered into the Georgia SHINES system on the Person Detail and Education Detail pages. Once the pages are complete an Education Stability Plan (ESP) will be populated within Georgia SHINES for completion by the Social Services Case Manager (SSCM) and in partnership with the child’s caregiver, school support team representative(s) and the assigned EPAC Education Support Monitor and/or EPAC Education Specialist.
 - ii. Case Managers should proactively consult with their regional Education Support Monitor regarding all educational issues including, but not limited to: Individualized Education Plans (IEPs), 504 Plans, Response to Interventions (RTI), Tribunals, Disciplinary Issues, etc.

- iii. Case Managers should contact EPAC or their local county's Georgia Department of Education's Point of Contact (POC) immediately regarding any situation that could result in a disruption of the educational stability of a youth in foster care.
6. Meet with the child's teacher, counselor, parent, placement resource, assigned Education Support Monitor or other EPAC authorized representative (as needed) within 10 business days of a child's entry/re-entry into foster care or change of schools. If the EPAC representative cannot attend the meeting, the SSCM must consult with EPAC prior to the meeting. At a minimum, the following should be discussed at the meeting:
 - a. Child's education strengths and needs;
 - b. Child's Georgia Testing Identification Number (GTID);
 - c. Access to the Parent Portal for the parent, placement resource, and SSCM;
 - d. Any special educational services or other applicable accommodations such as:
 - i. An Individualized Education Plan (IEP);
 - ii. An educational surrogate appointed by the local school to assume parental rights (under special education regulations) in order to protect the student's rights.
 - e. Contact information for the caregiver, DFCS Case Manager, RBWO provider (if applicable), EPAC Education Support Monitor, etc.
 - f. Who the school should notify in case of emergency, teacher conferences, etc.
 - g. Events that may require the child's absence from school (e.g., court hearings, Judicial Citizen's Panel Reviews, medical/psychological evaluations). Discuss whether absences related to court are considered excused absences, acceptable documentation for validating absences, the time frame for submission of such documentation, and the procedure for making up any assignments the child has missed;
 - h. Guidelines regarding discipline for a child in foster care;
 - i. Transportation needs for the child (especially if child is placed out of the school zone or district). This includes what specific transportation support can be provided by the school, DFCS and caregiver (see Practice Guidance: [Transportation Needs](#));
 - j. Services available to a child who meets requirements for services under the McKinney Vento Act (if applicable);
 - k. Enrollment of the child in the National School Lunch Program, if not yet enrolled.
7. When a child must change schools:
 - a. Discuss with the child why the change is necessary and allow the child time to say goodbye to friends at the old school (when appropriate). As appropriate, allow the child to maintain significant relationships with friends, teachers, counselors, etc. from the old school.
 - b. Enlist the assistance of the Education Support Monitor (as needed) with the school transfer process to ensure the following:
 - i. The child is immediately enrolled in the new school without any break in school attendance (i.e., absences) due to entry/re-entry into foster care or a change in placement. When possible, arrange for the child to have a tour of the new school before his/her first day.

- ii. All necessary educational records are transferred to the new school within 10 calendar days of the request for transfer.
 1. Discuss with the sending school its process for transferring the child's records to the receiving school (i.e., who will be doing it and how long it will take); and
 2. Confirm with the receiving school that the child will be able to enroll even if the child is unable to produce records normally required for enrollment. Verify with the receiving school that all necessary records, transcripts and supporting educational information have been received.
 - iii. The school provides the following information at the time of enrollment:
 1. Student Handbook;
 2. Student discipline policy;
 3. School fees policy;
 4. School contact information;
 5. School calendar;
 6. Special education rights and procedural safeguards (special education students only).
 - iv. The child is enrolled in the National School Lunch Program;
 - v. The school makes every effort possible to minimize the loss of credits earned at the youth's last school when completing the class schedule;
 - vi. The Education Tab in Georgia SHINES is updated with the child's school information, educational assessments, etc.
 - vii. Educational assessments are provided to the CCFA provider (if school transfer occurs prior to completion of the CCFA).
8. Access the Georgia Department of Education's Statewide Longitudinal Data System (SLDS) using each child's Georgia Testing Identification Number.
 - a. Review the information on the student level education access page in the SLDS;
 - b. Extract and upload data such as longitudinal attendance and unofficial transcripts into external documents in Georgia SHINES;
 - c. Update the Education Detail Page in Georgia SHINES with current and accurate data.
 9. Submit the Non-Traditional Education Approval Form to EPAC for approval of alternate schooling options, if applicable.
 10. Document considerations regarding the child's educational setting, decisions, contacts with school officials and EPAC, child's advancement to the next grade, graduation, etc. and update the Education Detail page in Georgia SHINES within 72 hours.

The Education Support Monitor will:

1. Contact the SSCM and the placement resource to verify information, schedule an initial assessment, and ensure student records are in the file.
2. Conduct an educational assessment through the review of educational records such as the IEP, 504 Plan and Response to Intervention, consultation with school personnel, etc.

3. Validate the GTID and correctly identify children in DFCS custody who are attending Georgia schools.
4. Collaborate with the SSCM to complete part 3 of the student's Educational Stability Plan (ESP) within 30 calendar days of a child entering care as part of the initial case planning process and updated at intervals consistent with the Case Plan, but no later than every six months.



The ESP is to be developed jointly with the Education Support Monitor, the child's parent, placement resource, SSCM, and the local educational agency.


5. Collaborate with the Local Education Agency/School System and SSCM to monitor progress and quality of services provided to the child.
6. Notify the SSCM and other appropriate staff of changes and programmatic updates.
7. Monitor processes, reports, invoices, and other documentation while updating the child's ESP and determine if services should be modified or continued.
8. Address disputes regarding school placement and other issues according to the dispute resolution process established with the local education agency. Contact the regional Education Support Monitor for assistance with the dispute resolution process.
9. Address requests for non-traditional school enrollment such as home school, private school, or GED.

Throughout the Period Child Remains in Foster Care

The SSCM will:

1. Monitor the child's educational needs, progress and supports needed to be successful in school. This includes:
 - a. Regular contact with the school, including the child's teacher(s);
 - b. Regular discussions with the child's caregiver and parent (when appropriate) regarding the child's academic performance, attendance, and conduct
 - c. Regular discussions with the child's caregiver and parent (when appropriate) about the degree to which they are remaining actively involved in the child's education
 - i. Are the attending parent-teacher conferences?
 - ii. How often are they accessing the Parent Portal and reviewing the child's current school information?
 - d. Access the school's Parent Portal at least once each month for current school information (e.g., grades, progress reports, discipline reports, results of standardized tests, etc.);
 - e. Have ongoing discussions with the child regarding the child's educational needs and progress.
2. Consult with the Education Support Monitor regarding issues affecting a child's educational well-being or any situation that could result in a disruption of a child's educational setting, including actual placement disruption. This includes situations when a child:
 - a. Fails or scores below standard on one or more content areas of the required state administered standardized test for his/her grade level;

- b. In grades 11 or 12 fails any of the components of a test impacting eligibility for promotion or graduation;
 - c. Is preparing to take the state required state administered standardized test for his/her grade level or is preparing to take the make-up exam;
 - d. Is retained at least one grade level during primary or secondary school;
 - e. Has experienced more than one school transfer during the current academic year;
 - f. Receives multiple below average/unsatisfactory or failing progress reports within a semester;
 - g. Accrues excessive unexcused absences (five or more days) from school (occurring not because of illness or other justified reasons). Children are considered truant when, during the school calendar year, they have more than five days of unexcused absences;
 - h. Is suspended from school for more than three days or is suspended two or more times within a school year;
 - i. Is released from a Psychiatric Residential Treatment Facility (PRTF) within the past 90 days;
 - j. Is placed in a Child Caring Institution (CCI) and attends school onsite;
 - k. Commits a major school offense resulting in expulsion:
 - i. Report these events to the regional support network and the EPAC Unit for guidance regarding possible appeal.
 - ii. Work with the local educational agency and caregivers to secure alternative educational services for the child through a community agency.
 - l. Is in grade 12 (under 18 years of age), has identified academic deficiencies, and needs intensive academic support to exit care with at least a high school diploma; or is above the age of compulsory school attendance (16 years of age) and is interested in pursuing a GED rather than a high school diploma.
3. Attend and participate in the child's IEP meetings (where applicable).
- a. Provide parents advance notice of IEP meetings. If parents elect not to attend IEP meetings, they may wave their right through signature. If the whereabouts of parents are unknown, a diligent search is to be conducted (see policy [19.20 Case Management: Diligent Search](#)).
 - b. Encourage the placement resource to participate in IEP meetings as well.

 A placement resource can serve as an education surrogate (see Practice Guidance: [Educational Surrogate](#)).
 - c. Contact the Education Support Monitor for consultation prior to the meeting.
 - d. Ensure the school system provides an alternative means for the child to obtain educational services within the community of the school if the school has determined it is unable to meet the child's special needs.
 - e. Ensure there is an understanding and documentation of the following at the end of the IEP meeting:
 - i. The child's present level of academic performance;
 - ii. The reason(s) why the child is academically behind peers of the same age, if applicable;

- iii. The kind of services and/or classroom interventions the school will provide;
 - iv. The amount and frequency of services (e.g., two 45-minute sessions per week in a social skills group);
 - v. The person(s) who will be responsible for delivering the services;
 - vi. The timeframe for when the services will be initiated;
 - vii. Educational goals and objectives for the child;
 - viii. How the impact of the intervention will be measured and reported; and
 - ix. The next course of action if the intervention does not work.
- f. Upload a copy of the IEP to SHINES External Documentation.
4. Be proactive in avoiding school placement changes.
- a. Explore before/after school care that would make it possible for the placement resource to transport the child/youth to his/her home school.
 - b. Monitor children’s educational issues in their school to identify emerging academic and behavioral issues; work with the school staff to address them to prevent escalation. Collaborate with the EPAC staff for ongoing educational support for children through consultation, inclusion in Family Team Meetings, Student Support Teams (SST), etc.
 - c. Identify and address ongoing and emerging issues that may lead to placement disruptions.

Practice Guidance

Educational Stability for Children in Foster Care

Children and youth in foster care, like all other children and youth, need and deserve a positive school experience. It not only enhances their well-being, but also helps with their successful transition to adulthood. In addition, it increases their chances for personal fulfillment, economic self-sufficiency, and their ability to contribute to society. Research has shown that many children enter foster care already behind in school. In addition to the trauma of being removed from their homes, many of these children/youth experience frequent placement and school moves. Placement changes impact the child/youth’s school stability and increases their risk of falling further behind academically. To avoid this result, DFCS is committed to reducing school changes, which can be as traumatic as foster care placement.

For many children school is a haven for safety, consistency, nourishment, and encouragement. A new school means getting to know more strangers, acclimating to even more life changes, navigating new social norms and possible changes in grading standards, books, and expectations—all while dealing with the fact that they are in foster care. Placement without regard to the educational implications can mean that the child is unnecessarily negatively impacted by having to attend a new school. The Fostering Connections to Success and Increasing Adoptions Act of 2008 (FCA) requires that children who enter foster care remain in the same school they were attending prior to the removal. The Every Student Succeeds Act (ESSA) of 2015 requires State and local educational agencies to work with DFCS to ensure educational stability for children in foster care. Consequently, educational and child welfare agencies have a joint responsibility in this endeavor that requires consistent collaboration. Some considerations for county/regional leadership in supporting educational stability for children in care include but are not limited to:

1. What efforts are being made to keep children placed close to their home schools?
2. What efforts are being made to work with the local school districts to eliminate barriers to the child remaining in the same school if in the child’s best interest? For example, the county should work with the EPAC Education Support Monitor to:
 - a. Identify a county point person (liaison) to work directly with the schools to facilitate/address educational issues.
 - b. Identify the local homeless education liaison if the child qualifies as a “homeless” youth under the McKinney-Vento Homeless Assistance Act.
 - c. Develop an effective process for ensuring that a child remains in their school of origin.
 - d. Identify resources to provide transportation to the child’s home school.
 - e. Develop a process for how a child will be immediately enrolled with records transferred in cases where it is not in her best interest to remain in the same school.
 - f. Create an interagency workgroup to identify obstacles and develop processes.
3. Are there active ongoing recruitment and retention efforts to locate appropriate resource families and/or other foster care placements within the school jurisdictions or attendance areas from which children come into foster care, especially communities with higher incidents of Child Protective Services (CPS) reports, etc.?
4. Is the agency partnering with the local school districts to help recruit families?

Georgia courts have required the legislature to define what level of “basic education” will be provided to all students and to fund schools to provide this basic level of education. Local educational agencies cannot take away students’ right to education without providing them with an opportunity to dispute the removal from school. The SSCM must ensure children’s rights are protected. Local educational agencies must have a very good reason to justify the permanent or indefinite removal of a student from school.

Educational Programming, Assessment and Consultation Unit (EPAC)

The EPAC Unit provides comprehensive academic support services focusing on improving educational outcomes and the academic achievement of children in DFCS custody who are at least five years of age up until their 18th birthday. EPAC services are supported through Temporary Assistance for Needy Families (TANF) funding and are initiated through SSCM. Upon initial placement into foster care, children and youth are referred to EPAC for a comprehensive educational assessment and subsequently monitored for academic progress. Support regarding educational waivers is also provided, as needed. Education Support Monitors are assigned regionally to provide individualized case consultation, advocacy, and to assist case managers in linking children and youth to local education support services, while adhering to local school district policies and procedures. Additionally, EPAC is responsible for procuring educational services that include, but are not limited to, tutoring services. The following list outlines services provided through EPAC:

1. **Educational Assessment:** Each child/youth who is referred for EPAC services receives an initial educational assessment. This assessment is provided by a certified teacher or authorized representative. It provides a comprehensive review of the math and reading performance of the child/youth.
2. **Educational Consultation to Case Managers:** After a child/youth has received an initial educa-

tional assessment, the ESM assigned to the region will consult with the child/youth's case manager to develop an Educational Stability Plan based on the results derived from the assessment.

3. **Educational Consultation to Executive Staff:** EPAC will consult with DFCS County and Regional Directors and state office leadership to provide updates and consultation on the educational outcomes of youth served. These updates and consultations may assist in the development of educational policy and practice within the division and provide clarification and interpretation of local and state federal laws and statutes.
4. **Tutorial Services:** When community resources, supplemental educational services, and other educational entitlements have been exhausted, children/youth in need of remediation or academic support receive additional tutoring services provided by a certified teacher. These pre-selected teachers (tutors) are identified as Educational Specialists who have individually established contracts with DFCS.
5. **Individualized Education Plan (IEP) Development:** For children/youth in need of remediation and support services, the Education Support Monitor and case manager for that child/youth will work together to ensure that an Individualized Education Plan is developed for the child/youth (if needed). The Education Support Monitor will also work with the child/youth's local school system to ensure this plan meets their current educational goals and objectives.
6. **Advocacy:** The Education Support Monitor for each child/youth and the state office EPAC staff will work with local school systems and the Georgia Department of Education to ensure quality educational services are provided to youth in the custody of DFCS. Advocacy activities may range from helping to coordinate academic records for youth who have experienced multiple placements to helping develop an Individualized Education Plan for youth with identified special needs.
7. **Resource Coordination:** Each Education Support Monitor will maintain an Educational Resource Directory for their region(s). This directory will provide additional support resources for their youth who need additional assistance. These resources may include academic support services, community-based services and child and family services.

Best Interest Determination

When determining whether it is contrary to the child's best interest to remain in their home school during placement into foster care or placement changes, consider the following:

1. What historical and/or current information is available to make a best interest decision?
2. What was the recommendation from the EPAC Educational Stability Plan and/or Educational Stability Checklist regarding the assessed educational needs of the child and what educational setting is best to meet these needs?
3. Are there other needs (mental health, substance abuse, etc.) that cannot be met in the current setting and require a specialized placement setting?
4. Are there familial or community violence concerns that threaten the child's safety/well-being?
5. Is this a planned placement decision based on securing permanency for the child, reunification with siblings, placement with a fit and willing relative or an out of state placement?
6. Has the decision to move the child included a school transitioning plan?
7. Have the parent, caregiver, school representative, Education Support Monitor, etc. provided

input in the best interest determination?

8. Was the Education Support Monitor consulted prior to making a best interest determination at each change of placement?
9. Is there a clear procedure at the local level for resolving disputes regarding whether a school change is needed? Does the procedure address the following: written decisions, notice to parents, and what happens to the child pending resolution of the dispute?

Determining Appropriateness of an Educational Setting

The Fostering Connections to Success and Increasing Adoptions Act requires that the child's current educational setting be appropriate. Consider the following when assessing and determining appropriateness of the child's educational setting:

1. Does the child have special education or remedial education needs that can be supported in the current/prospective educational setting?
2. Does the child need a gifted educational program, or require advanced placement classes? If so, is the current/prospective educational setting able to meet such needs?
3. What documentation (reports, evaluations, assessments, etc.) is available to determine the appropriateness of the educational setting?
4. What input has been obtained from the parent, caregiver, teacher, or other school representative to assess appropriateness of the educational setting?
5. What is the parent/caregiver's perspective/involvement regarding the child's educational needs?
6. What efforts have been made to coordinate with the school/Department of Education?
7. Has the school made recommendations for meeting the child's needs in the current setting or for transitioning the child to a more appropriate setting?

High School Diploma vs. GED

Earning a high school diploma is the preferred certificate of secondary education completion for youth in care. Post-secondary education or training should be sought for those youth whose aptitudes and school records demonstrate they are willing and capable of benefitting from such educational opportunities.

General Educational Development (GED) tests are a group of five subject tests in science, mathematics, social studies, reading and writing. Successful passage of the tests certifies that the test taker has high school level academic skills. It allows those who will not or did not complete high school the opportunity to earn their high school equivalency credential. If pursuing a GED is recommended or if the child desires to pursue a GED, the SSCM, EPAC Education Support Monitor, Independent Living Specialist, youth, foster parent, relative caregiver, or other provider should meet to discuss whether it is in the child's best interest. To be considered for a GED program the following conditions must apply:

1. The program must be an approved/certified GED program.
2. The youth must be at least 16 years old and cannot graduate by age 21.

3. The youth has met all guidelines provided by local school districts and the Georgia Department of Education.

The final decision must be documented, in the child's case plan and Written Transitional Living Plan and include a vocational, employment or other next steps plan including timeline and milestones.

Transportation Needs

Transportation should not be a barrier to obtaining educational stability for children in foster care. Ensuring educational stability for children in care requires partnership and creative collaboration between DFCS staff, school officials and caregivers. The SSCM must enlist the assistance of the school and caregivers to provide for the child's transportation needs. "Just Ask." Ask the school social worker, the school principal, Local Education Agency/School System point of contact for foster care related issues, or other local educational agency officials what needs to happen to keep the child in the home school and what options are available for transportation. Also, discuss transportation expectations with caregivers during the placement matching process. Before a placement is made, the SSCM needs to know what support a caregiver is willing and able to provide regarding transportation. Refer to the Educational Stability Field Practice Guide, and Educational Stability Transportation Funding Request Protocol for assistance.

The McKinney-Vento Homeless Assistance Act

The McKinney-Vento Homeless Assistance Act is the primary piece of federal legislation that provides guidance on the education of children and youth experiencing homelessness in U.S. public schools. The Act ensures educational rights and protections for homeless children. Under the Act, State educational agencies must ensure that homeless children have equal access to the same free, appropriate education (including public preschool education) as other children.

The McKinney-Vento Homeless Assistance Act provides covered youth with the right to:

1. Remain in their school of origin until the end of any academic year, or for the duration of the youth's "homelessness," whichever is longer;
2. Receive transportation to their school of origin;
3. School placement decisions guided by the "best interest" of the youth with an aim to "continue the child's or youth's education in the school of origin" unless doing so is contrary to the wishes of the child or his/her parent or guardian;
4. Choose between the local school where they are living or the school where they were last enrolled;
5. Immediate enrollment in the new school even if records normally required for enrollment are absent such as proof of residency, immunizations, school records, or other documents;
6. Prompt transfer of school records when a child enters a new school district;
7. Receive various specified school services;
8. Be free from harassment and isolation;
9. Prompt resolution of any school placement disputes with ongoing enrollment in the school of origin pending resolution of those disputes.

Every school district is required to have a local homeless education liaison. Issues or concerns regarding the local liaisons should be referred to the State Coordinator for Homeless Education. For additional information, contact the EPAC unit.

504 Plans

The "504" refers to Section 504 of the Rehabilitation Act and the Americans with Disabilities Act, which specifies that no one with a disability can be excluded from participating in federally funded programs or activities, including elementary, secondary, or post-secondary schooling. "Disability" in this context refers to a "physical or mental impairment which substantially limits one or more major life activities." This can include physical impairments; illnesses or injuries; communicable diseases; chronic conditions like asthma, allergies, diabetes, and learning problems. A 504 plan specifies the modifications and accommodations that will be needed for these students to have an opportunity to perform at the same level as their peers, and might include such things as wheelchair ramps, blood sugar monitoring, an extra set of textbooks, a peanut-free lunch environment, home instruction, or a tape recorder or keyboard for taking notes.

Response to Intervention (RTI)

In education, response to intervention (RTI) is a method of academic intervention used in the United States to provide early, systematic assistance to children who are having difficulty learning. It was developed as an alternative to the ability-achievement "discrepancy model," which pertains to children who exhibit a discrepancy between their ability (often measured by IQ testing) and academic achievement (as measured by their grades and standardized testing). RTI seeks to prevent academic failure through early, increasingly intensive research-based interventions with frequent progress measurement. It is believed that students who do not respond favorably to universally effective interventions are more likely (than students who do) to have biologically based learning disabilities that require special education.

Individualized Education Plan (IEP)

An IEP is a written plan designed to meet the unique educational needs of a child who may have a disability, as defined by federal regulations. The IEP is developed, reviewed, and revised at a meeting of a team that includes school officials and parents. In all cases, the IEP must be tailored to the individual student's needs as identified by the IEP evaluation process and must especially help teachers and related service providers (such as paraprofessional educators) understand the student's disability and how the disability affects the learning process. The IEP should describe how the student learns, how the student best demonstrates that learning, and what teachers and service providers will do to help the student learn more effectively. When developing an IEP, it is important to assess students in all areas related to their known disabilities. Consideration should be given to the student's ability to access the general curriculum, how the disability affects the student's learning, developing goals and objectives that correspond to the needs of the student, and ultimately choosing a placement in the least restrictive environment possible for the student. If a student qualifies for special education, the IEP must be reviewed on an annual basis and updated over the student's primary educational years (i.e., up to the point of high school graduation, or prior to the 22nd birthday). The requirements for development and implementation of an IEP are found at 34 CFR §§300.320 through 300.324.

Educational Surrogate

An educational *surrogate parent* is a person appointed by a local school system to assume parental rights under the special education regulations in order to protect the student's rights. The SSCM may not serve as an educational surrogate. When appropriate, the birth parent may serve as the child's educational surrogate. DFCS will ensure that the foster parent or relative caregiver is aware of the benefits of serving as an educational surrogate to the child, and that the ongoing training required to serve as a surrogate parent is appropriate. If the foster parent or relative caregiver is unwilling or unable to serve as the surrogate, consider asking another foster parent or the local school system, if the birth parent is not appropriate.

Statewide Longitudinal Data System (SLDS)

The Georgia Department of Education's SLDS captures education data including enrollments, attendance, course grades, test scores, and other relevant educational information. DFCS social services staff and others have access to this information (through Georgia SHINES) for children and youth in foster care. This tool should be used to assist in case planning and service delivery. Each youth enrolled in a Georgia public school is assigned a Georgia Testing Identification Number, which is required to access each youth's student level educational access page. Georgia Testing Identification Numbers may be retrieved from the *person identifiers* section of the Person Detail Page in Georgia SHINES.

Parent Portal

The Parent Portal is a free online resource made available by local educational agencies to parents of students in grades K-12. The portal allows parents continuous, secure access to information about their children and their academic career (e.g., grades, attendance, discipline reports results of standardized tests, bus route, etc.). Parents may also email their child's teacher directly from the portal. In order to access the portal, a parent needs a computer or mobile device with internet access, a user ID and password. Only authorized users with a user ID and password have access to a student's records so this information should be kept confidential. Each local educational agency is unique, so the functionality of the Parent Portal may vary. One should contact his or her local educational agency to find out how to register for the Parent Portal and other details.

Forms and Tools

[The 504 Plan for Students with Disabilities](#)

[Education Notification Form For School Age Youth in Foster Care](#)

[Educational Stability Checklist to Assess Support Appropriateness of Educational Setting](#)

[Educational Stability Transportation Funding Request Protocol](#)

[Ensuring Educational Stability for Children in Foster Care Field Practice Guide](#)


[Education for Homeless Children and Youth Program](#)

[National Association for Education of Homeless Children and Youth](#)

[National Center for Homeless Education](#)

[Non-Traditional Education Approval Form](#)

10.14 Promoting Normalcy for Children in Foster Care

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(10) Foster Care		
	Policy Title:	Promoting Normalcy for Children in Foster Care		
	Policy Number:	10.14	Previous Policy Number(s):	N/A
	Effective Date:	November 2024	Manual Transmittal:	2024-09

Codes/References

O.C.G.A. § 49-5-8.1 Short-term Respite Care of Child in Foster Care; Reasonable and Prudent Parent Standard

Title IV-E of the Social Security Act Sections 471(a)(10), 471(a)(24), 475(10), and (11)

Public Law (PL) 113-183 Preventing Sex Trafficking and Strengthening Families Act of 2014

Requirements

The Division of Family and Children Services (DFCS) will:

1. Ensure each child in foster care has ongoing opportunities to engage in age and developmentally appropriate activities (i.e., extracurricular, enrichment, cultural, and social activities). This includes young adults 18 years of age and older participating in the extended foster care program. *The term age or developmentally appropriate means:*
 - a. *Activities or items that are generally accepted as suitable for children of the same chronological age or level of maturity or that are determined to be developmentally appropriate for a child based on the development of cognitive, emotional, physical, and behavioral capacities that are typical for an age or age group; and*
 - b. *In the case of a specific child, activities or items that are suitable for the child based on the developmental stages attained by the child with respect to cognitive, emotional, physical and behavioral capacities of the child.*
2. Actively encourage the input of parents regarding the type of activities in which they would like their children to participate and include parents in the decision making whenever possible.
3. *Allow caregivers to apply the reasonable and prudent parenting standard (RPPS) when determining whether to allow children in foster care under the responsibility of the state to participate in extracurricular, enrichment, cultural, and social activities.*
 - a. *In this context, 'caregiver' means a foster parent with whom a child in foster care has been placed or a designated official for a child caring institution (CCI) in which a child in foster care has been placed.*
 - b. *RPPS is defined as the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child.*
 - c. This includes activities such as clubs, school and community sports, school field trips, youth

group activities, service organizations, birthday parties, sleepovers, outings with peers, driver's education, in-state vacations with the caregiver's family or other families, summer and school break camps.

- d. This includes assessing and approving the plan of supervision for children and youth engaging in activities while not under the direct supervision or oversight of the caregiver.
- e. A caregiver's decisions regarding a child's participation in activities must not be contrary to a pre-existing court order or impact parent/child reunification activities such as visitation.



Major decisions that have a significant effect on the life of a child in foster care require approval from the County DFCS and/or juvenile court (see Practice Guidance: Exceptions to Caregiver Decision-Making).

- 4. *Ensure prospective foster and adoptive parents are adequately prepared with the appropriate knowledge and skills to provide for the needs of a child. As necessary, such preparation shall continue after placement of the child and includes knowledge and skills relating to the RPPS for the participation of the child in age or developmentally appropriate activities, including knowledge and skills relating to the developmental stages of the cognitive, emotional, physical, and behavioral capacities of a child and applying the standard to decisions such as whether to allow the child to engage in social, extracurricular, enrichment, cultural and social activities, including sports, field trips and overnight activities lasting one or more days and involving the signing of permission slips and arranging transportation for the child to and from extracurricular enrichment and social activities.*
- 5. *Ensure the standards for family foster home and CCIs permit use of the RPPS.*
 - a. *The standards so established are applied by the State to any foster family home or CCI receiving funds under Titles IV-E or IV-B.*
 - b. *The standards shall require, as a condition of each contract entered into by a CCI to provide foster care, the on-site presence of at least one official who, with respect to any child placed at the CCI, is designated to be the caregiver who is authorized to apply the RPPS to decisions involving the participation of the child in age or developmentally appropriate activities, and who is provided with training in how to use and apply the RPPS in the same manner as prospective foster parents are provided the training pursuant to paragraph 471(a)(24).*
- 6. *Ensure the standards for family foster homes and CCIs include policies related to the liability of foster parents and private entities under contract by the state involving the application of the RPPS to ensure appropriate liability for caregivers when a child participates in an approved activity and the caregiver approving the activity acts in accordance with the RPPS.*
- 7. Allow children in foster care the opportunity for spiritual development in accordance with the wishes of the children and their parent(s).
- 8. Require caregivers to keep records of a child's participation in activities and significant decisions and share them with the child's Social Services Case Manager (SSCM)/CPA staff during regular contacts.
- 9. Require caregivers to obtain written authorization before a child in DFCS custody travels outside of the State of Georgia or outside of the United States.
 - a. Written authorization may be granted by the child's parent(s) (if termination of parental rights has not occurred) and/or the Juvenile Court.

- b. Written authorization may be granted by the Division Director/Deputy Commissioner, Child Welfare if the child is in the permanent custody of DFCS.
- c. The written authorization must include authorization for the caregiver to obtain emergency medical treatment for the child and verification of the child's Medicaid coverage or proof of travel insurance that covers medical expenses.



Children whose placement borders another state whose proximity makes traveling across the state line part of the caregivers' normal routine.

Procedures

DFCS/CPA/CCI Staff

1. Review the RPPS with caregivers.
 - a. Promote caregivers' understanding of how to apply it to decisions regarding children and youth participation in extracurricular, social enrichment, cultural, and social activities.
 - b. Document discussions of the RPPS with caregivers in Georgia SHINES within 72 hours of occurrence.
2. Discuss with children, parents, and caregivers any activities in which children are currently participating or are interested in participating.
 - a. Assist, as needed, with identifying age and developmentally appropriate activities that would promote a child's personal and social growth.
 - b. Identify the resources needed to support a child's participation in activities (e.g., financial, transportation, physical examinations, instrument, lessons, etc.).
 - c. Identify any barriers to participation and find appropriate solutions.
 - d. Address any issues or concerns about children participating in religious activities with the caregivers.
 - i. To the extent possible, allow children to attend their own place of worship and support participation by the parents.
 - ii. Consult with parents before allowing their children to participate in significant religious rituals and activities (e.g., baptism).
 - e. Review the caregivers' records and document the child's participation in activities in Georgia SHINES.
3. Discuss with caregivers the opportunities each child placed in the home has been provided to engage in age or developmentally appropriate activities. Help caregivers find solutions to any identified barriers to participation.
4. Ask caregivers to provide advance notice of plans for the child to travel out-of-state or out-of-country to ensure there is adequate time to obtain consent from a parent or the juvenile court.



If the parent and/or the juvenile court does not authorize the travel, arrange for a temporary placement (respite care) for children during the time the caregiver is away (see policy [14.18 Resource Development: Supervision of Children](#)).

Practice Guidance

Promoting Normalcy for Children in Foster Care

The Preventing Sex Trafficking and Strengthening Families Act contains provisions to promote normalcy for children in foster care. This means allowing children and youth in foster care to experience childhood and adolescence in ways similar to their peers who are not in foster care. Children in foster care should have opportunities to participate in activities that are appropriate to their age and stage of development, and promote personal and social growth, self-esteem, and independence. Caregivers are responsible for making routine, day-to-day decisions regarding the ongoing care and maintenance of children placed in their home. When applying the reasonable and prudent parenting standard, the goal is to promote normalcy for children in foster care to the fullest extent possible. Participation in extracurricular and other childhood activities is important to the child's social and emotional well-being and promotes the development of valuable life skills.

Extracurricular, Cultural, and Social Activities

Participation in age-appropriate activities helps children to develop their social, emotional and intellectual skills. Children should be encouraged to participate in extracurricular activities (e.g., sports, band, choir, 4-H and other school clubs, field trips, etc.), cultural activities (e.g., museum exhibits, dance recitals, plays, etc.) and social activities (e.g., YMCA, Boys and Girls Club, martial arts, bowling, movies, etc.). Unfortunately, some children in care may not have had previous experiences with engaging in such activities before entering foster care. Consequently, some may require special assistance with learning how to participate appropriately in such activities. When appropriate, a child's parents should be allowed to participate in events and activities that occur in their child's life. This is in keeping with the concept of partnership parenting wherein foster parents work with a child's parents to help enhance the parents' parental capacities and provide them with parenting opportunities while their children are in foster care. Just like the children in foster care, some of their parents may not have ever had previous experience with participating in many events or activities with their children. Engaging the parents outside of court rooms and DFCS offices can help build positive working relationships and help parents experience the joy of parenting that may have been overshadowed stress and the trauma of having their children removed from their custody.

Spiritual Development

Parents of children in foster care retain certain residual rights, even though DFCS holds temporary custody. Determining their child's religious affiliation is one of these. When appropriate, parents should be allowed to participate in religious activities that occur in their child's life. Given that foster parents could hold personal spiritual beliefs that differ from those of children, or the parents of children placed in their home, careful consideration must be given to this issue during the placement selection process. By considering potential conflicts ahead of time, agencies may avoid placement disruptions or placing children in homes where neither they nor their foster parents feel comfortable engaging in the spiritual practices of their choice.

Reasonable and Prudent Parenting Standard

When applying this standard, a caregiver must consider what is age or developmentally appropriate for a particular child. In other words, the caregiver must know what activities are generally

accepted as suitable for children of the same chronological age or level of maturity. Since many children in foster care experience developmental delays as a result of maltreatment or early childhood trauma, caregivers must determine what is suitable for each child based upon the developmental stages attained by the child with respect to cognitive, emotional, physical, and behavioral capacities.

Depending on where a child is developmentally, it may not be reasonable or prudent to allow the child to participate in certain activities or the child may require a higher level of supervision than another child of the same chronological age. In some instances, a child may lack the capacity to perform certain tasks that another child might be able to perform. Thus, knowledge of a child's individual capacities and good judgment are required to successfully apply this standard. For instance, when determining whether to allow youth 14 years of age and older to be left under their own supervision for short periods of time (e.g., an hour after school or when foster parents are attending to short-term personal matters) caregivers must ensure the youth do not have physical, mental, or emotional issues that inhibit their ability to function for a short period of time independent of a caregiver. In addition, caregivers must ensure youth are aware of procedures to be taken in case of an emergency and have access to emergency contact numbers for the caregiver and other approved contacts (e.g., relative, neighbor, or friend). If a caregiver or other entity under contract with DFCS acts in accordance with this standard when approving a child's participation in an age or developmentally appropriate activity, immunity from civil liability exists. Nevertheless, caregiver's decisions regarding such activities cannot be contrary to a pre-existing court order.

Exceptions to Caregiver Decision-Making

Major decisions that have a significant effect on the life of a child in foster care require approval from the County DFCS and/or juvenile court. Some decisions should be made in consultation with a child's parent(s) as well, especially if parental rights have not been terminated. Examples of major decisions include, but are not limited to, the following:

1. Changing a child's school, school attendance, IEP, or participation in a GED program.
2. Changing a child's psychotropic or other prescribed medication (including initiating or stopping) or altering the administration of medication (e.g., dosage, frequency, etc.).
3. Authorizing children to have major medical procedures.
4. Changing a child's court-ordered visitation plan (e.g., date, location, supervision, etc.).
5. Stopping children from visiting their siblings.
6. Drastically altering a child's appearance (e.g., cutting and/or applying chemicals to the child's hair, body piercing, tattoos, etc.).
7. Changing a child's religion.
8. Allowing a child to engage in religious ceremonies (e.g., Baptism, Confirmation, etc.).
9. Stopping a youth from participating in the DFCS Independent Living Program (ILP).
10. Authorizing a youth to obtain a driver's license.
11. Authorizing a youth to travel out-of-state; and/or
12. Granting a youth approval to date.


Below are examples of things that are non-negotiable, and caregivers may not do:

1. Return children to the caregiver from whom they were removed (e.g., parents, adoptive parents, relatives, legal guardians, etc.) without court approval.
2. Violate the DFCS discipline policy.
3. Violate a court order.

Forms and Tools

N/A

10.15 Child Safety Equipment

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(10) Foster Care		
	Policy Title:	Child Safety Equipment		
	Policy Number:	10.15	Previous Policy Number(s):	1011.13, 1011.14
	Effective Date:	August 2014	Manual Transmittal:	2015-01

Codes/References

O.C.G.A. § 40-8-76

O.C.G.A. § 40-6-296 (e)(1)

Requirements

The Division of Family and Children Services (DFCS) will:

1. Require all children in care less than eight years of age to be properly restrained in an appropriate child safety passenger seat or booster seat when being transported in a motor vehicle in accordance with state statutes.



The County Director/designee for the county of legal responsibility may waive this requirement upon receiving written verification from the child's primary health provider (physician) that the child has a medical condition that prevents the use of a child safety seat or that the child is greater than 4'9" (57 inches) in height.

2. Require all children, regardless of age, to be individually secured by either an appropriately fitting seat belt or safety restraint system when being transported in a motorized vehicle.
3. Require all children in care under 16 years old to wear safety helmets when operating a bicycle or riding as a passenger on a bicycle on any road, bike path or sidewalk and when riding a skateboard. The helmet must be properly fitted and securely fastened.

Procedures

Social Services Case Manager

1. Provide foster parents with instructions for the purchase and reimbursement of a safety-approved car seat for any child placed in their home who falls within the age range (see Field Fiscal Services COSTAR Manual section [3001 Family Foster Care Programs](#)).
 - a. Instruct foster parents to install the child restraint device in accordance with the manufacturer's directions.
 - b. Explain to the foster parent that the restraint device belongs to the child and "moves" with the child.
2. Take the following action when the child reaches the age of eight years old or no longer can use the restraint device:
 - a. Inventory the device and, if needed, make it available for another child in care.
 - b. Provide the foster parent with instructions for the purchase and reimbursement of a car seat or restraint system appropriate for the child's size (if the existing device has been outgrown and the child is either too young or too small to be safely secured with a passenger seat belt).
3. Upon receiving written verification from the child's primary health provider (physician) that the child has a medical condition that prevents the use of a child safety seat, or that the child is greater than 4'9" (57 inches) in height, request the County Director/Designee to grant a waiver.
4. Reimburse foster parents for the purchase of safety helmets in accordance with approved amount (see Field Fiscal Services COSTAR Manual section [3001 Family Foster Care Programs](#)).
 - a. Verify the purchase.
 - b. Obtain a receipt for the purchase.
 - c. Utilize state funds.


Practice Guidance

Seatbelts are made for adults and do not fit young children correctly. Booster seats position the shoulder belt across the shoulder and chest rather than the neck. Booster seats also keep the lap belt low over the hip and thigh bones and not across the belly. O.C.G.A. § 40-8-76 requires all children under the age of eight are required to be properly restrained in an appropriate child passenger safety seat or booster seat. This law applies to DFCS staff, foster parents, volunteers transporting children, and anyone transporting children. When being transported, all children must be protected by either a seat belt or safety restraint system.

Forms and Tools

N/A

10.16 Childcare and Early Education

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(10) Foster Care		
	Policy Title:	Childcare and Early Education		
	Policy Number:	10.16	Previous Policy Number(s):	N/A
	Effective Date:	September 2020	Manual Transmittal:	2020-06

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Enroll children in DFCS custody (under five years of age) in an early care and education program licensed by the Department of Early Care and Learning (DECAL) and participating in Quality Rated, Georgia's tiered quality rating and improvement system (qualityrated.dec.ga.gov). This includes childcare programs, Head Start and Early Head Start programs and Pre-K programs. Program selection should be based on the individualized needs of the child and caregiver.



Children in DFCS custody are categorically eligible for Childcare and Parent Services (CAPS), Head Start and Early Head Start education programs.

2. Evaluate the need for childcare services (less than 24 hours per day) for school aged children in an active foster care case.
3. Determine if childcare needs are regular (ongoing and predictable) or irregular (short term or temporary).
4. Complete the required fields in Georgia SHINES to transmit a referral for the CAPS program **immediately** but no later than one business day of discovering regular childcare is needed.



CAPS cannot reimburse for childcare expenses prior to the date DECAL receives the referral.

5. Update the necessary fields in Georgia SHINES to reflect any changes involving a child or caregiver receiving childcare services within five business days of the change to trigger a change request to DECAL.
6. Use state or local funding (i.e. county funds) to pay for irregular childcare when CAPS eligibility criteria are not met. A waiver from the Early Childhood Collaboration Director is required to use state funds to pay childcare expenses for any purpose other than foster parent training.

Procedures

Childcare (Regular)

The Social Services Case Manager (SSCM) will:

1. Discuss the need for childcare services (less than 24 hours a day) and the benefits of early education with caregivers prior to placement.
2. Complete the required fields in Georgia SHINES to transmit a referral for the CAPS program immediately, but no later than one business day after discovering regular childcare is needed.
3. Provide guidance to the caregivers regarding what to expect while the referral is being processed:
 - a. Advise caregivers that it may take five business days or more to process the childcare referral and discuss the plan for childcare during that period of time.
 - b. Advise caregivers that if they are approved for CAPS, childcare expenses may be covered back to the date the childcare referral was received by DECAL.
 - c. Advise caregivers not to pay for childcare expenses out-of-pocket prior to approval of the referral.
4. Update Georgia SHINES as indicated below:
 - a. Whenever a child is transferred to another placement;
 - b. Whenever a child enrolls in a different childcare program;
 - c. Within five business days of any other changes involving a child or caregiver receiving CAPS, Early Head Start, Head Start, or Pre-K services.

Childcare (Irregular)

To reimburse a regular or kinship foster parent for childcare services (irregular or temporary) using state or local funding when CAPS eligibility criteria is not met, the SSCM will:

1. Request a waiver from the Early Childhood Collaboration Director to use state funds to pay childcare expenses for any purpose other than foster parent training.
2. Review the Foster Care Invoice for accuracy, coding and original receipts.
3. Submit the Foster Care Invoice to the approving authority for signature.
4. Forward the approved Foster Care Invoice to the Regional Accounting Office for payment.
5. Request written approval from the County Director/Designee for a cash advance if the reimbursement method of payment places an undue hardship on the foster parent or kinship caregiver.

Head Start and Early Head Start

The SSCM will:

1. Identify children birth to five years old.
2. Discuss the importance of early childhood education with the caregivers and the benefits of Early Head Start or Head Start services (see Practice Guidance: [Georgia Head Start and Early Head Start Programs](#)).

3. Complete and submit the DFCS Head Start/Pre-K Referral Form electronically to dfcs.headstart@dhs.ga.gov.
 - a. The DFCS Early Childhood Collaboration Unit will then determine if the child needs Early Head Start or Head Start services.
 - b. The applicable Head Start agency will contact the child's caregiver to begin the application process. If the child is unable to be enrolled at the time services are requested, the Head Start agency will contact the child's caregiver with additional follow-up.
4. Direct inquiries related to Head Start and Early Head Start programs to the DFCS Early Childhood Collaboration Unit in the Well-Being Services Section at dfcs.headstart@dhs.ga.gov.

Pre-K Program

The SSCM will:

1. Discuss the importance and benefits of early childhood education with the caregivers.
2. In conjunction with caregivers, make every effort to enroll children who are four years old in a Pre-K program. (See Practice Guidance: [Georgia's Pre-K Program](#) for additional information).
3. Complete and submit the DFCS Head Start/Pre-K Referral Form electronically to dfcs.headstart@dhs.ga.gov.
4. The DFCS Early Childhood Collaboration Unit will then help identify available Pre-K programs in the area.

The Social Services Supervisor will:

1. Provide oversight of case management activities needed to ensure referrals for childcare and early education services are submitted timely.
2. Maintain regular communication with the SSCM to assess the appropriateness of childcare and early education providers (see policy [19.6 Case Management: Supervisor Staffing](#)).
3. Regularly review the child's case record in Georgia SHINES to ensure all appropriate pages have been updated and all case activities have been documented.

Practice Guidance

Childcare and Early Education

Access to early education supports the achievement of developmental milestones and increases school readiness for young children (birth to five years of age) in foster care. Child safety and well-being should be the primary considerations when selecting a childcare provider or early education program. Therefore, select the highest Quality Rated program (qualityrated.dec.state.ga.us) available in the area of the child's foster care placement. If possible, choose a provider familiar to the child to minimize trauma associated with foster care placement. Timely communication is important. Any changes in a case should be reported to the appropriate DECAL or DFCS personnel as soon as possible to avoid undesirable outcomes. For instance, changes in circumstances may affect the eligibility for childcare and may create an overpayment if not reported timely.

Bright from the Start: Georgia Department of Early Care and Learning (DECAL)

Bright from the Start: Georgia Department of Early Care and Learning is responsible for meeting the childcare and early education needs of Georgia's children and their families. It administers the nationally recognized Georgia's Pre-K Program, licenses childcare centers and home-based childcare, administers Georgia's Childcare and Parent Services (CAPS) program, implements federal nutrition programs, and manages Quality Rated, Georgia's community powered childcare rating system. The department also houses the Head Start State Collaboration Office, distributes federal funding to enhance the quality and availability of childcare, and works collaboratively with Georgia childcare resource and referral agencies and organizations throughout the state to enhance early care and education. For more information, go to www.decals.ga.gov.

Childcare and Parent Services (CAPS)

CAPS is available for **all** children in DFCS custody and is paid out of federal funds. CPA foster parents are entitled to the same DFCS services that DFCS approved foster parents receive. A CPA foster parent may only receive CAPS for children in DFCS custody. Therefore, all communication regarding CAPS must come through the SSCM for verification that any children receiving CAPS are in Georgia DFCS custody. According to the CAPS policy manual, children in DFCS custody are to receive priority services and are not to be denied due to a lack of funding. Rates must not exceed the amount that the provider charges other customers who do not receive subsidies. Below are some examples of different types of childcare:

1. Full-time;
2. Night-time;
3. Weekend;
4. Before/after school;
5. Full-day service for school-age;
6. Part-time.

The childcare need may be full-time, part-time, before/after school, etc. as long as it is needed on a regular, ongoing basis. CAPS eligibility criteria/guidelines apply. As long as a child is in DFCS custody, the caregiver's activity is "protecting the child," which eliminates the need to verify employment. See the [CAPS Policy Manual](#) for guidelines. Below are some basic CAPS eligibility criteria:

1. Child must be a resident of Georgia;



DECAL will only pay for childcare services provided within the state of Georgia. For exceptions please contact the Early Childhood Collaboration Unit.

2. Child must be a citizen or legal resident of the U.S.;
3. Child must have current immunizations;
4. Child must be placed in a DFCS or CPA approved Family Foster Home or with kinship caregivers who are not foster parents; Children placed in other settings (i.e. intermediate treatment centers, etc.) are not eligible;
5. Child must be under 13 years of age.



Children with special needs (evidenced by documentation from a licensed medical/mental health professional) and children with court-ordered supervision may be eligible to receive childcare services up to age 18.

Formal Childcare Providers

Formal providers are regulated and licensed by DECAL. Below are the major categories of formal childcare providers:

Family Child Care Learning Home: This is a program that operates in a private residential home less than 24 hours per day. The operator receives pay for providing care for three to six children under 13 years of age or 18 years of age if the child meets the criteria for CAPS special needs or court-ordered supervision.

Child Care Learning Center: This is a program operated by an individual or business entity recognized under Georgia law that receives pay for group care. It cares for seven or more children under 18 years of age for less than 24 hours per day.

Licensed-exempt Programs:

1. Programs owned and operated by any department or agency of state, county or municipal government (i.e. afterschool programs in public schools operated by public school systems, and programs operated by city or county park and recreation departments); and
2. Day camp programs for children five years of age and older operated between school terms, whose primary purpose is to provide organized recreational, religious or instructional activities.

Informal Childcare Providers

Childcare services may be purchased from informal providers **only** in the following situations

1. No other licensed care is available within a reasonable geographic area;
2. The need for care is during non-traditional hours when licensed care is not available; or
3. The child in care is determined to meet the CAPS program definition of special needs.

To qualify for CAPS reimbursement, informal providers must be at least 21 years of age and may provide care for no more than two unrelated or six related children for payment. Regardless of relationship, the total number of children may not exceed six. Informal providers are required to enroll with the CAPS program. Informal providers may be eligible to receive CAPS reimbursement for childcare services provided in their own home or in the child's placement. However, informal providers who provide childcare in the child's placement may not receive CAPS reimbursement unless they are related to the child (i.e. grandparent, aunt, uncle, adult sibling) and live outside of the placement.

Irregular or Temporary Childcare

Irregular or temporary childcare is not eligible for (federal) CAPS reimbursement and is paid out of state funds. Consequently, no referral for childcare is sent to CAPS. State funds may be used to reimburse foster parents for childcare expenses associated with their training. Foster parent training is

considered irregular childcare because it does not occur on a regular, routine basis (i.e. every month for a certain period of time). Use of state funds for anything other than foster parent training requires an approved waiver from the Early Childhood Collaboration Director.

When state funds are used, the childcare expenses are paid out of the same program as a child's foster care per diem (i.e. UAS Code 501(IV-E) Family Foster Care, 502 (IV-B/State) Family Foster Care, 503 Initial (TANF) Family Foster Care, etc.). See the [COSTAR manual](#) on the Field Fiscal Services website for a full description of UAS codes. Caregivers are reimbursed via the foster parent invoice process for payments made directly to the childcare provider. Caregivers must attach original receipts to their monthly Foster Care Invoice (Pre-bill for CPAs) and reimbursement may not exceed Georgia's maximum reimbursement rate.

Georgia Head Start and Early Head Start Programs

DFCS is partnering with the Office of Head Start and local Head Start/Early Head Start agencies. Georgia Head Start and Early Head Start programs provide comprehensive early childhood and family development services to children from birth to five years of age. Early Head Start serves infants, toddlers (under 3 years of age) and pregnant women and their families who have incomes below the federal poverty level. Head Start is a child-focused program and has the overall goal of increasing school readiness of young children from low-income families by enhancing their cognitive, social, and emotional development. Head Start programs provide a learning environment that supports children's growth in many areas, such as language, literacy and social and emotional development. Head Start agencies provide a range of individualized services in the areas of education and early childhood development; medical, dental and mental health; nutrition; parent involvement and family support.

There are numerous organizations, including school systems, community action agencies and universities that operate Head Start and Early Head Start programs in Georgia. All Head Start and Early Head Start programs must adhere to rigorous and comprehensive federal Program Performance Standards. To participate in Head Start and Early Head Start programs, families must meet the Head Start Family Income Eligibility Guidelines. However, children in foster care, homeless children, and children from families receiving public assistance (Temporary Assistance for Needy Families or Supplemental Security Income) are categorically eligible for Head Start and Early Head Start services regardless of income.

Every effort should be made to enroll children who are four years of age or younger in a Head Start (3-4 years of age) or Early Head Start (0-2 years of age) program. If the Head Start program does not operate during the summer, children should be enrolled in a licensed childcare facility during the summer months. Using these resources helps to promote early brain development in children and prepare them for entry into kindergarten, promotes safety by ensuring the children are in the view of mandated reporters, and provides regular respite for foster parents. Questions or inquiries related to Early Head Start and Head Start programs should be directed to the DFCS Early Childhood Collaboration Unit within the Well-Being Services Section at the state office.

Georgia's Pre-K Program

Research confirms that students in Georgia's Pre-K Program, a nationally recognized, lottery funded pre-kindergarten program continue to exhibit positive outcomes through the end of kindergarten across all domains of learning. Georgia's Pre-K program is available in all 159 counties of the

state. Children who are Georgia residents and are four years of age on September 1 of the current school year are eligible to attend Georgia’s Pre-K Program during this school year. Pre-K programs usually operate on the regular school system calendar for the length of a typical school day. Pre-K Programs may be offered at local public schools or through private providers of preschool services. Every effort should be made to enroll children who are four years of age in Georgia’s Pre-K program. For additional information about eligibility and enrolling a child in Georgia’s Pre-K Program please visit the [Enrolling in Georgia’s Pre-K Program](#) webpage.


Receiving Childcare Payments for Children Placed in the Home of the Childcare Provider

Caregivers who may benefit financially from the ownership or operation of a childcare facility cannot be reimbursed for childcare provided to children placed in their home. This practice is based on the need for responsible stewardship of the state’s financial resources. Since foster parents already receive a per diem for the supervision of children placed in their home, they may not receive additional payment for providing childcare to those same children. Likewise, kinship caregivers may not claim childcare payments for providing childcare for a related child placed in their home while providing childcare for other children.

Forms and Tools

- [Bright from the Start: Georgia Department of Early Care and Learning \(DECAL\) Childcare and Parent Services \(CAPS\) Maximum Reimbursement Rates](#)
- [Childcare and Parent Services \(CAPS\) Provider Published Rate Form \(CAPS Form 61\)](#)
- [DFCS Head Start/Pre-K Referral Form](#)

10.18 Purposeful Contacts in Foster Care

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(10) Foster Care		
	Policy Title:	Purposeful Contacts in Foster Care		
	Policy Number:	10.18	Previous Policy Number(s):	N/A
	Effective Date:	May 2024	Manual Transmittal:	2024-05

Codes/References

- Public Law 109-288 Child and Family Services Improvement Act of 2006
- PL 112-34 Child and Family Services Improvement and Innovation Act of 2011
- J.J. v. Ledbetter* Consent Decree

Requirements

The Division of Family and Children Services (DFCS) will:

1. Prepare for each contact to ensure it is planned and has clear purpose.
2. Engage the children, parents/custodians and caregivers involved in a foster care case in a man-

ner that is beneficial for establishing a partnership by:

- a. Engaging from the viewpoint that families go through developmental stages and encounter common challenges.
 - b. Separating the intent from the actions that did or did not take place by:
 - i. Normalizing the challenges families identify as difficult situations in their everyday life routine; and
 - ii. Externalizing the problem pattern.
3. Establish purposeful contacts in accordance with policy [19.15 Case Management: Developing Contacts Standards for Purposeful Contacts and Collateral Contacts](#) based on the individualized needs of each child and family.
4. Make at least one purposeful face-to-face^[5] contact each calendar month with:
- a. Every child under its care and/or custody to assess child safety, well-being, and permanency with the majority (over 50%) of the contacts occurring in the residence of the child.



Children placed outside of Georgia will have purposeful contacts conducted by a representative of the receiving state in accordance with the Interstate Compact on the Placement of Children (ICPC) (see policy [15.5 Interstate Compact on the Placement of Children \(ICPC\): ICPC Placement Supervision](#)).

- b. The placement resource for every child in the custody of DFCS to evaluate if the placement continues to meet the needs of the child, caregiver capacity and family functioning to assess child safety. If the placement resource is a two-parent household, ensure both parents are engaged.
 - c. Parents/guardians of children in the temporary custody of DFCS to assess progress toward achieving case plan outcomes. This may not be required when a non-reunification court order relieves the agency of this responsibility.
5. Make purposeful face-to-face contact with any child in foster care within seven calendar days of an initial placement and any subsequent placement change to assess the child's safety, adjustment to the placement, and any needs of the child or caregiver.
6. Make purposeful face-to-face contact with any child in foster care who is seriously injured or has attempted self-injury or suicide within 24 hours of notification to assess for maltreatment, the child's current condition and future treatment needs.
7. Make purposeful face-to-face contact with formerly missing youth within 24 hours of their return (see policy [19.22 Case Management: Missing Children](#)).
8. Make face-to-face contact with the children and their caregivers within 24 hours of notification of a screen-out decision to confirm the children's safety and well-being, when any child in foster care is the subject of a screened-out Child Protective Services (CPS) Intake Report.



If DFCS was notified of the situation prior to receipt of a screened-out Intake Report, conducted a purposeful contact, and confirmed the children's safety and well-being, then a subsequent purposeful contact is not required on the screened-out Intake Report.

9. Conduct efforts to locate parents with a permanency plan of reunification, when they cannot be located or have moved to an unknown location (see policy [19.21 Case Management: Unable to](#)

Locate).

10. Assess the physical home environment to confirm that it is safe and appropriate to meet the needs of each child in foster care, including an examination of every room in the home and the sleeping arrangements for all household members.
11. Assess and discuss infant safe sleeping practices with any caregiver who has an infant (birth to 12 months of age) in the home and address any unsafe sleeping situations prior to leaving the home.
12. Discuss motor vehicle safety recommendations including hot car safety with caregivers during purposeful contacts (see Practice Guidance: [Motor Vehicle 'Hot Car' Safety](#)).
13. Observe all children for physical signs of maltreatment. If there is cause to believe any child may have been harmed, observe areas of the child's body that may be covered by clothing. Such observation shall occur in the least invasive manner possible, and every effort should be made to ensure children are not fully unclothed during the observation.



Physical signs of maltreatment may include suspicious injuries, marks, cuts, bruises, areas of swelling, protruding limbs, damaged skin, malnourishment, lethargy, severe tooth decay, matted hair, pungent body odor, etc.

14. Make a child safety determination (safe or unsafe) prior to concluding each purposeful contact with the child, caregiver(s) or placement resource. If unsafe, in consultation with the Social Services Supervisor (SSS), decide if present danger and/or impending danger safety threats exist and take immediate and appropriate action to control the safety threats to ensure child safety by:
 - a. Immediately removing the child from the placement (if the child is in the custody of DFCS); or
 - b. Initiating court/legal intervention (if the child is no longer in the custody of DFCS such as instances of aftercare)
15. Immediately report any new known or suspected instances of child abuse/neglect or violations of Foster Care policy to the CPS Intake Communications Center (CICC) as outlined in policy [3.24 Intake: Mandated Reporters](#).
16. *Immediately report (no later than 24 hours) to law enforcement any child or youth who the agency identifies as being a known or suspected victim of sex trafficking.*
17. Document purposeful contacts in Georgia SHINES within 72 hours of the occurrence including uploading any pictures to External Documentation.



The requirements and procedures outlined in this policy also apply to children placed in Georgia in accordance with the ICPC (see policy [15.3 Interstate Compact on the Placement of Children \(ICPC\): Placement of Children from Other States into Georgia \(Georgia as the Receiving State\)](#)).

Procedures

Preparation

When preparing for a purposeful contact with the child/youth, parent/guardian and/or caregiver

(foster parent or kinship caregiver), the SSCM will:

1. Review:

- a. Case plans and documentation from previous contacts to understand the significant factors affecting child's safety, permanency and well-being protective capacities, and a family's ability to ensure the safety of their children moving forward.
- b. Action plans for progress and effectiveness.
- c. Supervisor staffing notes to ensure that any needed follow-up is addressed during the purposeful contact.
- d. External Documentation in Georgia SHINES for verification that both the Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices and the Notice of Case Record Information Available to Parents/Guardians were provided to parents. If either is missing, explain and provide to the parents at the next purposeful contact.
- e. Caregiver's or child's recently completed assessments/evaluations for insight into family functioning and recommendations.



Only the child's assessments or evaluations can be discussed or shared with the placement resource.

2. Develop a plan for the purposeful contact:

- a. Determine the frequency of contacts needed. Although a minimum of one contact every month is required, more frequent contacts may be necessary to address the needs of the child and family.
- b. Determine whether the contact should be announced or unannounced based on the case circumstances.
- c. Determine interviewing technique and other information gathering approaches, including persons to be interviewed, order and location of interviews, and when interviews will occur.
 - i. Complete contacts in different settings when there is concern that the child is fearful or hesitant to speak in the home around the parent/caregiver; and
 - ii. Choose a setting which affords the child(ren) an opportunity to speak freely.
- d. Prepare a list of questions to ensure all issues/concerns are addressed.
- e. Determine the need for interpretation services for non-English speaking individuals or auxiliary aids for sensory impaired individuals. If required, Limited English Proficiency and Sensory Impaired Customer Services (LEP/SI) is used to assist DFCS in providing meaningful language access to customers. Contact LEP/SI via lepsi@dhs.ga.gov. The use of family members as interpreters is not appropriate.
- f. Identify potential child, parent or caregiver needs and possible service interventions.

3. If the purposeful contact will occur in a correctional facility, familiarize with the procedures of the correctional facility around contact and visitation:

- a. Who must initiate the process and how?
- b. Are liaisons provided by the correctional facility to work with child welfare professionals?
- c. How far in advance does the visit need to be scheduled?

- d. What are the visiting hours of the facility?
 - e. Does the facility have a dress code when visiting?
 - f. What types of contact are allowed (e.g., physical touch, telephone, face-to-face)?
4. Gather forms and other material for the purposeful contact, including but not limited to:
- a. Copy of the current case plan and action plan;



Only the child's portion of the case plan can be discussed or shared with the placement resource.

- b. Authorization for Release of Information;
- c. Consent to Receive Targeted Case Management Services;
- d. Suggestions for Parents/Tips Sheet; and
- e. Safe Sleep for Your Baby (Brochure).

Child/Youth

The SSCM will:

1. Visit with each child privately as well as in the presence of the caregivers to:
 - a. Assess child safety; and
 - b. Directly observe the parent/placement resource and child interaction as well as communication patterns.
2. Engage the child in a private face-to-face conversation outside of the presence of the parents, foster parents, kinship caregiver, facility staff, siblings, etc. as part of the assessment of child safety, permanency, and well-being. Use age and developmentally appropriate language and questions. Examples of areas to be explored are included below.
 - a. The child's daily routine.
 - i. What is the child's morning routine?
 - ii. What does the child do to get ready for school (if applicable)?
 - iii. Does anyone make the child breakfast? If so, who? What are some things the child usually eats for breakfast?
 - iv. Who makes lunch for the child (if the child does not eat lunch at school)?
 - v. Where does the child go after school (if applicable)? How does the child get there?
 - vi. Who makes dinner for the child and what does the child usually eat?
 - vii. What does the child do after dinner?
 - viii. What time does the child go to bed?
 - ix. What does the child do for fun? Does the child participate in any extracurricular, social, recreational, or spiritual activities (e.g., sports, music, art, clubs, church, etc.)?
 - b. The child's adjustment to their current living arrangement.
 - i. How does the child feel about the caregivers and the stability of the placement?

- ii. How does the child get along with other household members (e.g., other children or other adults)?
 - iii. Does the child ever feel angry, sad, or afraid in the placement setting? If so, what things cause these emotions?
 - iv. Does the child feel they have anyone they can talk to when something is really worrying or bothering them? If yes, who?
 - v. Does anyone other than the foster parents provide supervision for the child? How does the child feel about it?
 - vi. How is the child disciplined and by whom?
 - vii. Who does the child seek comfort from when he/she is sick, frightened or when things are not going well?
 - viii. Are there any changes in the child's physical appearance (e.g., weight loss, hair loss)?
 - ix. Are there any changes in the child's personality or emotional state (e.g., a formerly jovial and outgoing child has become sad and withdrawn)?
 - x. How does the child feel about the permanency plan?
- c. The continuity of family relationships and other connections.
- i. Who does the child call family?
 - ii. What is the frequency and quality of the child's contact with parents, siblings, friends, and other members of their support network?
 - iii. Does the child feel his/her connections with family, friends, etc. are being preserved?
 - iv. Is there someone the child wants to see or talk to with whom the child currently has no contact?
- d. Whether the child is receiving adequate services to meet his/her physical and mental health needs.
- i. When was the last time the child saw a doctor or a dentist? Why?
 - ii. Does the child see a counselor or a therapist? Why?
 - iii. When was the last time the child saw a counselor or a therapist?
 - iv. Does the child feel counseling, or therapy is helpful?
- e. Whether the child is receiving adequate services to meet his/her educational needs.
- i. How does the child feel about school?
 - ii. Does the child like or dislike any particular subject(s)? Why?
 - iii. What are the child's educational goals or aspirations?
 - iv. Does anyone review the child's homework?
 - v. Does the child need additional educational support (e.g., tutoring)?
- f. Whether the physical home environment is safe and appropriate to meet the needs of the child.
- i. Where does the child say he/she sleeps?


- ii. Does the child share a room or bed with anyone? If so, who? How does the child feel about it?
 - iii. Are there any pets/animals in the home? How does the child feel about the pets? Is the child comfortable or uncomfortable and why?
- g. The Written Transitional Living Plan (WTLP) with ILP eligible youth (ages 14-21)
- i. Progress has been made toward WTLP goal achievement:
 - 1. Acknowledgment and celebration of completed tasks and outcomes.
 - 2. Identification of any problems that may be influencing goal achievement and potential solutions.
 - 3. Any changes that need to be made to the WTLP.
 - ii. Progress made toward goal achievement of the child's Action Plan (if applicable) to include:
 - 1. Child's ability to prevent high risk or difficult situations.
 - 2. Child's ability to identify early warning signals of unproductive behaviors.
 - 3. Child's ability to prevent loss of focus / direction.
 - 4. Child's ability to interrupt unproductive behavior.
 - 5. Child's ability to escape difficult situations that were not prevented or interrupted.
 - iii. Acknowledgment and celebration of completed tasks and outcomes.
 - iv. What, if any barriers exist that may be influencing WTLP outcome achievement and potential solutions.
 - v. The extent to which the youth is participating in any services being provided and an evaluation of the effectiveness of the services.
 - vi. The youth's participation in any formal Independent Living Program activities.
 - vii. Identification of potential members of the youth's support system (peers, family members, and other responsible caring adults youth can rely on for assistance in times of crisis and everyday life situations).
 - viii. The extent to which the youth's rights and responsibilities are being honored.
 - ix. Any issues with the youth's placement.
 - x. Benefits and opportunities available as a participant in the EYSS program.
 - xi. The importance of transition planning.
 - xii. Other relevant factors that may impact the youth's overall progress.
3. Observe the child's body language for non-verbal cues of how they may be feeling or adjusting.
4. Observe all children for physical signs maltreatment. If there is cause to believe a that a child has been harmed:
- a. In the least invasive manner possible, observe areas of the body that may be clothed.
 - i. Explain to the caregiver and child the reason for observing areas of the body that may be covered by clothing.

- ii. Arrange for another adult to be present (e.g., caregiver, non-offending parent or legal guardian, kin, foster parent, school nurse, daycare staff, etc.).
- iii. If the child is four years old and under, ask the caregiver to adjust one area at a time (e.g., raising a shirt sleeve, pant leg, raise the shirt to view their back, etc.), ask them to replace the clothing before proceeding to the next area of the body. Take pictures of any injuries observed.
- iv. If the child is older than four and is capable, ask the child to adjust their own clothing as outlined above.

 If a full examination is needed, a medical provider should be used.

5. If observation of the child uncovers injuries or other signs of maltreatment:

- a. Determine whether there are any additional injuries that are not immediately apparent. Is there bruising or is the area sensitive to the touch? Does the child complain of discomfort or pain?
- b. Gather information around the circumstances surrounding the injury and the caregiver's knowledge and response to the injury asking who, what, when, where and how. What was used to cause the injury (ex: hand, fist, belt, bat, extension cord)? Describe the object that was used to cause the injury? Where did the incident that resulted in the injury occur (ex: bedroom, bathroom, grandma's kitchen)?
- c. Evaluate and determine whether the injuries to the child or condition of the child requires an immediate medical or psychological evaluation or medical treatment. Whenever there is a question of whether a child needs to be examined by a medical professional, obtain a medical consultation (e.g., 24-hour nurse helpline or poison control center). If medical treatment is recommended or if an accidental injury seems suspicious take the child to be examined by a medical professional.

 If the child is not in DFCS custody request the parent/guardian seek a medical consultation and if medical treatment is recommended insist the parent/guardian take the child to be examined by a medical professional.

- d. Document any observed injuries or physical signs of maltreatment by taking quality pictures and/or a detailed written description.

 Pictures can also be used to document a lack of maltreatment, injury, or condition.

- e. Consult with the Social Services Supervisor regarding making a report to the CPS Intake Communications Center (CICC) as outlined in policy [3.24 Intake: Mandated Reporters](#).

6. Prior to concluding each purposeful contact with a child/youth, make a child safety determination (safe or unsafe) (see policy [19.11 Case Management: Safety Assessment](#)). If unsafe, in consultation with the SSS, decide if present danger and/or impending danger safety threats exist and take immediate and appropriate action to control the safety threats to ensure child safety by:

- a. Immediately removing the child from the placement (if the child is in the custody of DFCS);
or
- b. Initiating court/legal intervention (if the child is no longer in the custody of DFCS such as in

aftercare, etc.).

7. Take pictures of each child periodically to document changes in the child's appearance, capture milestones for the child's Life Book, etc.

Parent (Custodial/Non-Custodial), Caregiver, Adult Household Member or Alleged Maltreater

1. Have a private face-to-face conversation with each parent/guardian (custodial or non-custodial) to assess child safety, permanency, and well-being. Review, assess and discuss:
 - a. The reason for DFCS involvement:
 - i. Consensus developed with the family around the everyday life situation(s) that is challenging for the family to manage that makes the child unsafe;
 - ii. Safety management strategies and interventions; and
 - iii. Plan of Safe Care requirements, when applicable.
 - b. The permanency plan and any change, if applicable.
 - c. Progress toward achieving case plan outcomes, specifically as it relates to behavioral change needed to enhance parental protective capacities and ensure child safety (see policy [10.23 Foster Care: Case Planning](#)).
 - d. Action plan progression regarding relapse prevention skills being utilized to manage unwanted behaviors and the need to update the action plan (see policy [19.14 Case Management: Action Planning](#)):
 - i. Ability to prevent high risk or difficult situations that may have surfaced since the last visit;
 - ii. Ability to identify their early warning signals;
 - iii. Ability to prevent high risk situations;
 - iv. Ability to interrupt risk situations; and
 - v. Ability to escape situations not interrupted.
 - e. Services provided to the family as part of their case plan and progress or barriers with services (see policy [19.17 Case Management: Service Provision](#)).
 - f. Information obtained from collateral contacts, as appropriate, related to child safety, permanency, and well-being, and to evaluate case plan progress. Possible collateral contacts that have not been identified.
 - g. Results and/or recommendations of any assessments or evaluations conducted.
 - h. Areas of family functioning (for a detailed explanation of each area of family functional see policy [19.13 Case Management: Family Functioning Assessment](#)):
 - i. Maltreatment/presenting problem
 - ii. Maltreatment context and circumstances
 - iii. Family developmental stages and tasks
 - iv. Family's pattern of discipline their children
 - v. Family support

- vi. Child/youth development
 - vii. Individual caregiver patterns of behavior
 - i. The child's placement setting (e.g., family foster home, group home, etc.) and adjustment.
 - j. The child's educational status (e.g., grade level, performance, etc.).
 - k. The need to modify contact standards for the parent/guardian, when applicable.
2. If the parent/guardian is incarcerated also:
- a. Explore barriers to the parent having contact with the child such as:
 - i. The parent poses a threat to the child's safety or well-being.
 - ii. A court has ordered that the parent have no contact with the child.
 - iii. Paternity has not been established and this is a putative father.
 - iv. The parent is not incarcerated in close proximity to the child, or the institution is not set up to adequately support parent-child visitation.
 - v. If there are barriers, support types of contact that is allowable and appropriate^[6] (e.g., cards, letters, photographs).
 - b. Make an effort to understand the parent's situation in a non-judgmental manner.
 - c. Explore the role the parent has played or may possibly play in the future parenting of the child in foster care.
 - d. Discuss the parent's possible release date and plans regarding the child in care.
3. If injuries or signs of maltreatment to child were discovered during a visit (supervised or unsupervised) or in the care of the parent/custodian (aftercare):
- a. When did the injury take place? Who was present during the incident that resulted in the injury?
 - b. Was an object used to cause the injury (ex: hand, fist, belt, bat, extension cord)? Describe the object that was used to cause the injury (example: black belt with studs)? Observe the object used to cause the injury.
 - c. Where did the incident that resulted in the injury occur (ex: bedroom, bathroom, hallway, etc.)? Observe the specific location in the home where the incident occurred.
 - d. Document the observed object or location of the incident where the injury occurred by taking quality pictures and/or a detailed written description.
 - e. What was the caregiver's response of the injury or being notified of the injury? Was medical treatment sought out?
 - f. Has the child suffered any other injuries or does the child have a history of injuries?
 - g. Whenever there is a question of whether a child needs to be examined by a medical professional, obtain a medical consultation (e.g., 24-hour nurse helpline or poison control center). If medical treatment is recommended, take the child to be examined by a medical professional.



If the child is not in DFCS custody request the parent/guardian seek a medical consultation and if medical treatment is recommended insist the parent/guardian take the

child to be examined by a medical professional.

4. Assess the physical home environment to determine if it is safe and appropriate to meet the needs of each child:
 - a. Examine every room in the home for present or potential environmental concerns or hazards. Take appropriate action to remedy environmental concerns or hazards (i.e., loose wires or cords, alcohol or beer bottles, any drug paraphernalia, broken glass or windows, medications or toxic cleaning items that are in reach of small children) prior to leaving the home where children reside.
 - b. Never leave a child in a home without addressing present or potential environmental concerns or hazards.
 - c. Review the sleeping arrangements for all household members.
 - d. When an infant (birth to 12 months of age) is in the home assess and discuss safe sleep practices with the parent/guardian. Take appropriate action to remedy unsafe sleep situations prior to leaving the home such as helping a parent/guardian to prepare a safe sleeping area for an infant (see [Forms and Tools: Infant Safe to Sleep Guidelines and Protocol](#)).
 - e. Take pictures and/or document in writing the condition of the home when concerns or hazards are identified.
5. Observe the interaction and family functioning around everyday task:
 - a. Parent/guardian-child interaction:
 - i. How the parent/guardian(s) relates to the child.
 - ii. Whether the parents/guardian(s) appears to be calm, gentle, relaxed, and confident about parenting or if the caregiver appears anxious, easily frustrated, inattentive, indifferent, or detached.
 - iii. What the parents/guardian(s) communicates to the child non-verbally (e.g., looks, touches, and gestures).
 - b. Interactions of all household members.
 - c. Parent/guardian's ability to meet the needs of all children under their care and supervision, if applicable.
6. Celebrate the parent/guardian's behavioral change (i.e., achieving a case plan goal or satisfying elements of the conditions for return);
7. Provide a copy of the HIPAA Notice of Privacy Practices and the Notice of Case Record Information Available to Parents/Guardian (as needed). Document sharing the information and upload a copy into External Documentation in Georgia SHINES.
8. Prior to concluding each purposeful contact with the parent/guardian make a child safety determination (safe or unsafe) (see policy [19.11 Case Management: Safety Assessment](#)). If unsafe, in consultation with the SSS, decide if present danger and/or impending danger safety threats exist and take immediate and appropriate action to control the safety threats to ensure child safety by:
 - a. Immediately removing the child from the placement (if the child is in the custody of DFCS);
or

- b. Initiating court/legal intervention (if the child is no longer in the custody of DFCS such as in existences of aftercare).
9. Summarize any strengths and/or barriers to goal completion identified during the visit with the parent/guardian and any new strategies discussed at the visit; and
10. Review commitments agreed upon and next steps and confirm future visits.

Caregiver (Placement Resource)

The SSCM will:

1. Engage each caregiver in a private face-to-face conversation to assess child safety, permanency, and well-being. Review, assess and discuss:
 - a. How the child is functioning and adjusting in the home. Examples of questions are below:
 - i. What is it like for the caregivers to care for the child and how does it compare to what they expected? What about the child do the caregivers find most and least pleasurable?
 - ii. How does the child comply with requests or follow directions?
 - iii. Do the caregivers feel the child has changed since coming to live there? If so, in what way?
 - iv. How do the caregivers think the child has adjusted to the placement? How does the child get along with others in the home?
 - v. What is the child's sleeping pattern? What is the child's eating pattern?
 - vi. Have the caregivers seen any changes in the child's weight since being placed with them?
 - vii. What things does the child like to do?
 - viii. Who does the child seek comfort from when hurt, frightened, or sick?
 1. Does the child show a preference for a particular adult?
 2. How easy is it to soothe the child when the child is upset?
 - ix. What do the caregivers think about the effectiveness of the services the child is receiving? What services do they think the child needs?
 - x. What feedback do the caregivers have regarding visits between the child and the birth family?
 - xi. Is there anything the caregivers feel they need that they are not receiving?
 - b. Family developmental stages and tasks:
 - i. Is there a regular schedule for the children regarding eating, sleeping, bathing, etc.?
 - ii. How are meals handled?
 - iii. How does the child reach the caregivers when either the caregivers or the child is away from home?
 - iv. Does the child know the caregivers' address and telephone number?
 - v. Does the child know what to do in case of an emergency?

- vi. Is there a list of emergency phone numbers (e.g., doctor, local hospital, police, poison control center, friend or neighbor) near the telephone?
 - vii. Do the caregivers know any of the child's friends?
 - viii. What types of extracurricular, social, recreational, or spiritual activities has the child been allowed or encouraged to participate? How is the child doing in these activities?
- c. Pattern of discipline:
- i. Who usually disciplines the child? For what types of behavior has the child been disciplined?
 - ii. What types of discipline has been used? Have they been effective?
- d. Supports
- i. Are there any supports or services needed?
 - ii. Do the caregivers use substitute caregivers? Who and how often?
- e. Medication management:
- i. How is medication stored? Who administers medication?
 - ii. If a child is taking psychotropic medication^[7] or other prescribed medication, view the Foster Care Individual Medication Log to ensure it is being maintained by the caregiver.
- f. Motor vehicle safety recommendations to prevent children from being left unattended in hot vehicles (see Practice Guidance: [Motor Vehicle 'Hot Car' Safety](#)).
- g. Any issues or concerns not previously resolved or any newly identified issues or concerns.
- h. The permanency plan for the child and any changes including progress or barriers to returning the child(ren) to their guardian/custodian.
- i. Visitation plans for the child and legal custodian.
- j. Any upcoming scheduled appointments (court reviews, medical, assessments, etc.).
2. Assess the physical home environment to determine if it is safe and appropriate to meet the needs of each child:
- a. Examine every room in the home for present or potential environmental concerns or hazards. Take appropriate action to remedy environmental concerns or hazards (i.e., loose wires or cords, broken glass or windows, medications or toxic cleaning items that are in reach of small children) prior to leaving the home.
 - b. Review the sleeping arrangements for all household members;
 - c. When an infant (birth to 12 months of age) is in the home assess and discuss safe sleep practices with the parent/guardian. Take appropriate action to remedy unsafe sleep situations prior to leaving the home such as helping the caregiver to prepare a safe sleeping area for an infant or locating a resource for a crib or other safe sleeping apparatus (see [Forms and Tools: Infant Safe to Sleep Guidelines and Protocol](#));
 - d. Take pictures and/or document in writing the condition of the home when concerns or hazards are identified.
3. Observe the interactions and family functioning around everyday tasks to assess the caregiver's ability to meet the needs of all children under their care and supervision. Interaction with all

household members present in the home on the day of the visit and engage them in discussions around family functioning and roles. Inquire about household members not present during the visit and ensure every household member is engaged face to face at least quarterly.

4. Prior to concluding each purposeful contact with the caregiver(s) or adult household member make a child safety determination (safe or unsafe) (see policy [19.11 Case Management: Safety Assessment](#)). If unsafe, in consultation with the SSS, make a decision if present danger and/or impending danger safety threats exist and take immediate and appropriate action to control the safety threats to ensure child safety by immediately removing the child from the placement (if the child is in the custody of DFCS).
5. Review any commitments agreed upon and confirm any timelines set for accomplishing certain action steps.

Analyzing Information

Upon completion of each purposeful contact with the child, caregiver/guardian or adult household member the SSCM will:

1. Immediately report to the CICC any new known or suspected instances of child abuse or neglect using the guidelines outlined in policy [3.24 Intake: Mandated Reporters](#).
2. When information gathered indicate a child/youth is a known sex trafficking victim or red flags indicate a child/youth might be a sex trafficking victim:
 - a. Contact the Georgia Bureau of Investigation immediately to within 24 hours to provide notification and to discuss next steps, if the information was not previously reported by DFCS;
 - b. Follow the procedures outlined in the Human Sex Trafficking Case Management Statewide Protocol in [Forms and Tools](#), and
 - c. Obtain sex trafficking specific services for the child and family (see policy [19.17 Case Management: Service Provision](#)).
3. Review and analyze the information gathered during the interview(s).
 - a. Identify inconsistencies or any information that requires clarification and a manner to resolve any inconsistencies or discrepancies.
 - b. If injuries were observed or discussed:
 - i. Does the caregiver appear truthful during your interview with them?
 - ii. Is any injury observed consistent with the story the caregiver provided?
 - iii. Is the care givers and child's story consistent with each other?
 - iv. Was medical attention needed and provided?
 - v. If medical attention was provided is follow up clear and planned?
 - vi. Does the medical team have any concerns regarding the injury and caregiver's explanation regarding the injury?
 - vii. Is there a history of injuries with this child or any other children in the home?
 - c. What does the interaction between the parent-child, placement resource-child, and other family members indicate regarding the child's adjustment, progress made or lack thereof, etc.

- d. Identify areas for discussion and follow up during the next visit.
 - e. Make necessary safety decisions in response to information gathered during the contact.
4. Consult with the Social Services Supervisor and/or subject matter expert (Field Assessment and Support Team, Field Program Specialists, Safety Master Practitioners, etc.) for assistance as needed.
 5. Document purposeful contacts in Georgia SHINES within 72 hours of occurrence, including uploading any pictures, safety plans or documents to External Documentation.
 6. Conduct safety screenings on new household members or caregivers revealed during purposeful contact as outlined in policy [19.9 Case Management: Safety Screenings](#) and update the Person Detail Page in Georgia SHINES.
 7. Engage individuals identified as collateral contacts to obtain pertinent and purposeful information for determining progress towards case plan goals, child safety, well-being and permanency; follow up on concerns identified during the purposeful contact to confirm or clarify information obtained, assessing caregiver protective capacities of the parent/guardian and caregiver, satisfying the conditions of return (see policy [19.16 Case Management: Collateral Contacts](#)).
 8. Work with the correctional facility if reunification services are available to the incarcerated parent.
 9. Follow up on services provided to the caregiver or family as a part of their case plan by formal and/or informal service providers.
 10. Make appropriate referrals necessary to implement needed services as outlined in policy [19.17 Case Management: Service Provision](#)).
 11. Follow up on commitments made during the visit.

Supervisor's Role

1. Ensure purposeful contacts are occurring according to policy or as frequent as necessary to assess progress toward case plan outcomes to ensure safety and determine family functioning.
2. Use any or all following reports to track purposeful contacts:
 - a. Case Worker Visitation Compliance Report (Lenses)
 - b. Case Worker Child Visit Report (Georgia SHINES)
 - c. Case Worker Child Visit Statewide Report (Georgia SHINES)
 - d. Every Child Every Month (Georgia SHINES)
 - e. Every Child Every Month – ECEM Visit Tracking (Lenses)
 - f. Every Child Every Month – ECEM In-Home Visitation Percentage (Lenses)
 - g. Cases without Case Manager Parent Visit List Report (Georgia SHINES)
 - h. Cases without Case Manager Parent Visit Status Report (Georgia SHINES)
 - i. Log of Contacts (Georgia SHINES)
3. Assist the SSCM in preparing a plan to ensure purposeful contacts are focused on the everyday life situations the family is having difficulty managing and safety, permanency and wellbeing.
4. Ensure he/she is accessible to the SSCM to provide guidance and consult with the SSCM in “real

time” to discuss:

- a. Information gathered concerning areas of family functioning;
 - b. Making a safety determination (safe or unsafe); and/or
 - c. Present danger situations that exist or indications of impending danger safety threats.
5. Discuss the SSCM’s ongoing engagement with the family and ability to develop a partnership to ensure purposeful contacts can move the family toward achieving case plan outcomes and gathering the necessary information to assess child safety.
6. Ensure purposeful contacts are documented timely in Georgia SHINES within 72 hours of the occurrence, including pictures and observations.
7. Review purposeful contacts documented in Georgia SHINES to determine the sufficiency of the purposeful contacts, consider the following:
- a. To ensure the documentation meets guidelines as outlined in Documenting Purposeful Contacts in Practice Guidance.
 - b. Does the documentation support the purposeful contact(s) is sufficient to progress the family toward achieving case plan outcomes to secure child safety?
 - c. Is the information gathered sufficient to support the safety decision?
 - d. Was the family engaged in manner that is conducive to building a partnership?
 - e. Was the discussion with the family focused on the everyday life tasks the family is struggling with?
 - f. Are inconsistencies documented that need to be resolved?
 - g. Identification of any needed linkage of services for the family.

Practice Guidance

All contacts made with parents and their children provide an opportunity to build a trusting and supportive partnership. However, contacts are more than friendly visits. They should be well planned and have a clear purpose. In order to thoroughly assess a child’s safety, permanency, and well-being, it is important to assess the functioning of the family that is caring for the child. Some key principles around good practice to keep in mind when performing purposeful contacts include:

1. Recognizing the family providing care as a system - Each member of the family, including the child, has a role and responsibilities within the family. If any one person is unable to fulfill their responsibilities, then the whole family is impacted.
2. Engagement and partnership building - Purposeful contacts are not only about engaging and building a relationship with the caregiver, but also about engaging and building a relationship with the entire family including parents absent from the home.
3. Involvement of families and youth - Because each member of a family has a role and responsibilities, it is essential to obtain input from all family members when assessing family functioning. When family members are engaged, this will re-affirm their importance in ensuring the success of the family system.
4. Recognizing all members are individuals – Each family member will adjust differently to challenges to everyday life tasks. It is important to recognize the individuality of each family mem-

ber and the impact DFCS involvement has on their lives.

5. Cultural awareness - Each family has their own culture. Culture impacts family rituals and traditions. As family functioning is assessed, we must be respectful of all cultures involved and how they impact the functioning of the family.
6. Empathy, authenticity, and transparency - During purposeful contact with family, we should be mindful of these three words: empathy, authenticity, and transparency. When engaging, we must be able to identify with their thoughts and feelings even though we may not always agree. We also must be genuine and open in our communication with all family members and recognize that we have some accountability regarding the success or failure of the family. Purposeful contacts are also a time for the family to hold us accountable for what we may or may not be doing on behalf of the family who has joined in partnership with us.
7. Remaining focused on safety, permanency, and well-being throughout the process.

Observing Children for Physical Signs of Maltreatment

Observing children for physical signs of maltreatment is an important part of ensuring child safety. To determine if there is cause to believe a child has been physically harmed, consider the following:

1. Non-verbal cues from the child or the caregiver that raise concern.
2. The age and special needs of the child. Young children and those with certain special needs are especially vulnerable and may not be able to verbalize when they are being abused or neglected. Therefore, the SSCM cannot depend on the child to say how they are feeling and must be keenly aware of non-verbal cues. For instance, if the child is wincing or drawing back slightly, it may be an indication of pain.
3. Statements made by the child, other children/household members/collaterals, etc. that indicate him/her may have been subjected to physical harm or neglect, etc.
4. Physical indicators of maltreatment such as suspicious injuries, marks, cuts, bruises, areas of swelling, protruding limbs, damaged skin, malnourishment, unexplained weight loss, lethargy, severe tooth decay, matted hair, pungent body odor, etc.
5. The child resides with the caregiver or other individual that harmed the child or another child.
6. The child indicates that physical discipline is being used; or that inappropriate methods of discipline is utilized by the caregiver or others in the home.

The SSCM may need to view areas of a child's body that are covered by clothing to observe for signs of maltreatment and determine if the child needs medical treatment. This may require that the child (or caregiver for younger children) adjust their clothing. This can be embarrassing and anxiety provoking for the child. SSCMs must be sensitive to the child's level of comfort and make every effort to reduce their discomfort. This can be accomplished by having an adult present that the child knows and trusts, and by asking the child or the caregiver (for children four years and under or those with special needs) to adjust one area of a child's clothing at a time. Asking the child or the caregiver to raise a child's pant leg or shirt sleeve one at a time, is less invasive, while allowing the SSCM to observe for signs of maltreatment. The child should never be fully unclothed. When possible, arrange for a staff person of the same sex as the child to conduct the observation.

Assessing Injuries

Some characteristics of injuries are considered red flags and warrant further scrutiny, these include but are not limited to:

1. Injuries on children who are not mobile, especially infants.
2. Injuries on protected surfaces of the body, such as the back and buttocks, ears, inside the mouth, the neck, arms or legs, and underarms.
3. Multiple injuries in various stages of healing (i.e., skin injuries, lesions of varying ages, bruises).
4. Patterned trauma, even if the object used to commit the abuse cannot be determined.
5. Injuries that routine, age-appropriate supervision of the child should have prevented.
6. Significant injury with either no explanation or an explanation that is not plausible.

The SSCM may also need to observe the scene of the injury, to ascertain whether the caregiver and/or child's statement of what happened is plausible.

1. Ask the caregiver and/or child to show him/her exactly what happened, and where.
2. Note anything about the physical environment that refutes the statement(s) provided. For example, if the caregiver claims that the child fell out of bed and hit their head on the floor, causing a severe bruise, the SSCM should look at the bed, the floor, and height from the bed to the floor. Is the floor carpeted? Is it plausible that the injury occurred on the carpeted floor?
3. Obtain a detailed, precise timeline of events surrounding the incident or track the sequence of events. The more detailed the history, the more likely the assessment of the injury will be accurate. This can be helpful when communicating with medical staff to determine if the injury could have been caused in the manner described by the caregiver and/or child.

Deliberate Information Gathering (DIG)

Seek to understand the caregiver, his/her point of view, story, and experience. That means to dig deeper for the information needed in order to understand the person, the situation and how these help explain both threats to child safety and caregiver protective capacities. The DIG^[8] idea is to be very deliberate in gathering information and seeking to understand while behaving very naturally. The following interpersonal techniques can be used while gathering information:

1. Attending Behavior

Attending behavior refers to focusing attention on the caregiver rather than the SSCM's agenda or line of questioning. Attending behavior involves "matching" a caregiver's nonverbal behavior by consciously manipulating and controlling the SSCM's own nonverbal skills and responses. Primary attending behaviors include eye contact, facial expressions, body language, posturing and gesturing, following, reflecting and vocal qualities-tone and pace.

2. Open Questions

Open questions help to remove the SSCM from the responsibility of "carrying" the interview by establishing a conversational quality to the interaction. Open questions cannot be answered "yes" or "no" or in just a few words. Open questions require the caregiver to elaborate with a wider range of responses. Open questions are the "what" and "how" type questions.

3. Closed Questions

Closed questions should be used to restrict or narrow the focus of a caregiver’s response. Closed questions should be used purposefully when precise detail and greater clarity is needed from the caregiver. As an exception, closed questions may be used more frequently when there are time constraints or when the SSCM is interviewing a caregiver who is very concrete or is not very verbal.

4. Paraphrasing

The primary intent of paraphrasing is to facilitate the clarification of statements, issues, and concerns. Paraphrasing may involve the SSCM selecting and using a caregiver’s own keywords. Paraphrasing involves formulating the essential message that the caregiver is conveying and then stating that message back to the caregiver in the SSCM’s own words. When paraphrasing, check for accuracy of the statement by concluding the paraphrase with a simple question such as, “Is that correct?” or “Does that sound accurate?”

5. Encouraging

This technique serves to keep people talking about a particular topic, issue, or concern. Encouraging may be as simple as using a slight verbal prompt, such as “uh-huh”, “I see”, “go on”, or “then what?”

6. Conversational Looping

Conversational looping is a skill for gathering information that first involves the SSCM identifying some key general topic or area for discussion with a caregiver (e.g., approach to parenting, problem-solving, dealing with stress, etc.). Once a topic has been identified, begin the conversation with a broad non-threatening open question. As the conversation progresses related to the identified topic, continue with a line of questioning (primarily open-ended) based on previous caregiver responses that progressively moves the discussion toward a more specific and intimate inquiry. A key to effective conversational looping is the ability of the interviewer to maintain a caregiver’s focus on a particular topic, which will then enable the interviewer to gather more detailed information from the caregiver about the issue, concern, or topic inquiry.

Example: Parenting Approach

“So, how would you describe yourself as a parent?”

“Where do you learn parenting skills from?”

“What brings you the most satisfaction as a parent?”

“How does what you’re saying relate to your feelings about being a single parent?”

The content areas that are explored through conversational looping or for any technique are the six family functioning areas.

7. Reflective Listening Statements

Reflective listening statements involve the SSCM’s attempts to interpret what a caregiver believes, thinks and/or feels, and then state the SSCM’s interpretation back to the caregiver. The interpretation of what the caregiver is communicating is based on both verbal responses and nonverbal cues from the caregiver. A statement is used rather than a question because the statement is less likely to produce caregiver resistance, and, further, a statement triggers the caregiver to re-examine the accuracy of his/her perceptions and thoughts.

Example:

Caregiver: “I may have a couple of beers every once in a while, with my friends, but I don’t have a drinking problem.”

SSCM: “For you, drinking is no big deal...it’s just something you do socially with your friends?”

Separating Intentions from Actions

An individual can experience differing even conflicting feelings about any given situation. It is not uncommon to have two thoughts on the same subject “I would like to..., but I am scared”. Individuals who may have caused harm to a child also experiences these conflicting feelings. “He deserved to be punished for not following the rules..., but I didn’t mean to hurt him. “He just would not stop crying, I was exhausted and wanted to sleep..., but I didn’t mean to shake him that hard.”

Separating intentions from actions means joining in partnership with the part of the person’s thoughts (intentions) related to not wanting this event to occur again, while helping them to acknowledge their unacceptable actions. Two methods used to help separate intentions from actions are:

1. Normalizing Family Struggles

Normalizing is a form of empathy (understanding) that acknowledges the family’s problems is part of the struggle of negotiating difficult life cycle stages, as well as strengths and efforts in coping with the problems. It also helps families learn that many others are in the same situation. It does not downplay or dismiss the problem. It also does not condone or endorse the harmful behavior.

For example, can you remember failing a test in college to only find out the majority of the class failed the test too? It does not remove the failing grade, but deep down it does make you feel a little better that others are in the same situation. Sometimes knowing others failed too provides confirmation that the test was difficult.

It is not unusual for families to start off defensively in their relationship with the case manager. Sometimes a simple introduction can evoke a defensive response from the family. Normalizing can enable an assessment to be more complete by minimizing the possibility of the family or individual becoming defensive and refusing to engage with the case manager. When a partnership is not established, information is not being shared openly, therefore obstructing the gathering information process (assessment). Normalizing a family’s struggles can reduce the risk of defensive behavior by the family by attributing the family’s problems to struggles associated with difficult life cycle stages.

Problem	Normalizing Language
Father who locked his teenage daughter in the basement to prevent her from leaving the house during the night while he sleeps.	“Teenagers today sometimes fail to understand the dangerous out in the world and the struggles to keep them away from harm. I found it so difficult when dealing with my teenage daughter, particularly if I knew she was hanging with the wrong crowd. You must feel horrible, how did the evening start?”
A mother who has neglected her children due to drug use (previous sex abuse victim by the biological father).	”Single mothers say all the time how hard it is raising children alone; I can only imagine how difficult it is to focus on the constant demands of raising two children while simultaneously trying to overcome the abuse you sustained as a child. It must be so hard. Tell me when you noticed things were more than you could handle?”

Problem	Normalizing Language
A mother who (education) neglects her children.	“As a parent, I found mornings extremely stressful. It took all I had to get the children up and out of the house to catch the school bus on time. I am sure it is especially difficult for you when your child makes up illnesses to avoid going to school and you do not have a car to transport him to school if he misses the bus. Tell me when this began.”
Foster mother spans a child in foster care in her home. (policy violation assessment)	“A lot of foster parents have expressed how challenging it is to integrate a child into their home when the child may have come from a home with different rules or values. How did this all get started?”
Kinship placement resource spanked a child in foster care placed in their home who is diagnosed with ADHD.	“Kin who agree to be a placement resource for a child often experience problems adhering to the no spanking guidelines required by DFCS, especially when they have cared for the child before the child went into foster care and were able to use physical discipline with the child. Tell me what behaviors you were trying to deter?”
Adolescent in foster care who is experiencing problems adjusting to the school environment after being brought into foster care.	“I understand you are trying to focus on school, but it is hard to focus after being removed from your family and placed into foster care. Teenagers have told me how difficult it is returning to school after being brought into foster care and everyone at school is aware of the situation. Tell me about that.”
Adolescent in foster care who is having a problem establishing his career objectives for the creation of the WTLF.	“Teenagers often have trouble pinpointing their career path, it seems so far off and not like a big deal at this age. Let’s talk about it, what things are you good at?”
Adoptive parents who are experiencing doubts about adopting a child.	“This is not uncommon, several adoptive parents have expressed their apprehension to adopting a child following the adoptive placement, you are not alone, and adding a member to your family is a difficult process. Tell me about your concerns.”
Non-custodial parent without a strong bond with the child wants to be a placement.	“Parents who do not live with their child and only see the child sporadically, say it is very challenging to establish and maintain a bond with the child, particularly when the relationship with the caregiver who is caring for the child each day is strained. Tell me about that.”
Non-custodial parent who has limited interaction with the child wants to be a placement.	“I understand you were trying to get yourself financially established before engaging in your child’s life because you wanted to have something to offer your child. Parents who are not involved in their child’s life or have limited interactions with their child often say it is difficult to just show up when you have nothing tangible to offer. Tell me about this.”

2. Externalizing the Problem Pattern

Externalizing the problem allows the family or individual to detach themselves from their problem. Externalizing the problem does not mean minimizing the personal responsibility or shifting blame, rather, it allows the individual to view the problem as something that is separate from their identity as a person. In short, the person is not the problem, the problem is the problem. Language that externalizes the problem can reduce criticism, blame, and guilt. If one of the family members has an “anger” problem, externalizing the problem will free up the family to work on the problem rather than exhausting energy opposing each other or defending themselves. This opens up the opportunity for the SSCM to work with the family to address the problem.

For example, asking the individual, “How long have you struggled with the problem of controlling your temper?” Has the anxiety problem been around for a while?” Can you see how anxiety has limited your family from engaging in fun activities?” “If your family wasn’t plagued with

the anxiety problem, what kind of activities would your family enjoy?”

Problem	Externalizing Language
Mother who beats her child (prior abuse victim)	“Maybe you would like to put an end to this cycle of violence that has been passed on to you; would you like to be one to defeat this monster and keep it from hurting future generations.”
Stepfather who slapped his teenage step-daughter	“When you described those episodes when everybody gets into it and you end up losing it, you seemed to be saying that you hate these episodes because they keep you from being the father you really want to be to your stepdaughter.”
Mother who neglects her children due to depression	“This dark curtain that you mentioned, tell me about a time when you fought back, or slipped by, or fooled this dark curtain that descends on you.”
A mother who neglected her child due to drug use.	“When you said you vowed not to be like your mom and use drugs and not care for your children, you seemed to be saying the drug use keeps you from being the mother you really want to be to your children.”

Engagement of the Noncustodial Parent

Engagement of noncustodial parents is more than inquiring as to their interest in being involved with the child(ren). It requires making an effort to understand their situation and why they may feel the way they do. It is important to be aware of certain dynamics that may come into play in this process. Their behavior may be in response to previous negative experiences they have had with the custodial parent, preconceived notions about how they are perceived by others regarding the status of their parental involvement, or they may be reluctant because of their views about the child welfare system. Engagement of noncustodial parents can be facilitated by educating them on the process and exploring with them their possible role and how they can be a resource for the child(ren). The discussions with the custodial parent surrounding the involvement of the non-custodial parent need to occur during the development of the case plan. Engagement should revolve around the noncustodial parent’s presence/engagement in the child’s life, caregiving abilities, cooperative parenting, and emotional contributions to the child. A determination must be made about the non-custodial parent involvement with the child and their ability to contribute the outcomes of the case plan prior to establishing contact standards for the non-custodial parent.

Observing Parent/Guardian/Placement Resource and Child Interaction

Direct observation of parent/placement resource and child interactions can provide valuable insight into family functioning. Using what is directly observed as a major component of case decision-making is vital. Case decisions based on behavioral changes observed and documented are desired. If service provision is effective, there should be evidence of enhanced parenting skills. A case decision based only on compliance and/or what is reported by the parent/placement resource is never sufficient. Direct observation of parent/placement resource and child interactions can provide valuable information regarding:

1. The parent/placement resource-child relationship.
 - a. What is the quality of the parent/placement resource and child bonding?
 - b. Does the parent/placement resource engage the child in developmentally stimulating activities?

- c. Does the parent/placement resource handle the child roughly or is there an apparent comfort level in providing for the child's needs?
 - d. Does the parent/placement resource identify the child's needs and respond to them in a nurturing way?
 - e. Does the child seem fearful of the parent/placement resource?
2. Communication between the parent/placement resource and the child.
 - a. Is communication verbal, non-verbal, physical, positive, negative, passive, more negative than positive?
 - b. Does the child appear comfortable in communicating with the parent/placement resource?
3. Progress on the specified steps of the case plan.
 - a. What changes in the parent's/placement resource's interaction with a child are observed since the previous meeting and/or the implementation of service provisions (i.e., counseling, parenting skills training)?
 - b. Is the parent/placement resource learning and practicing better ways of parenting this child?
 - c. Are parents utilizing their action plan to avoid, interrupt or escape situations that would usually lead to high-risk behaviors?
 - d. Does the parent/placement resource redirect the child when unwanted behaviors are noticed?

How to Tell When a Family Is Functioning Well

Some characteristics identified with a well-functioning family include support, love, mutual caring, feeling secure, feeling a sense of belonging, open communication, and making each person within the family feel valued. Some questions to consider when determining whether a family is functioning well include:

1. Does the family have fun together despite their daily demands? What activities do they do together? What were they doing the last time they laughed together as a family? Does the family sit down to meals together?
2. Are there clear family rules that apply equally to all members? Are these rules flexible enough to adapt to a change in the family dynamics/situation?
3. Are family members' expectations of each other realistic, mutually agreed upon, and usually met?
4. Do family members achieve their goals, and are their needs being met?
5. Do all the children in the home have the same opportunities to participate in extracurricular activities?
6. How does caregiver spend individual time with each child?
7. Is there genuine respect between the parents and children? How do they demonstrate love, trust, and concern for one another? Do they demonstrate these the same way even when disagreements occur?
8. How does the family adapt to change? Do household members get upset or unhappy with

change?

Why Make Contacts in the Home?

It is important to visit children in the home environment to assess safety and gain an understanding of the child's living conditions. It is recommended that contacts be made in the home as often as possible. There is helpful information that may be gathered when interacting with parents and children in their home environment and it is important to make firsthand observations of the home environment to which the child may be returning. Despite having a child in foster care, parents may still have other children in their household. Moreover, if the permanency plan is reunification, it is important to make firsthand observations of the home environment to which the child may be returning.

Announced or Unannounced Home Visits

The nature of the reported allegations and the initial indication of the existence of a present danger situation or impending danger safety threat must be the first consideration when determining whether to make an announced or unannounced visit.^[9] If there is a present danger situation, this requires an immediate response, regardless of where the child is located. When a present danger situation is not apparent initially, the nature of the allegations and DFCS history, as well as the consideration of whether an interview could be tainted by an adult are important considerations when determining whether to do an announced or unannounced visit. Making an unannounced visit should be associated with timeliness, immediacy, or emergency situations. Unannounced visits are not discouraged when they are appropriate, but they should be necessary and justified based upon the individual circumstances of the case and its history. Supervisory consultation and guidance are an integral part of the discussion when preparing to engage a family during CPS intervention. A family needs to know that CPS is not there to “catch them doing something”, but to take action to protect a child. Therefore, there needs to be a specific, immediate, and clearly observable reason that a case manager makes an unannounced visit.

When a case manager is trying to build a partnership and consensus with a family, he/she must remember that courtesy and mutual respect are core components of building effective and sustainable solutions to the difficult tasks or situations identified by a family. When possible, a scheduled visit with a family can be an effective, convenient, and efficient process for all parties. The visit can be set to a time that is mutually convenient and include all household members. This alleviates the need to make multiple visits to complete interviews; saving time and effort for the case manager and caregiver(s) and shows an effort to be courteous and respectful of the family and their time.

Consideration for Additional Purposeful Contacts

1. Child is moved and adjusting to a new placement.
2. Permanency plan is changing.
3. Child is not adjusting to his/her placement.
4. Child vulnerability is increased because of age, disability, or behavior.
5. Child is transitioning to a pre-adoptive home.
6. Child is on a trial home visit.
7. Child is being prepared for reunification or other permanent living arrangement.

8. Youth formerly missing has returned. Visit the child/youth more frequently (weekly or more often as needed) to work with the child/youth and caregivers(s) to stabilize their relationship, address the factors that led to a runaway episode, and prevent further placement disruptions. Make efforts to coordinate visits with service providers or CPA/CCI staff, if applicable.
9. Placement provider is on a Corrective Action Plan (CAP) or is the subject of an active Child Protective Services (CPS) investigation.
10. Any other situations or circumstances where additional visits are warranted.

Contacts made by Contracted Agents (Private Providers)

DFCS now requires each private provider to conduct monthly purposeful visits with each child placed with their agency. Visits performed by the private provider do not replace those required of the assigned SSCM. The assigned SSCM must continue to make monthly face-to-face purposeful contact with children in DFCS custody. Prior to the visit the private agency staff member should contact (e-mail, telephone, fax or mail) the assigned SSCM to discuss the visit agenda. It is the responsibility of the SSCM to provide direction and structure regarding the visitation format and to ensure documentation of the visit is received within 72 hours of visit completion.

Safe Sleeping Recommendations for Infants up to One Year of Age

Caregivers of infants (birth to 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)/Sudden Unexpected Infant Death (SUID), also known as “crib death”. At minimum, caregivers should be advised of the three primary safe sleep recommendations of the American Academy of Pediatrics (AAP) commonly referred to as the ‘ABCs’ of safe sleep:

Alone – The baby’s sleep area should be close to, but separate from, where caregivers and others sleep. The sleeping area should be free of soft objects, toys, and loose bedding.

Back – Infants should always be placed on their back to sleep for naps and at night.

Crib – Place infants on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet.

Further additional information and guidance regarding safe sleeping and SIDS/SUIDS see Infant Safe to Sleep Guidelines and Protocol in [Forms and Tools](#).

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. 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.

1. 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;
2. Make a habit of looking in the vehicle – front and back – before locking the door and walking away;

3. Ask the childcare provider to call if the child does not show up for care as expected;
4. 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;
5. 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;
6. A child in distress due to heat should be removed from the vehicle as quickly as possible and rapidly cooled.

Pictures

Pictures are useful for documenting injuries and/or the condition of the home environment; and may be used as evidence in an investigation or in court.

1. When taking pictures to document injuries, ensure the following:
 - a. The caregiver and the child are informed of the need for taking the pictures.
 - b. Each photograph should have one identifier present (i.e., piece of the child's clothing), at least one photograph should include the child's face and the clothing, to assure that the evidence collected demonstrates the series of pictures of the same child.
 - c. Use measurable objects (i.e., ruler, coin, pencil) to depict the size of the injury. Photograph the object that caused the injury (whether the injury was accidental or not).
2. When taking pictures of the condition of the home related to safety hazards to the children, include all the areas that demonstrate a safety hazard, such as inside and outside the home, including the yard, when applicable.



If the safety hazard is an infant unsafe sleep situation, take a picture of the area in which the infant currently sleeps.

3. All pictures should be identified with the following information: the individuals who took the photo, the date it was taken, name and date of birth of the alleged child victim, and if applicable the address where the injury occurred or the home with the safety hazards.

Documenting Purposeful Contacts

All visits must be documented on the Contact Detail page in Georgia SHINES within 72 hours of the contact. A narrative must be completed for each Contact Detail. At a minimum, the documentation entry must include:


1. The type of contact (e.g., face-to-face, announced, unannounced, etc.).
2. The date the contact occurred.
3. Person(s) present at the visit.
4. The purpose of the visit.
5. What was discussed.
6. Where the visit occurred.

7. Whether the caregiver or child was interviewed privately. If the child was not interviewed privately document the reason(s) why this did not occur.
8. Summary of information (What happened at the visit):
 - a. Progress toward action plan outcomes
 - b. Progress toward case plan outcomes
 - c. Sequencing of the event/situation that is causing concern;
 - d. Safety, permanency, and well-being issues discussed;
 - e. Consensus developed with the caregivers;
 - f. Adjustments of the child in the placement resource home;
 - g. Family functioning around everyday tasks (parent or placement resource)
 - h. Safety determination (safe or unsafe)
 - i. Safety plan management;
 - j. Change that was noticed and celebrated with the caregiver(s).
9. Observations of the home environment, children for injuries or signs of maltreatment and interactions of family members.
10. Any concerns or red flags identified.
11. Next steps and the plan for addressing identified issues or concerns, as well as documentation of issue resolution.

Forms and Tools

[Human Trafficking Case Management Statewide Protocol](#)
[Infant Safe to Sleep Guidelines and Protocol](#)

10.19 Visitation

	Georgia Division of Family and Children Services		
	Child Welfare Policy Manual		
	Chapter:	(10) Foster Care	
	Policy Title:	Visitation	
	Policy Number:	10.19	Previous Policy Number(s):
Effective Date:	July 2019	Manual Transmittal:	2019-08

Codes/References

O.C.G.A § 19-7-3 Actions by Grandparents or Other Family Members for Visitation Rights or Intervention; Revocation or Amendment of Visitation Rights; Appointment of Guardian Ad Litem; Mediation; Hearing; Notification to Family Members of Child’s Participation In Events

O.C.G.A § 15-11-2 Definitions

O.C.G.A § 15-11-112 Court ordered visitation

Requirements

The Division of Family and Children Services (DFCS) will:

1. Allow reasonable visitation that is consistent with the age and developmental needs of a child in compliance with the order of the Juvenile Court that it is in the child's best interest. The court's order shall specify the frequency, duration, and terms of visitation including whether visitation shall be supervised or unsupervised^[10].
2. Make a request to the court that visitation be supervised, monitored or otherwise restricted when child safety cannot be reasonably assured during unsupervised visits.
3. Arrange for each child who enters foster care to have a face-to-face family (parent/caregiver and sibling) visit **no later than** seven calendar days from the date of removal unless the court restricts such visitation. If the child is placed out of state or a significant distance (more than 75 miles) away from the family, the initial contact may be by telephone or Skype.
4. Develop a written visitation plan as part of the Case Plan to support continued contact between the child and parents, siblings, and significant others in the child's life. At minimum, parents shall visit bi-weekly (once every two weeks) with their children, unless the court specifies another frequency.
5. Increase the frequency of parent-child visitation for young children (birth to five years of age) when reunification is the permanency plan in order to facilitate bonding and child well-being. Unless the court specifies another visitation arrangement, below is the minimum frequency for parent-child visitation involving younger children (birth to five years of age) with a permanency plan of reunification:
 - a. Children ages 0-2 visit with parents at least two times per week
 - b. Children ages 3-5 visit with parents at least one time per week
6. Initiate and maintain visitation between children and potential kinship caregivers (relative and fictive kin) when appropriate, as soon as they are identified to support and maintain connections within the kinship circle. Visitation may occur during the kinship caregiver assessment process, when appropriate.
7. Allow the use of visiting resources other than the child's birth parents if it is deemed to be in the best interest of the child. This includes family members, friends, or fictive kin with whom the child has a significant, positive relationship. An approved, written assessment of the visiting resource is required.
8. Document all visitation plans under the Visitation Plan Tab in Georgia SHINES.
9. Update the visitation plan as ordered by the court within 30 calendar days of the request.
10. Ensure all visits in Georgia SHINES within 72 hours of occurrence, including any missed visits.

Procedures

DFCS Social Services Case Manager

1. At the time of removal, make a recommendation to the court regarding the appropriateness of unsupervised visitation. Ensure the court's response is documented in the court order and in the Legal Detail in Georgia SHINES.

2. At the time of removal, reassure members of the removal household that visitation with the child being removed will occur on a regular basis and that arrangements will be made to schedule a face-to-face visit within **seven calendar days** unless there are court-ordered restrictions.
3. Contact the birth family and the placement resource **no later** than three calendar days from the date of removal to schedule the initial visit. It is recommended that the initial parent-child visits occur within 24 hours of removal. Have the following discussions with the identified parties as indicated below:
 - a. Parents/Caregivers (both mother and father): Discuss the details of the initial visit (time, date, location, level of supervision and attendees). Identify other committed adults who may visit with the child(ren).
 - b. Child(ren): Discuss other committed individuals with whom the child would like to stay connected. Reassure the child that the initial visit is in the process of being scheduled.
 - c. Placement resource: Discuss who will transport the child to the visit, the level of supervision required, who will provide supervision and what role (if any) the placement resource is expected to play during the visitation (e.g. provide supervision, provide support to the birth family, etc.).
4. After the initial visit, develop a formal, written visitation plan that will be followed for the duration of the case, or until a change is needed.
5. Consider the following when scheduling parent – child visitation:
 - a. Age of the child: Younger children require more frequent visits to develop or maintain bonding with parents/caregivers;
 - b. Permanency plan for the child: Concurrent planning services may require more frequent visitation to facilitate reunification;
 - c. Least restrictive setting that does not compromise child safety (e.g., parks, playgrounds, etc.);
 - d. Child’s eating, sleeping, activity patterns, and after school activities;
 - e. Parent’s work schedule or other responsibilities;
 - f. Activities and responsibilities of the placement resource;
 - g. Providing parenting opportunities: Ways to involve parents in routine/regular activities of parenting such as feeding, changing diapers and other direct care responsibilities, attending child’s school functions, medical appointments, sports activities, etc.
6. Observe the child’s visits with the birth family to assess parenting skills, attachment, and interaction of the parent and child. Providers and foster parents may help supervise visits but are no substitute for SSCM observations. When providers are utilized for supervision of visits, written documentation is required.
7. Discuss with parents, child, and placement providers any observations, issues or concerns surrounding the visits.
8. Increase the frequency and duration of family visits as the case progresses closer to reunification in accordance with court guidelines for visitation.
9. In accordance with court guidelines for visitation, allow visitation in the home of the parent as a step in transitioning the child from the placement resource back into the parent’s home. The child’s safety during home visits must be reasonably assured.

When a visiting resource has been identified, the SSCM will:

1. Ascertain whether the child has a significant, positive relationship with the visiting resource being considered.
2. Arrange a face-to-face contact with the proposed visiting resource to initiate a thorough assessment prior to any visit occurring. If the resource is planning to care for the child in his/her own home, this contact must be made in the person's home.
3. Discuss the following areas and prepare a written summary called a "Visiting Resource Evaluation" on the Contact Detail page in Georgia SHINES:
 - a. Identifying information (i.e., name, sex, date of birth, address, telephone number, etc.)
 - b. Caregiver Safety Screenings in accordance with policy [19.9 Case Management: Safety Screenings](#):
 - i. Child Protective Services (CPS) History
 - ii. Sexual Offender Registry
 - iii. Department of Corrections
 - iv. Board of Pardons and Parole
 - c. Criminal Records Check (CRC) in accordance with policy [19.8 Case Management: Criminal Records Checks](#) for all adult household members if visits will occur in the home of the visiting resource
 - d. Health Status
 - e. Physical Home Environment:
 - i. Must be clean and hazard-free with sufficient space;
 - ii. Gas heaters must be vented;
 - iii. Must have functioning smoke alarms on each level;
 - iv. Must have a functioning carbon monoxide detector if a gas heater, gas water heater, or gas oven is present; and
 - v. Must have a functioning fire extinguisher.
 - f. Understanding of Child Development
 - g. Understanding of the DFCS Discipline Policy:
 - i. Review and obtain signature of the visiting resource; and
 - ii. Provide a copy to the visiting resource.
 - h. Number, sex, and ages of children in the home with the child in care (Determine if the visiting resource can care for another child)
 - i. Other adults who will be present during visits
 - j. General plan for contacts with the visiting resource (i.e. frequency, duration, activities, etc.)
 - k. Approval or Non-Approval (signature and date of SSCM, and County Director/Designee)
4. Make home visits to monitor the appropriateness of the visiting resource no less frequently than once every six months.

5. Document how utilization of the visiting resource is in the best interest of the child on the Contact Detail page in Georgia SHINES.

If parents object to any individual having visits with their child while in DFCS custody, the SSCM will:

1. Evaluate the reasons for the parental objection.
2. Assess the significance of the child's relationship to the individual and the impact on the child if visits are not allowed.
3. Determine if visitation with the individual in question is contrary to the safety or well-being of the child.
4. Obtain supervisory approval and provide written justification to the court for any decision to override a parental objection.
5. In accordance with court guidelines for visitation, ensure the visits with the individual in question are supervised.

Practice Guidance

Why are visits important?

A child's confusion and anxiety can be greatly reduced by arranging some form of contact with birth family as soon as possible following placement. Doing so reassures a child that the parent is still available and concerned about him/her. Another psychological advantage for the child is that he/she senses parental "permission" to be placed away from the parent. This alleviates much of the guilt most children feel when placed. As always, safety of the child is a paramount concern when considering the benefits of parent-child contacts. Visits provide caregivers with opportunities to practice appropriate parenting behavior and obtain feedback. Visits provide the agency opportunities to assess parental readiness and capacity for reunification, which is documented in the case record and Case Plan. When supervising visits, the SSCM can assess how visitation affects the parent and the child, as well as the quality of the interaction. Visits are considered to be supervised only when there is direct oversight of the interaction between a child and the person(s) with whom the child is visiting. The person supervising the visit should be physically present for the **duration** of the visit and be able to **see** and **hear** everything that is occurring during the visit. The person supervising the visit should also be able to intervene quickly to protect a child from harm if a threat to a child's safety emerges at any point during a visit.

Supporting Parents

The SSCM has the responsibility to reach out to parents and assure that a pattern of regular visitation is established early in placement. The younger the child, the more frequent visitation is needed for the child to maintain a relationship with the parent. Parents may require strong encouragement and support to exercise their visitation rights. The parent who misses visits, shows up late, seems disinterested, etc., may be experiencing great discomfort at having to continually face the reality of having the child taken away. The parent may respond to a better understanding of how important visitation is to the child when encouraged by the SSCM. Visits should be planned to allow meaningful parent-child interaction and the development of a positive relationship between the family and the placement resource.

An incarcerated parent and parents living out of county/state retain visitation rights. It may be necessary for DFCS to arrange for or to provide transportation where agency resources permit. Pre-planning the visit with the parent, child and placement resource may be helpful. If the parent has difficulty relating to the child, the agency may be able to help the parent develop more effective ways to engage the child such as incorporating activities, games, etc. The parent and child may also need help understanding when and how to end a visit and say good-bye. Post-visit discussions with the child, parent and placement resource may be helpful when planning for the next visit. Professional validation is needed from a licensed therapist, psychologist, or psychiatrist before deciding that visitation with parents, grandparents, siblings, etc. is detrimental to a child's well-being.

Maintain Open Communication

Open dialogue around the issue of visitation needs to be maintained among all parties involved. Visitation between parents and children may be stressful. The reasons for placement and separation may surface, along with strong feelings on the part of both the parents and children around those issues. Typically, children will express their feelings through their behavior prior to or following a visit (e.g., aggressiveness, temper tantrums, bed-wetting, angry outbursts, crying, etc.). Children who are particularly upset by visits may need additional assistance and support to verbalize their feelings about the parent, the reasons they are in foster care, and expectations regarding having visits with their family.

Parent-Child Visitation (Parenting Opportunities)

Limited contact between parents and their children is often anxiety provoking for children, and therefore more frequent visitation with their parents is best. Parents who visit frequently with their children have the best chance of being reunified with them. Visitation helps to facilitate bonding between parents and their children and provides opportunities for parents to "practice" parenting their children. Involving foster parents in developing the parent-child visits promotes partnership parenting, which builds supportive relationships. When reunification is the permanency plan goal, increased visitation with parents is critical to facilitate bonding and child wellbeing for children ages 0-5. Policy has established a required minimum frequency for visitation, but more frequent visitation is strongly encouraged.

Other parenting opportunities should be provided for parents to "practice" learned skills/knowledge that can facilitate earlier reunification. Examples of other forms of meaningful contact include letters, cards, calls, email, Skype, social media, etc. Telephone contact is also encouraged, when it is safe and appropriate to do so. Discussions regarding the type and frequency of contacts should occur on an ongoing basis as the case progresses.

Visiting Resources

Visiting resources provide support for children in care through positive, supportive interaction. They may provide social and/or cultural experiences of short duration (not to exceed two consecutive days or a weekend) to a child with whom there is a relationship that has been determined to be positive and significant and does not interfere with permanency for the child. A decision to arrange/approve visiting resources must be in the best interest of the child. Once a visiting resource has been identified, an assessment of the resource must be completed prior to any visit occurring.

Pictures

During visitation, DFCS staff and service providers should take the opportunity to photograph a child's interaction with their parents, siblings, extended family, friends, etc. Each child should be encouraged to add the pictures to their Life Book, which will offer a record of their experiences in foster care. Pictures may also help provide parents with additional motivation to take the steps necessary to reunify their family as soon as possible.

Skype

Skype is a service that allows users to communicate with other people over the internet by voice (using a microphone), by video (using a webcam), and instant messaging. There is no charge for calls between users within the Skype service. However, there is a charge for calls to landline telephones and mobile devices. Charges are processed via a debit-based user account system.


Family Member Rights to Visit

The term "family member" encompasses grandparents, great-grandparents, siblings of the parents of a minor child in foster care. If DFCS does not grant family member visitation, the family member has the legal right to petition the court for visitation rights with a minor child when:

1. The minor child's parents are separated or divorced;
2. The parental rights of either parent have been terminated;
3. The parent of the child is deceased; or
4. The child has been adopted by the child's blood relative or by a stepparent.

Reasonable visitation rights between the family member and the child may be granted if the court finds:

1. The health or welfare of the child would be harmed unless such visitation is granted; and
2. The best interest of the child would be served by granting the visitation request.

 In no case shall the granting of visitation rights to a family member interfere with a child's school or regularly scheduled extracurricular activities.


Fictive Kin

"Fictive kin" means a person who is known to a child as a relative, but is not, in fact, related to the child by blood, marriage or adoption but who prior to his or her placement in foster care was known to the family, has a substantial and positive relationship with the child, and is willing and able to provide a suitable home for the child.

Forms and Tools

N/A

10.20 Preserving Sibling Connections

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(10) Foster Care		
	Policy Title:	Preserving Sibling Connections		
	Policy Number:	10.20	Previous Policy Number(s):	N/A
	Effective Date:	September 2020	Manual Transmittal:	2020-06

Codes/References

O.C.G.A § Section 15-11-2(71)

Fostering Connections to Success and Increasing Adoptions Act of 2008 [FCA] (P.L. 110-351)

Title IV-E of the Social Security Act Sections 471(a)(31) and 475(12)

Preventing Sex Trafficking and Strengthening Families Act of 2014 (P.L. 113-183)

Requirements

The Division of Family and Children Services (DFCS) will:

1. Consider a 'sibling' to be an individual with whom a child shares one or both parents in common by blood, adoption or marriage, even if the marriage was terminated by death or dissolution. Such an individual shall still be considered a sibling of the child following termination of parental rights (TPR) up until a finalized adoption occurs. Such an individual shall also still be considered a sibling of the child following the death of their common parent(s).
2. Make reasonable efforts to place siblings removed from their home in the same foster care, kinship, or adoptive placement unless:
 - a. Joint placement is contrary to the safety or well-being of any of the siblings due to unresolved physical, sexual, and/or emotional abuse among the siblings where therapy, with a safety plan in place, is not effective or appropriate as documented by a licensed clinician and approved by the County Director/Designee;
 - b. Special needs of one or more children in the sibling group requires a specialized placement setting (e.g., documented medical, physical, cognitive or behavioral needs requiring residential treatment, hospitalization, juvenile detention, etc.);
 - c. Siblings are placed or reside in another state.



Georgia has opted out of the Kinship Guardianship program.

3. Require documentation of the specific circumstances and written approval of the County Director to place siblings in separate placement settings and include the explanation for separating a sibling group in the case plan submitted to the court for approval (see policy [10.23 Foster Care: Case Planning](#)).
4. Ensure siblings who are not placed together have frequent visitation or other ongoing interaction between each other beginning as soon as possible, but no later than seven calendar days from

sibling separation at initial placement or any subsequent placements. *Siblings shall maintain weekly face- to-face contact with each other, except under the following circumstances:*

- a. *Visitation is rendered contrary to the safety or well-being of any of the siblings due to unresolved physical, sexual and/or emotional abuse among the siblings where therapy, with a safety plan in place, is not effective or appropriate as documented by a licensed clinician and approved by the County Director/Designee.*
- b. Siblings are placed or reside in another state.



Weekly contacts include formal or informal opportunities to interact.

5. Make ongoing efforts to place together siblings who are separated for reasons unrelated to their safety or well-being (e.g., no placement available to accommodate the entire sibling group).

Procedures

When siblings require out-of-home placement, the Social Services Case Manager (SSCM) will:

1. Determine if there are siblings already in out-of-home care. If so, DFCS must determine if this resource is able to accommodate the siblings of children currently in their home/facility.
2. Inform potential placement resources that placement is being sought for a sibling group and the plan is to keep them together throughout the foster care episode.
3. Place all siblings together at the first placement unless there is evidence that placement together is contrary to a child's safety and/or well-being.
4. Prioritize kinship placements (see policy [10.1 Foster Care: Placement of a Child](#)).
5. Place siblings in close proximity to each other, if unable to place them in the same home, in order to increase opportunities for them to have contact (e.g., attempt to place them where they may attend the same school, church, etc.).
6. Make diligent efforts to place siblings back together when they are separated due to emergency removal. Efforts include, but are not limited to:
 - a. Monthly contact with Resource Development (RD) staff or the Room Board and Watchful Oversight (RBWO) provider regarding ongoing efforts to locate or recruit a placement resource for the entire sibling group;
 - b. Ongoing follow up with members of a family's kinship network who may be potential placement resources for the siblings or know of other potential kinship resources; and
 - c. Targeted recruitment for sibling groups, including reaching out to neighbors, teachers, counselors, other school staff, and others who know one or all of the children.
7. Include the explanation for separating a sibling group in the case plan submitted to the court for approval. The case plan should include:
 - a. A statement that it is contrary to the safety and/or well-being of a child;
 - b. A statement that reasonable efforts have been made to place the siblings together and will continue to be made throughout the life of the case;
 - c. A visitation plan documenting ongoing frequent visitation and other interaction between the siblings;

- i. Formal visits at the DFCS office, placement provider’s location, visitation center, etc.;
 - ii. Informal visits (e.g., birthday parties, play dates, social gatherings, sleepovers, sporting events, lunches, dinners, Skype, etc.).
8. Facilitate weekly face-to-face visitation (formal or informal) between the siblings:
 - a. Siblings who are not initially placed together or who are separated thereafter should have a minimum of a phone contact within 48 hours of separation.
 - b. The initial sibling visit is held as soon as possible, but **no later than** seven calendar days from sibling separation at initial placement or any subsequent placements.
 - c. A sibling visitation plan (included in the case planning process) is developed in conjunction with the family, caregivers and children (as appropriate) to clearly state who is responsible for scheduling visits, supervising visits, providing transportation to visits, etc.
9. Document the following in the log of contacts in Georgia SHINES:
 - a. Initial and ongoing efforts to place the siblings together;
 - b. Explanation of why siblings cannot be placed together;
 - c. County Director/Designee approval of the clinical professional’s written recommendations regarding the need to separate siblings due to safety and well-being concerns;
 - d. Ongoing visitation and other interaction between the siblings; and
 - e. Ongoing assessments to determine when sibling visits can resume (If suspended).

Social Services Supervisor

1. Communicate to each case manager the significance of maintaining sibling groups intact, including when seeking adoptive placements.
2. Discuss with staff all actions taken to place siblings together or reunite them if they were previously separated during placement. Discussions are to occur as part of ongoing supervision, including during case staffing, individual conferences, unit meetings, etc.
3. Document discussions regarding preserving sibling connections in Case Staffing Notes. Documentation must be entered on the Contact Detail page in Georgia SHINES.

Practice Guidance

Preserving Sibling Connections through Sibling Placement

“Sibling” means a person with whom a child shares one or both parents in common by blood, adoption or marriage, even if the marriage was terminated by death or dissolution. Such individuals are still legally considered a sibling following termination of parental rights (TPR) up until a finalized adoption occurs. The bond between brothers and sisters is unique. It is the longest lasting relationship most people have, including the parent-child or husband-wife relationship. Separating siblings in foster care or for permanency adds to their emotional trauma. For some children, separation from their siblings can be even more traumatic than separation from their parents. Placing siblings together lessens separation trauma, eases the stress on their parents, reinforces the importance of family relationships, and facilitates visits and communication between children and their parents. Therefore, when children enter the care and custody of DFCS, preserving sibling connections must

be a crucial component of the case planning process. Reasonable efforts must be made to place siblings together whether in foster, kinship, guardianship or adoptive homes.

There may be situations in which children do not meet the legal definition of siblings but have established such a bond that they consider themselves to be siblings. They may have grown up in the same household or shared caregivers for an extended period of time. Moreover, they may have been led to believe by others that they share one or both parents. In such instances, the agency should be sensitive to that relationship and make every effort to preserve that connection in the same manner as it does for legal siblings (to the extent allowed by law). That includes trying to maintain such children in the same placement or arranging frequent visitation.

Preserving Sibling Connections through Visitation (formal and informal)

When siblings cannot be placed together, ongoing diligent efforts must be made to ensure siblings have the opportunity to interact with each other to maintain their relationship. Enlisting the support of parents and placement providers in the sibling visitation and “other interaction” plan is important to maintaining the sibling bond. Think about naturally occurring opportunities for the siblings to interact, not just created or “formal” opportunities (i.e., DFCS supervised visit at the office, visitation centers, etc.). Formal visits provide opportunities for DFCS, RBWO or other agency staff to observe and assess sibling interaction. However, other “informal” opportunities for siblings to interact provide siblings the ability to bond naturally. Such informal opportunities include birthday parties, graduations, sporting events, family outings, sleepovers, attending church, school, or other community events, etc. Whether formal or informal, the plan for sibling visits must be documented in the visitation plan, which is a part of the case plan.

Permanency Planning

Permanency planning should always be done for the sibling group as a unit. Unless an exception has been made and documented, children who become free for adoption should be presented as a group during adoption recruitment activities (e.g., Wednesday’s Child, Northwest Adoption Exchange or AdoptUSKids). Use a group photograph when utilizing photo listings (e.g., My Turn Now), and make it clear that an adoptive family is being sought for the entire sibling group. If children are adopted separately, consider writing sibling visitation and ongoing communication into the Adoption Placement Agreement. Moreover, siblings placed for adoption should be educated about the Adoption Registry.

Photographs

During visitation, DFCS staff and service providers should take the opportunity to photograph a child’s interaction with his/her parents, siblings, extended family, friends, etc. Children should be encouraged to add the photographs to their Life Book, which will offer a record of their experiences in foster care. Photographs may also help promote sibling connectivity, especially for siblings not residing in the same out-of-home placement.

Skype


Skype is a service that allows users to communicate with other people over the internet by voice (using a microphone), by video (using a webcam) and by instant messaging. There is no charge for calls between users within the Skype service. However, there is a charge for calls to landline tele-

phones and mobile devices. Charges are processed via a debit-based user account system.

Forms and Tools

[Decision Guide for Sibling Separation for Foster Care Placement](#)

10.21 Expectant or Parenting Youth in Foster Care

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(10) Foster Care		
	Policy Title:	Expectant or Parenting Youth in Foster Care		
	Policy Number:	10.21	Previous Policy Number(s):	N/A
	Effective Date:	September 2020	Manual Transmittal:	2020-06

Codes/References

O.C.G.A. §31-9-2(a)(5)

Requirements

The Division of Family and Children Services (DFCS) will:

1. Promote positive outcomes for expectant and parenting youth in foster care through engagement, support and services for the youth, the child and their caregivers.
2. Ensure pregnant youth in foster care receive appropriate prenatal care.
3. Ensure physical and legal custody of the child of a parenting youth remains with the parenting youth in foster care unless it is determined contrary to the safety of the child.
4. Ensure that expectant or parenting youth in foster care (both mothers and fathers), receive the services and support needed to provide proper care for their child, support bonding with their child and successfully navigate the developmental stages of adolescence (see Practice Guidance: Supporting Expectant and Parenting Youth).
5. Ensure that the case plan and/or Written Transitional Living Plan (WTLP) for expectant or parenting youth is updated to include outcomes related to providing proper care and support for their child, if applicable (see policy [8.3 Family Preservation Services: Case Planning](#), [10.23 Foster Care: Case Planning](#) and [13.3 Independent Living Program: Written Transitional Living Plan](#)).
6. Notify Revenue Maximization (RevMax) via the Notification of Change (NOC) in Georgia SHINES anytime a youth in foster care has a child.
7. Provide foster care maintenance payments for a child, who is not in DFCS custody, but is placed together with their parenting youth in foster care (see policy [9.1 Eligibility: Foster Care Maintenance Payments](#)).
8. Conduct a purposeful contact with the mother in foster care and infant within 24 hours of the birth to provide support, plan for the discharge of the parenting youth and child and assess

child safety and wellbeing.

9. Determine the frequency of purposeful and collateral contacts needed to support the parenting youth and their child, in accordance with policy [19.15 Developing Contact Standards for Purposeful Contacts and Collateral Contacts](#).
10. Adhere to confidentiality and the Health Insurance Portability and Accountability Act (HIPAA) when coordinating activities regarding the health condition of the expectant and parenting youth in accordance with policies [2.6 Information Management: Confidentiality/Safeguarding Information](#) and [2.5 Information Management: Health Insurance Portability and Accountability Act](#). Obtain a signed Authorization for Release of Information (ROI) to facilitate sharing of information, when applicable.
11. Document all case management activities regarding the expectant and parenting youth and child in Georgia SHINES within 72 hours of occurrence.

Procedures

Social Services Case Manager

1. Discuss the following with youth who suspect they are pregnant:
 - a. Their feelings about the possible pregnancy.
 - b. Their concerns.
 - c. Possible support persons, including information on the father.
 - d. Need for a medical exam to confirm the pregnancy.
 - e. Person they want to accompany them to the initial medical exam.
2. Ensure youth who suspect they are pregnant receive a medical exam to:
 - a. Confirm the pregnancy.
 - b. Assess their health and the health of their unborn child.
 - c. Determine a due date for the child.
 - d. Develop a plan for ongoing prenatal care, including the plan to manage any ongoing physical or mental health concerns (see policy [10.11 Foster Care: Medical, Dental and Developmental Needs](#)).
3. Consult with the Social Services Supervisor (SSS) for guidance when a youth in foster care believe they may be expecting a child.
4. Discuss the following with the expectant youth once the pregnancy is confirmed:
 - a. Their feelings now that the pregnancy is confirmed.
 - b. Importance of complying with prenatal care.
 - c. Referral for counseling or family planning services as appropriate.
 - d. The youth's plan for informing her parents, the expectant father, the placement resource and others, when appropriate, and any support needed.
 - e. Next steps.

i Per Georgia law, any female, regardless of age or marital status, is authorized and empowered to consent, either orally or otherwise, to any surgical or medical treatment or procedures not prohibited by law which may be suggested, recommended, prescribed, or directed by a duly licensed physician, when given in connection with pregnancy, the prevention of pregnancy, or childbirth.

5. Coordinate a family meeting if the youth has disclosed the pregnancy and has agreed to the meeting and the individuals to be included.

a. The individuals may include:

- i. Expectant mother
- ii. Expectant father, if appropriate
- iii. Expectant mother's family, if appropriate
- iv. Expectant father's family, if appropriate
- v. Current placement resource
- vi. Any other support team members as determined by the youth

i Information about the pregnancy must be disclosed by the expectant youth.

b. Discuss the following:

- i. Whether the expectant mother is ready to make an informed decision about parenting, adoption or another option for the unborn child, and if not, any additional services that are needed to support them.
- ii. The age/maturity level, protective capacities and desires of both expectant parents.
- iii. The expectant father's involvement and ability to provide support with the pregnancy and parenting the child.
- iv. The need for paternity testing and/or legitimation by the expectant father.
- v. The expectant mother's support person during labor and delivery.
- vi. The educational plan for the expectant mother, including any additional educational services needed to support the youth during the pregnancy.
- vii. The placement resource's willingness to support the expectant mother throughout pregnancy and ensure the receipt of appropriate prenatal care.
- viii. The placement resource's willingness to maintain the parenting youth and child in the home, provide support to the youth in caring for the child and intervene if safety concerns arise.
- ix. Financial supports available for the child of the expectant youth.
 - x. Items needed to provide for the child (i.e. crib, car seat, clothing, other baby items).
 - xi. Plans for childcare.
- xii. Services available to support the expectant mother (i.e. peer support groups, visiting nurse's programs, mentoring, etc.).
- xiii. Alternative placement options for the expectant mother and child, if they cannot remain

in the current placement.

- xiv. Changes needed to the expectant youth's Written Transitional Living Plan (WTLP) to ensure outcomes that enhance their ability to provide proper care and support for their child, if applicable (see policy [13.3 Independent Living Program: Written Transitional Living Plan](#)).
- xv. Any permanency planning needs for the child of the expectant parents regardless of whether the infant enters foster care.
- xvi. The process for assessing allegations of maltreatment by the parenting youth should any arise.



If the expectant youth is not in agreement with having a family meeting, the discussions/planning above should occur during ongoing case management activities to ensure proper planning and decision making.

- 6. Update Georgia SHINES indicating the youth is an Expectant Youth or Expectant Youth (see [Forms and Tools](#) for Georgia SHINES Job Aid: Documenting Expectant Parenting Youth).
- 7. Arrange for services for the expectant mother and/or expectant father in accordance with policy [19.17 Case Management: Service Provision](#). Services should include, but not limited to the following:
 - a. Family planning and/or professional counseling to assist in the decision-making and planning related to the pregnancy (i.e. Planned Parenthood).
 - b. Parenting education classes specific to the needs of parenting youth which include support for co-parenting.
 - c. Prenatal care visits.
 - d. Childbirth preparation classes (i.e. Lamaze classes).
 - e. Mental health and/or substance abuse counseling, if applicable.
 - f. Information on healthy relationships (i.e. GA-PREP, Title V Sexual Risk Avoidance, Relationship Smarts, etc., if available).
- 8. If the expectant youth decides not to become a parent (i.e. adoption or other options), ensure he/she have the supports and services needed (i.e. family supports, counseling, conferring with the GAL/attorney, etc.).
- 9. Discuss planning and preparation activities for the birth, if the expectant youth decides to have the baby:
 - a. Ongoing prenatal visits.
 - b. Items the baby and the youth will need after the birth.
 - c. Who will support the youth during childbirth.
 - d. The importance of bonding with the baby during pregnancy and after birth.
 - e. Potential risk factors for infants such as safe sleep, failure to thrive, crying baby, shaken baby, falling off beds/changing tables and watering down formula, with the expectant youth and placement resource during purposeful contacts. Observe sleeping arrangements for the infant prior to the birth to ensure appropriate safe sleeping (see [Forms and Tools: Infant Safe to Sleep Guidelines and Protocol](#)).

10. Locate an appropriate placement for the expectant mother as soon as possible, if the current placement resource is unable to care for the youth during pregnancy or is unable to care for the youth and child after the birth (see policy [10.3 Foster Care: Changes in Placement](#) and policy [10.4 Foster Care: Selecting a Placement Resource](#)).
11. Assist the expectant or parenting father, who is in foster care, in planning for his child.
 - a. Include the expectant father in the family meeting with the expectant mother, if applicable.
 - b. Discuss the following with the expectant or parenting father, who is in foster care:
 - i. The identity of the expectant or parenting mother.
 - ii. The mother's plan for herself and their child.
 - iii. The involvement the expectant or parenting father desires with his child.
 - iv. The process for legitimating, including paternity testing.
 - v. The expectant or parenting father as a possible placement resource for the child, if appropriate.
 - vi. Financial supports available if the child is placed with the father whether DFCS obtains custody of the child or not (i.e. foster care maintenance payments; Medicaid; Women, Infants and Children (WIC); etc.).
 - vii. Visitation arrangements for the expectant or parenting father and his child, if they are not residing together.
 - viii. The expectant or parenting father's child support obligations.
12. Ensure the expectant youth is well supported to maintain their education and other wellbeing goals. Engage caregivers, family supports, the school, and any other support system as needed and in conjunction with the youth.
13. Immediately after an expectant youth in foster care gives birth:
 - a. Notify the SSS of the youth giving birth for guidance on case management related activities.
 - b. Conduct a purposeful contact with the mother in foster care and child, within 24 hours of the birth (see policy [10.18 Foster Care: Purposeful Contacts in Foster Care](#)). Include the following:
 - i. An assessment of their safety and well-being (see policy [19.11 Case Management: Safety Assessment](#)).
 - ii. Potential hospital discharge date.
 - iii. Supports for the parenting youth upon the return home.
 - iv. Assessment of needed baby items.
 - v. Discussion of safe sleeping practices in accordance with the Infant Safe to Sleep Guidelines and Protocol, including observation of the sleeping arrangements.
 - vi. Discussion of motor vehicle safety recommendations, including use of an infant car seat and hot car safety.
 - vii. Upcoming medical appointments for the parenting youth and child.
 - c. Obtain information from the hospital on the health of the parenting youth and child including the discharge planning information.

- d. Conduct a purposeful contact with the placement resource to discuss the support needed for the parenting youth and child and discuss the following:
 - i. Safety of the child, including a discussion of safe sleeping practices, motor vehicle safety and any needed baby items. Observe the sleeping arrangements of the parenting youth and infant.
 - ii. Expectations of the placement resource's role regarding the care of the child.
 - iii. Types of support the placement resource can offer parenting youth.
 - iv. The plan to ensure how the parenting youth can continue with typical childhood experiences (i.e. school attendance, spending time with friends, extracurricular activities, school dances, prom, graduation, etc.) while being responsible for the care of their child.
 - v. Applying the reasonable and prudent parenting standard with the parenting youth.
- e. Discuss the assessment with the SSS and determine whether any safety concerns exist in accordance with policy [19.11 Case Management: Safety Assessment](#). If there are no safety concerns, DFCS should not seek custody of the child. If there are safety concerns and DFCS must obtain custody, refer to policy [17.1 Legal: The Juvenile Court Process](#).



Immediately report any known or suspected instances of child abuse to the CPS Intake Communications Center (CICC) as outlined in policy [3.24 Intake: Mandated Reporters](#).

- f. Update Georgia SHINES with the Parenting Youth and their child's information in accordance with the Georgia SHINES Job Aid: Documenting Expectant and Parenting Youth:
 - i. Add the child to the Person Detail page;
 - ii. Update the status to indicate the Expectant Parent is now a Parenting Youth;
 - iii. Update/Add the Payment of Care.
 - g. Notify RevMax of the birth via the NOC in Georgia SHINES, indicating whether the youth and child are in the same placement and whether DFCS obtained custody of the child.
 - h. Assist the parenting youth with applying for medical assistance for the newborn child, if DFCS does not obtain custody of the newborn child.
 - i. Fax the Medical Assistance Application to the appropriate RevMax Specialist (RMS).
 - ii. Notify the RMS that the Medical Assistance Application is for the child of a parenting youth in DFCS custody.
 - iii. Complete the Person Detail for the child in the parenting youth's case in Georgia SHINES.
14. Provide ongoing support to the parenting youth (mother and father), including:
- a. Increased frequency of purposeful contacts and collateral contacts.
 - b. A referral to a home visiting program (i.e. Early Head Start-Home Visiting; Healthy Families Georgia; Nurse-Family Partnership; Parents as Teachers, SafeCare), if applicable.
 - c. Assistance in applying for Women, Infants and Children (WIC) vouchers; child support (if the non-custodial parent is not a minor in foster care); or any other financial/non-financial assistance.
 - d. Assistance in locating a medical home (primary care pediatrician) for the child to obtain routine infant health checks for the child and any follow-up care.

- e. Ensuring ongoing medical care for the new mother in foster care, including assessing for post-partum depression (see policy [10.11 Foster Care: Medical, Dental and Developmental Needs](#)).
 - f. Facilitating visits between the child and parents, if not placed together (see policy [10.19 Foster Care: Visitation](#)).
 - g. Facilitating ongoing parenting support from the placement resource for both parents and mediating any conflicts between the parenting youth and placement resource.
 - h. Facilitating academic success for the parenting youth.
 - i. Coordinating child care and early education for the child, if appropriate.
15. Inform the parenting youth of the need to obtain placement authority if the child is separated from the parenting youth (i.e., if there are safety concerns that require removal, the youth runs away, youth is arrested and detained, etc.). Discuss the following with the parenting youth:
- a. Relative or fictive kin, including the other parent, who the parenting youth may voluntarily allow to care for the child until safety threats can be resolved.
 - b. What it means for the child to be placed in foster care, including:
 - i. The legal process (see policy [17.1 Legal: The Juvenile Court Process](#)).
 - ii. The case planning process (see policy [10.23 Foster Care: Case Planning](#)).
 - iii. Roles and responsibilities of the placement resource and parenting youth if the child and parenting youth remain placed together.
 - iv. Safety threats that prohibit placement together and what needs to occur to facilitate placement together.
 - v. A visitation plan if they cannot be placed together.
16. Follow Chapter 10: Foster Care policy, if the child of the parenting youth enters DFCS custody.

Social Services Supervisor

1. Conduct a supervisor staffing with the SSCM to discuss:
 - a. The emotional and physical well-being of the expectant and/or parenting youth.
 - b. Planning and preparation activities for the birth.
 - c. Services needed by the expectant or parenting youth.
 - d. Placement options for the expectant youth and child, after the birth.
 - e. Ongoing support for the expectant or parenting youth.
 - f. Safety, permanency and well-being of the parenting youth's child.
2. Notify the Social Services Administrator and County Director of any youth in foster care who is an expectant parent or who has just given birth.
3. Participate in any family meeting, as required.
4. Ensure a purposeful contact occurs with the parenting youth and child within 24 hours of the birth.
5. Ensure he/she is accessible to the SSCM to provide guidance and consult with the SSCM in "real

time” after the birth of the child to discuss:

- a. Information gathered concerning areas of family functioning including parental protective capacities of the parenting youth.
 - b. Whether safety concerns exist that require a report be made to the CPS Intake Communications Center (CICC) and/or placement authority be obtained for the child.
 - c. Discharge planning for the parenting youth and child.
6. Assist with obtaining placement authority, if necessary.
 7. Ensure contact standards for purposeful contacts and collaterals are reassessed and increased to meet the needs of the parenting youth and their child.
 8. Ensure Georgia SHINES is updated regarding the status of the expectant and parenting youth and their child, in accordance with the Georgia SHINES Job Aid: Documenting Expectant and Parenting Youth.

Practice Guidance

Case Planning with Expectant or Parenting Youth

A parenting youth’s WTLTP, if applicable, should include outcomes to enhance their ability to meet the needs of their child and these outcomes should be addressed during the periodic reviews and permanency hearings held on behalf of the parenting youth (see policy [17.2 Legal: Case Reviews and Permanency Plan Hearings](#)). If the parenting youth’s child is placed in DFCS’ custody, a foster care case plan should be developed with the parenting youth (see policy [10.23 Foster Care: Case Planning](#)).

Custody of the Parenting Youth’s Child

When a youth in foster care has a child, the child should remain in the custody of the youth unless it is determined that the parenting youth has abused or neglected the child and the child is unsafe in the custody of the parenting youth. Parenting youth may need time to adjust to their new role and responsibilities as a parent. Therefore, it is critical the parenting youth and child are in a safe, caring environment that allows the youth the opportunity to enhance their parenting skills. Identifying expectations and outlining responsibilities of the placement resource and the parenting youth regarding the care of the child are critical in facilitating a successful placement. The SSCM and placement resource must give the parenting youth the liberty to parent while providing the support to make their parenting efforts successful. Ongoing safety must be thoroughly assessed through purposeful and collateral contacts.

Youth in foster care face numerous challenges in preparing to transition to a successful adulthood. They often lack strong family connections or a supportive role model to assist them in transitioning to adulthood. For youth in foster care who are expecting or parenting, the process of transitioning to adulthood is accelerated even if the youth is ill-prepared to assume adult responsibilities. Therefore, expectant or parenting youth in foster care need a strong support system and targeted services to assist them in enhancing their parental protective capacities while they strive to become successful, self-sufficient adults.

If the child of a parenting youth in foster care is ever removed and placed apart from the parent,

judicial placement authority must be obtained. The child should be entered into Georgia SHINES as a child in foster care, once DFCS has received legal custody through juvenile court. If the issues requiring the removal from the parenting youth are addressed and the court sanctions reunification, the child should be placed in the same placement as the parenting youth if safe and appropriate.

Engaging the Youth Regarding Disclosing the Pregnancy

Youth in foster care are at higher risk of teen pregnancy than their counterparts not in foster care. The trauma from the abuse or neglect which resulted in the youth's placement into foster care may lead to physical and emotional health problems as well as increased vulnerability to teen pregnancy. Lack of a stable parent-figure to educate a youth about pregnancy prevention also contributes to the higher risk of teen pregnancy for youth in foster care.

Most youth do not plan to become pregnant or impregnate someone else when they engage in sexual activity. Thus, learning they are expecting a child can be overwhelming. They may struggle with anxiety, depression, feelings of helplessness, fear, worries about the future and/or low self-esteem. It is important that the SSCM recognize these struggles and ensure appropriate services are initiated to assist this youth.

The SSCM may need to recognize and set aside their own personal biases about teenage pregnancy and/or the options available to the expectant parent related to the pregnancy to fully support the expectant youth. Youth may find it difficult to disclose the pregnancy to their parents, other family members, and/or their placement resource. The disclosure must come from the youth; however, the youth may need assistance and support from the SSCM regarding how to disclose and handle other's responses once they learn of the pregnancy. The SSCM should explain to the youth the importance of support from their parents, other family members and the placement resource throughout the pregnancy and parenthood. Reiterate to the youth that their parents, family and placement resource care about them, and although they may be disappointed, they want what is best for the youth. Some tips for youth to consider when disclosing they are expecting include:

1. Take a deep breath, process the news and develop a plan.
2. Determine when and where to disclose.
3. Prepare what to say.
4. Practice what to say with the SSCM or a friend.
5. Anticipate the reactions of others and their possible questions.
6. Disclose in a relaxing, comfortable manner/environment.
7. Listen to their responses and reassure them that you can handle this with their support.
8. Answer their questions as best you can.
9. Discuss next steps.

Supporting the Expectant and Parenting Youth

Expectant and parenting youth in foster care need help to guide them along positive developmental pathways and provide their children with the care they need to learn, grow, develop, and reach their full potential.^[11] SSCMs can facilitate this by:

1. Supporting the healthy development of the youth parent:
 - a. Ensure the parent receives consistent medical attention, including prenatal and postnatal care.
 - b. Provide supports that promote age appropriate developmental goals and address relevant mental health issues, including the impact of trauma.
 - c. Provide education related to substance abuse (specifically the risks that substance use poses to the developing child), sexual health, the prevention of subsequent pregnancies, and sexually transmitted infections.
 - d. Encourage healthy relationships with partners, peers, family members, and other supportive people.
 - e. Promote self-sufficiency and independent living outcomes for expectant and parenting teens by helping them obtain high school diplomas/GEDs and pursue additional education and employment opportunities, or job training.
2. Supporting the healthy development of the child:
 - a. Ensure the parent receives consistent medical attention, including prenatal care, to increase the likelihood of a healthy birth.
 - b. Assist the parent in registering for other supports such as Medicaid and Supplemental Nutrition Assistance Program so the child receives regular medical care, including developmental screenings.
 - c. Connect the children of youth mothers and fathers with developmentally appropriate resources, childcare, and services for the child, including transportation and educational opportunities.
3. Supporting strong parent-child relationships that promote attachment and bonding:
 - a. Provide access to programs that promote positive parenting and emphasize nurturing as well as age-appropriate discipline.
 - b. Connect the youth to models of good parenting practices and programs that provide education about essential parenting skills and the importance of responsive parenting.
 - c. Offer opportunities to practice parenting skills in a supportive environment.

Funding for a Parenting Youth's Child

The Title IV-E program allows for states to claim reimbursement for the cost of a child living in the same placement as its parent in foster care without obtaining custody of the child (see policy [9.1 Eligibility: Foster Care Maintenance Payments](#)). The added cost of care for the child is reimbursed through the parenting youth's IV-E status. Only one payment is made to the placement provider. State funds may be used if the child remains in the custody of a parenting youth in foster care who is not IV-E eligible (see policy [9.10 Eligibility: Special Situations \(Trial Home Visits, Runaway, Parenting Youth in Foster Care and Out-of-State IV-E Foster Care\)](#)).

Georgia Personal Responsibility Education Program (GA-PREP)

State PREP awards grants to public and private agencies for educating youth through evidence-based programs to reduce teenage pregnancy, STDs including HIV/AIDS, and STI's among high risk

youth.^[12] PREP targets youth ages 10-19 who are in foster care, live in geographic areas with high teen birth rates, or come from racial or ethnic minority groups. PREP is funded by both the Administration of Children and Families (ACF) and Family and Youth Services Bureau (FYSB).

Georgia's Personal Responsibility Education Program (GA-PREP) is administered by the Division of Family and Children Services (DFCS), a division of the Department of Human Services (DHS). Through a competitive funding solicitation, GA-PREP awards grants to public and private agencies for educating youth ages 10-19 and up to 21 if expecting or parenting. GA-PREP serves the larger goals of GA's DHS by providing high risk youth free access to evidence-based teen pregnancy prevention programs and supplemental adult preparation subjects.

The Georgia Home Visiting Program

The Georgia Home Visiting Program^[13] is a statewide effort, sponsored by the Georgia Department of Public Health and supported by your community to ensure that every child in our state gets a great start in life. The program is designed to create a community culture of care, encouragement, and support for all families before and after the birth of a child. Across hundreds of Georgia communities, services are available to ensure that these important early years are rich with opportunities for children to be educated, safe, and healthy. A free Information & Referral Center offers connections to relevant local resources and information.

Home Visiting Evidenced Based Models in Georgia

1. Early Head Start-Home Visiting^[14]

The Early Head Start–Home Visiting (EHS-HV) model provides high-quality, culturally competent child development and parent support services with an emphasis on the role of the parent as the child's first and most important relationship. EHS-HV targets low-income pregnant women and families with children birth to three. To be eligible, most families must be at or below the federal poverty level. The EHS-HV model must make at least 10 percent of their enrollment opportunities available to children with disabilities. The scope of services in the home-based model is comprehensive and includes the following:

- a. Developmental screening, ongoing observation and assessment, and curriculum planning.
- b. Medical, dental, and mental health.
- c. Child development and education.
- d. Family partnerships and goal setting.
- e. Community collaborations to meet additional family needs.

2. Healthy Families Georgia^[15]

All Healthy Families programs in Georgia are nationally accredited, evidence-based home visiting programs. Services are designed to strengthen families beginning prenatally up to the age of 5 years of a child's life when vital early brain development occurs. Well trained, experienced Family Support Workers provide valuable education, community resources, and tangible support all children and families need to thrive. The mission of Healthy Families Georgia is to promote child well-being and prevent the abuse and neglect of our children through the provision of quality, long-term, intensive home visitation services. The program is designed to strengthen

nurturing parent-child relationships, promote healthy childhood growth and development and enhance family functioning.

3. **Nurse-Family Partnership (NFP)**^[16]

Nurse Family Partnership aims to empower first-time mothers living in poverty to successfully change their lives and the lives of their children through evidence-based nurse home visiting.

4. **Parents as Teachers**^[17]

The vision of Parents as Teachers (PAT) is that all children will learn, grow and develop to realize their full potential. Within this evidence-based home visiting model, certified parent educators provide information, support and encouragement parents need to help their children develop optimally during the crucial early years of life. PAT sites provide at least two years of services to families with children between prenatal development and kindergarten. Generally, families should be enrolled by the child's 3rd birthday. Sites are affiliated with PAT National Center (PATNC) to ensure model fidelity. The model uses the following four core components to service children and families:

- a. Home Visits. Each home visit includes parent-child interaction, family well-being and development centered parenting.
- b. Referrals to Community Resources.
- c. Health and Child Development Screenings.
- d. Group Connections.

5. **SafeCare**^[18]

SafeCare is an evidence-based parenting program that addresses both physical abuse and neglect in parents of very young children (ages 0-5). Neglect represents the largest portion of DFCS referrals in Georgia (73.8%) and nationally (78.3%). Children ages 0-5 are among the most vulnerable and are most likely to be victims of substantiated maltreatment. SafeCare is the first of a series of evidence-based programs DHS hopes to implement to best serve the families of Georgia.

The Lamaze Method of Childbirth

The Lamaze method, developed by the French obstetrician Ferdinand Lamaze, has been used in the United States since the late '50s and remains one of the most commonly taught types of childbirth classes.^[19] The original focus was on using controlled breathing techniques to cope with labor. According to Lamaze International, the goal of Lamaze classes is to "increase women's confidence in their ability to give birth." Toward that end, women learn a variety of simple coping strategies, of which breathing is only one. The classes aim to help women "learn how to respond to pain in ways that both facilitate labor and increase comfort." The Lamaze philosophy of birth stipulates that "birth is normal, natural, and healthy" and that "women have a right to give birth free from routine medical interventions." But Lamaze also educates women so that when interventions are needed, or [pain relief medication](#) is desired, women can give true informed consent.

Planned Parenthood

Planned Parenthood Federation of America, Inc. or Planned Parenthood^[20], is a nonprofit organization that delivers vital reproductive health care, sex education and information to millions of people worldwide.

Teen Parent Connection

Teen Parent Connection (TPC)^[21] is a system of care that provides the support, guidance, and assistance needed by teen mothers and fathers to succeed as adults and parents. TPC serves pregnant or parenting teens (both moms and dads) aged 13-19 in state custody and their child (or children), or teen parents with a child in state custody. Teen Parent Connection services are currently available in Metro Atlanta, North Georgia, and Middle Georgia.

At Teen Parent Connection, Life Coaches are the centerpiece of our program. TPC Life Coaches are credentialed coaches with specialized training and experience in working with teen parents. These Life Coaches work with the team of professionals serving teen moms and teen dads and their children as part of a System of Care. Life Coaches can address the challenges of working with teens in myriad settings by using a keen awareness of the challenges they face and breaking them down in an individualized manner.

Life Coaches reach out to teens through home visits, phone contacts, and engagement in both individual and group settings. They choose from a host of programs tailored to the individual teen parent and their child. Services include:

1. Screenings and assessments
2. Parenting skills training for individuals and groups
3. Job skills training and career placement
4. Life skills support (financial literacy, educational support, medical/health support, building healthy relationships, etc.)
5. Legal support
6. Peer support and advocacy

Teen Parent Connection (TPC) accepts referrals from anyone working with an expectant or parenting teen in custody. Teens may also refer themselves. For more information, contact the Multi-Agency Alliance for Children at info@maac4kids.org.


Title V Sexual Risk Avoidance Program

The Administration for Children and Families provides funds under the Sexual Risk Avoidance Education (SRAE) Program.^[22] The SRAE Program funds projects to implement sexual risk avoidance education that teaches participants how to voluntarily refrain from non-marital sexual activity and prevent other youth risk behaviors. The program teaches the benefits associated with self-regulation, success sequencing for poverty prevention, healthy relationships, goal setting, and resisting sexual coercion, dating violence, and other youth risk behaviors such as underage drinking or illicit drug use without normalizing teen sexual activity. Visit www.acf.hhs.gov/fysb/grants/georgia-app for a list of SRAE programs.

Forms and Tools

Infant Safe to Sleep Guidelines and Protocol

10.22 Permanency Planning

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(10) Foster Care		
	Policy Title:	Permanency Planning		
	Policy Number:	10.22	Previous Policy Number(s):	N/A
	Effective Date:	July 2024	Manual Transmittal:	2024-06

Codes/References

O.C.G.A. § 15-11-2 Definitions

O.C.G.A. § 15-11-202 Reasonable Efforts to Preserve or Reunify Families

O.C.G.A. § 15-11-204 Non-Reunification Hearing

O.C.G.A. § 15-11-211 Relative Search by DFCS

O.C.G.A. § 15-11-215 Notice of Change in Placement Hearings

O.C.G.A. § 15-11-216 Periodic Review Hearing; Required Evidence; Consideration of Hearsay Evidence

O.C.G.A. § 15-11-232 Permanency Plan Hearings; Findings

O.C.G.A. § 15-11-240 Appointment of a Permanent Guardian; Jurisdiction; Findings

Title IV-E of the Social Security Act §§ 471(a)(15)(E)(i); 471(a)(29); 475(5)(C) and (D); and 475(7)

45 CFR Part 1355.34 (b)(1)(ii)(A), 1356.21(b)(3), 1356.21(h), 1356.21(h)(2)(3)(4)

Public Law (PL) 96-272 Adoption Assistance and Child Welfare Act of 1980

PL 105-89 Adoption and Safe Families Act (ASFA) of 1997

PL 113-183 Preventing Sex Trafficking and Strengthening Families Act of 2014

Requirements

The Division of Family and Children Services (DFCS) will:

1. Promote positive permanency outcomes for children in foster care by ensuring the permanency planning process includes:
 - a. A thorough assessment of the child and family's circumstances;
 - b. Family engagement throughout the permanency planning process;
 - c. Early identification of the permanency plan or concurrent permanency plan;
 - d. Determining what is in the child's best interest;
 - e. Decisive, individualized, and time-limited outcome-oriented activities to achieve the permanency plan outcomes;
 - f. Consideration of the need to minimize trauma for children in foster care.

2. Maintain a sense of urgency to achieve a permanent living situation for every child in foster care.



The federally recommended timeframes contained in the Child and Family Services Review (CFSR) for achieving each of the permanency plans are Reunification - 12 months, Guardianship – 18 months and Adoption – 24 months.

3. Begin discussing the permanency plan options and timeframes with the family during the joint visit with Child Protective Services (CPS) staff or sooner when possible.
4. Discuss the Permanency Timeline with the family and provide them with a copy.
5. Conduct a diligent search to locate absent parents and kin to serve as permanency resources or supports including, *seeking the services of the Federal Parent Locator Service to search for absent parents at any point in order to facilitate a permanency plan* (see policy [19.20 Case Management: Diligent Search](#)).
6. Comply with the requirements of the Indian Child Welfare Act (ICWA) (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).
7. Identify the permanency plan (as part of the initial case plan) for each child, in partnership with the family within 30 days of the child’s entry into foster care. In order of preference, the permanency plan options are:
 - a. Reunification: The return of a child in the temporary custody of DFCS to the legal and physical custody of the parent, guardian or legal custodian. Custody to a non-custodial parent is also reunification.
 - b. Adoption: Establishes a new legal family giving adoptive parents and children the same rights and benefits as those who are born into a family.
 - c. Permanent Guardianship (*legal guardianship*): *A judicially created relationship between the child and kinship caregiver which is intended to be permanent and self-sustaining as evidenced by the transfer to the kinship caregiver of the following parental rights with respect to the child:*
 - i. *Protection*
 - ii. *Education*
 - iii. *Care and control of the person*
 - iv. *Guardianship of the person*
 - v. *Decision making*




Georgia has opted out of the Title IV-E Kinship Guardianship Assistance Program.

- d. Another Planned Permanent Living Arrangement (APPLA): DFCS maintains care and custody of the youth who has attained 16 years of age and arranges a living situation in which the youth is expected to remain until adulthood. APPLA is only appropriate in rare circumstances and when the court finds and documents a compelling reason that reunification, adoption or permanent guardianship are not in the best interest of the child.



Although “Permanent Placement with a Fit and Willing Relative” is a permanency

option outlined in ASFA, effective 01/01/14, Georgia law no longer recognizes it as a permanent placement for a child.

8. Assess and identify whether a concurrent permanency plan is in the best interest of the child within 30 days of a child entering care. Simultaneously implement a primary permanency plan of reunification with an alternate plan of either adoption or permanent guardianship when the assessment indicates a concurrent plan is warranted.
9. Select reunification as the preferred permanency plan, and make reasonable efforts to reunify the child with his/her family, unless the court has ordered that reunification services are not required (see policy [9.5 Eligibility: Reasonable Efforts](#)).
10. Determine in consultation with the Special Assistant Attorney General (SAAG) whether adoption or guardianship is appropriate as the initial permanency plan when it is assessed that reunification is not in the child's best interest at the onset of the case based on conditions outlined in policy [17.11 Legal: Termination of Parental Rights \(TPR\)](#) and/or policy [9.5 Eligibility: Reasonable Efforts](#).
11. Determine the following prior to recommending adoption as a permanency plan to the court:
 - a. Reunification is not in the child's best interest (see policy [9.5 Eligibility: Reasonable Efforts](#) and Practice Guidance: Adoption for additional considerations when recommending adoption as a permanency plan); or
 - b. Reunification is not required as outlined in policy [9.5 Eligibility: Reasonable Efforts](#).
12. Determine the following prior to recommending permanent guardianship to the court:
 - a. Obtain a non-reunification court order finding that reasonable efforts to reunify the child with their parent is detrimental and is determined not to be in the best interest of the child;
 -  Only pursue an order of non-reunification when selecting permanent guardianship as the permanency plan (see Practice Guidance: Non-Reunification).
 - b. Determine that termination of parental rights and adoption is not in the best interest of the child (see policy [17.11 Legal: Termination of Parental Rights \(TPR\)](#));
 - c. Monitor the child's placement with the caregiver for at least six months and determine whether they can provide a safe and permanent home for the child.
 - d. Determine that the caregiver is the individual most appropriate to be the child's permanent guardian, taking into consideration that guardianship is in the best interest of the child. For children 14 years of age and older, determine the appointment of a permanent guardian is in the best interest of the child and the individual chosen by the child is the most appropriate to be the child's permanent guardian taking into consideration the best interest of the child.
 - e. Verify that there is an approved Kinship Assessment unless the proposed guardian is an approved foster home.
13. Explore and eliminate all other permanency plans (reunification, adoption, and guardianship) prior to selecting APPLA as the permanency plan.
 - a. Only select APPLA as a permanency plan for children aged 16 years and older, if appropriate.



State and federal law provide no exceptions for selecting APPLA as a permanency plan for a child under the age of 16.

b. Document a compelling reason for choosing APPLA as the permanency plan in the Case Plan in Georgia SHINES.

14. Develop case plan outcomes and tasks that support achievement of the selected permanency plan.
15. Participate in case reviews to report progress on case plan outcomes and tasks that support achievement of the permanency plan in accordance with policy [17.2 Legal: Case Review/Permanency Plan Hearing](#).



If at any review subsequent to the initial 75 day review the court finds there is a lack of substantial progress toward completion of the case plan, the court shall order DFCS to revise the case plan within 14 calendar days of the review and to change the permanency plan to one other than reunification or to add a concurrent plan (see policy [10.23 Foster Care: Case Planning](#)).

16. Make reasonable efforts to finalize the permanency including any concurrent plan by working actively and collaboratively with the family, children, providers and family supports to implement case plan activities.
17. Obtain a judicial determination regarding “reasonable efforts to finalize the permanency plan” at each permanency plan hearing, but no later than 12 months of the date the child is considered to have entered care and at least every 12 months thereafter as long as the child remains in care (see policies [9.5 Eligibility: Reasonable Efforts](#) and [17.1 Legal: The Juvenile Court Process](#)).
18. Obtain court approval via a court order whenever the permanency plan is changed.
19. Refrain from requesting, pursuing, suggesting or consenting to a temporary guardianship of a child in DFCS custody.
20. Obtain a recommendation from the State Office Placement and Permanency Section before proceeding with the adoption of any child by a caregiver who is the subject of a Child Protective Services (CPS) investigation.
21. Adhere to confidentiality and Health Insurance Portability and Accountability Act (HIPAA) provisions outlined in policies [2.6 Information Management: Confidentiality/Safeguarding Information](#) and [2.5 Information Management: Health Insurance Portability and Accountability Act](#). Obtain a signed Authorization for Release of Information (ROI), when applicable.
22. Document all permanency activities in Georgia SHINES within 72 hours of occurrence, including:
 - a. Updating the Case Plan whenever there is a change in the permanency plan.
 - b. Documenting permanency planning discussions with the family, caregivers, children and others in the Contacts/Summaries.
 - c. Updating the Legal Status.
 - d. Uploading court orders in External Documentation, when applicable.

Procedures

When selecting an initial permanency plan, the Social Services Case Manager (SSCM) will:

1. Participate in the following:
 - a. Transfer staffing and joint visit with the Child Protective Services (CPS) SSCM (see policy [19.4 Case Management: Case Transfer](#)).
 - b. Case Consultation/Multi-Disciplinary Team (MDT) Meeting.
 - c. Family Team Meeting (FTM) to develop the initial case plan (see policy [10.23 Foster Care: Case Planning](#)).
2. Conduct ongoing diligent search in accordance with policy [19.20 Case Management: Diligent Search](#) to locate possible placement or permanency resources.



If a relative fails to demonstrate an interest in and willingness to provide a permanent home for a child within six months of receiving the required notice that the child is in foster care, the court may excuse DFCS from considering the relative as a placement. Such a finding does not excuse DFCS from continuing to search for relatives, which must continue throughout the life of the case. Even if a relative is not a proper placement option, finding those relatives may give the child the opportunity to form deeper family connections and sources of support later in life.

3. Thoroughly explore any information which suggests that a child is of Native American heritage in compliance with the Indian Child Welfare Act (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).
4. Review and analyze the case history, Family Functioning Assessment, Comprehensive Child and Family Assessment (CCFA), other assessments completed on the child and family and any other background information in preparation for the meeting with the parents, guardian or legal custodian to develop the case plan (see policy [19.10 Case Management: Analyzing DFCS History](#)).
5. Utilize the Concurrent Planning Assessment Guide within the first 30 days of a child entering foster care to determine the suitability of a concurrent plan. If additional information is needed to make the determination, request that the CCFA provider include this as a part of their report.
6. In a staffing with the Social Services Supervisor (SSS), review and consider the following when deciding on a possible permanency plan for the family:
 - a. All information gathered during the assessment.
 - b. Information from the Concurrent Planning Assessment Guide.
 - c. The best interests' determination factors considered by the court (see Practice Guidance: Best Interest Determination in policy [17.1 Legal: The Juvenile Court Process](#)).
 - d. The parent/caregiver-child relationship:
 - i. The emotional commitment to the child.
 - ii. Empathy for the child.
 - iii. Ability and willingness to meet the child's needs.
 - iv. Realistic expectations of the child based on development and ability.

- e. The vulnerability of the child involved and the severity of the maltreatment:
 - i. Serious physical abuse (e.g., burns, fractures, poisoning).
 - ii. Caretaker(s)' sexual abuse of child.
 - iii. Significant neglect (e.g., child denied food, clothing or shelter and/or locked in a room for years).
 - iv. Diagnosed failure to thrive.
 - v. Child has been the victim of multiple forms of abuse.
 - f. The parents', guardian's or legal custodian's history:
 - i. Prior agency interventions (DFCS history including previous foster care episodes, law enforcement, mental health, family violence, services, etc.).
 - ii. Childhood and birth family history.
 - iii. Desire to parent (e.g., any prior abandonment of a child?) and the consensus reached on the needed outcomes.
 - iv. Degree to which contact was maintained with the child.
 - v. Ability to meet the child's needs.
 - vi. Any high-risk relationships (e.g., abusive, exploitive).
 - vii. Chronic substance abuse, physical health, and/or medical or mental health issues.
 - g. The behavioral, cognitive and emotional characteristics of the parents, guardians or legal custodians to assess their ability to care for and keep the child safe.
 - h. The most appropriate permanency plan, based on the information gathered and assessed.
 - i. If reunification is assessed not to be in the best interest of the child, the case information that supports this assessment; and the information that supports the selection of adoption or guardianship as an appropriate initial permanency plan (see [policy 9.5 Eligibility: Reasonable Efforts](#) and [17.11 Legal: Termination of Parental Rights](#)).
7. In partnership with the family and the child (when age and developmentally appropriate), determine the most appropriate permanency plan including a concurrent plan when appropriate. Thoroughly discuss the following with the family and child:
- a. The permanency outcomes being considered
 - b. Reasons for the possible permanency plan;
 - c. Permanency Timeline and provide them a copy (see [Forms and Tools: Permanency Timeline](#));
 - d. Explain whether a concurrent permanency plan is being considered, the reasons for the consideration, and the expectations and timelines with concurrent planning;
 - e. Their input or feelings regarding the possible permanency plan;
 - f. The urgency of meeting case plan outcomes as it pertains to the trauma of foster care on the child;
 - g. How their progress or lack of progress impacts whether their child returns home.



When a sibling group enters care, all permanency planning must include diligent

efforts to ensure the children remain together in their placement and their permanent home.

8. Implement services for the primary or concurrent permanency plan in accordance with policy [19.17 Case Management: Service Provision](#).
9. Initiate a consultation with the SAAG in conjunction with the SSS, to discuss the selection of the permanency plan and case plan outcomes/tasks to achieve the permanency plan.



Consult with the Regional Field Program Specialist and Regional Adoptions Coordinator to provide guidance with the direction of the case prior to the staffing with the SAAG, if selecting adoption or guardianship as the initial permanency plan.

10. Document the following on the Case Plan in Georgia SHINES (see policy [10.23 Foster Care: Case Planning](#)):
 - a. The initial permanency plan and the reason the permanency plan selected is in the best interest of the child.
 - b. The reason a concurrent permanency plan was or was not utilized.
 - c. The outcomes and tasks that support achievement of the permanency plan and concurrent plan where appropriate.
 - d. Any current services being provided to the family to achieve the permanency plan.
 - e. Permanency plan changes that were made by order of the court when the court found the case plan lacked substantial progress.
11. Document the exhaustive efforts to locate kin and other individuals who have demonstrated an ongoing commitment to the child and why placement with them is or is not possible in the Diligent Search tab in Georgia SHINES.
12. Present the selected permanency plan as part of the case plan to the court for approval and incorporation into a court order.
13. Assess progress towards achieving the case plan outcomes in accordance with policy [10.23 Foster Care: Case Planning](#).
14. Assess continued appropriateness of the permanency plan and formally review at each case review (see policy [17.2 Legal: Case Review/Permanency Plan Hearings](#)).

When a change to the initial permanency plan is necessary, the SSCM will:

1. Ensure the case plan supports the need for the change including:
 - a. The intensive efforts made towards the current permanency plan. If a concurrent plan, the efforts towards reunification and the alternate plan (see policy [9.5 Eligibility: Reasonable Efforts](#)).
 - b. The family's response to reunification services as well as progress in meeting case plan outcomes when reunification is the selected plan.
 - c. Updates on any outcomes or tasks that have been completed.
 - d. Detail any barriers to achieving the current permanency plan.
 - e. An explanation why the current permanency plan is no longer appropriate and in the best

interest of the child.

2. Review the Visitation Plan in Georgia SHINES to determine the level of visitation by the parent/caregiver including all parent/child visits, attempts to schedule visitation and missed visits.
3. Review all purposeful contacts and correspondence with the parents, guardians or legal custodians, child, kin, placement resources, service providers, etc. to determine progress being made, the family's response to services and any barriers.
4. Discuss the concurrent permanency plan with the potential permanent caregiver and document the discussion, including:
 - a. Realistic expectations of the birth parent making behavioral changes to regain custody and the caregiver's plan to assure child safety in the future.
 - b. Their preparation to become a permanent resource.
 - c. All available permanency options and their responses.
 - d. The available financial and non-financial supports (see policy [22.8 Kinship: Financial and Non-Financial Supports for Children in Foster Care or Who Have Achieved Permanency](#)).
 - e. Their willingness to communicate with the birth family and/or to enter post adoption contact agreements, if applicable.
 - f. The reason for preferring guardianship rather than adoption, if applicable.
5. Consult with SSS to discuss:
 - a. The reasons a change in the permanency plan is needed.
 - b. The new recommended permanency plan.
 - c. The tasks needed to implement the change in the permanency plan.
6. Consult with the SAAG if the plan is to pursue termination of parental rights (TPR) and document any legal barriers or concerns identified in accordance with policy [17.11 Legal: Termination of Parental Rights](#).
7. Schedule and conduct a FTM with the family (see policy [19.3 Case Management: Solution-Focused Family Team Meeting](#)).
 - a. Discuss the following:
 - i. The need to revise the permanency plan and related case plan to expedite permanency.
 - ii. The progress and barriers to achieving the current plan.
 - iii. The parent's, guardian's or legal custodian's, child's and caregiver's input, feelings and recommendations regarding a new permanency plan.
 - iv. The new permanency plan that is most appropriate and in the best interest of the child.
 - v. Tasks that are needed to achieve the new permanency plan.
 - b. Build consensus with the family around how the new permanency plan is in the best interest of the child.
 - c. Update the case plan in Georgia SHINES with the new permanency plan, and related outcomes and tasks (see policy [10.23 Foster Care: Case Planning](#)).
8. Submit the revised permanency plan and case plan to the court in accordance with policy [10.23](#)

Foster Care: Case Planning.

9. Document all permanency planning efforts in Georgia SHINES within 72 hours of occurrence.

Social Services Supervisor

1. Review case documentation including DFCS history and the current assessment to ensure all information is considered when determining the permanency plan.
2. Explore possible permanency plans including the appropriateness of concurrent planning with the SSCM upon assignment of the case.
3. Participate in FTMs conducted with the family to determine the permanency plan and address any concerns with the achievement of permanency outcomes.
4. Participate in the staffing with the SSCM, Regional Field Program Specialist and Regional Adoption Coordinator when a permanency plan other than reunification is selected at the onset of the case and/or when there needs to be a subsequent change to the permanency plan.
5. Participate in the consultation with the SSCM and SAAG regarding the permanency plan and related case plan outcomes and tasks.
6. Ensure contact standards (purposeful and collateral) are set at a level to sufficiently assess progress towards the permanency plan including the alternate plan when a concurrent permanency plan is selected.
7. Review the case record documentation to evaluate whether the quality and effectiveness of services provided to the child and family promote timely permanency.
8. Conduct a supervisory staffing with the SSCM to:
 - a. Assist with evaluating and managing setbacks/relapses towards permanency.
 - b. Evaluate the appropriateness and progress of the permanency plan.
 - c. Discuss the appropriateness of changing the permanency plan, and the next steps to implementing a change in the permanency plan.

Practice Guidance

Assessing the Family

All children are entitled to a safe, permanent and nurturing home. In order to grow up to be healthy, self-sufficient adults, children need to experience stability and continuity in a lifetime relationship with a parent or other permanent caregiver. Permanency planning is the process of assessing and preparing a child for long term care when in out-of-home placements. Permanency planning must focus on what is in the child's best interests, and therefore requires an initial and ongoing assessment of the needs of the child and family.

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. The assessment should also involve:

1. Identification of the challenges the family faces with everyday life tasks.
2. Exploration of how these challenges create safety threats for the child.

3. Exploration of “exceptions” to the challenge or situations when the completion of the everyday life task went well.
4. Exploration of kinship connections including those that can provide placement, permanency and other types of support to the family.

Such information is then analyzed, and conclusions are drawn about family functioning, including family strengths and needs. The SSCM 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 guide staff in making sound decisions about the best placement for the child, critical service needs of the child and family and the most viable plan for achieving permanency. Initially, the assessment assists staff in making a prognosis regarding the likelihood for reunification, the preferred permanency plan when safety can be assured. For some children in care (particularly young children and children whose families are less likely to respond to time-limited reunification services), a concurrent permanency plan may be developed. Concurrent planning allows the agency to pursue an alternative plan alongside reunification, in the event reunification is not possible or safe. The plan may have to be continuously refined in partnership with the family to ensure achievement of permanency in the best interest of the child.

A fundamental principle of permanency planning is the understanding that when children are unable to live with their family, efforts to promote the connectedness of family and significant relationships with people who are important to them are essential to the child’s identity, sense of belonging and culture. Therefore, it is essential that diligent search efforts to locate kin and other committed individuals begin as early as possible to facilitate permanency for the child through adoption or guardianship, when reunification with one or both parents has been ruled out (see policy [19.20 Case Management: Diligent Search](#) and [10.4 Foster Care: Selecting a Placement Resource](#)).

Foster care is a temporary setting and not a place for children to spend any more time than is necessary. It is critical to begin planning for permanency from the time children enter care and to keep the family actively involved in permanency decisions for the children. Regardless of the permanency plan, the safety and well-being of the children must be reasonably assured.

Permanent Placement

Georgia law defines a permanent placement as:

1. Return of the legal custody of a child to his/her parent.;
2. Placement of a child with an adoptive parent pursuant to a final order of adoption; or
3. Placement of a child with a permanent guardian.

The Adoption and Safe Families Act (ASFA)

The Adoption and Safe Families Act (ASFA) includes provisions intended to move children more quickly through the foster care system into safe, permanent families including:

1. A timeframe of 12 months to achieve permanency for every child in foster care.
2. A permanency hearing and a judicial determination regarding “reasonable efforts to finalize

the permanency plan” within 12 months of the child’s removal (and every 12 months thereafter as long as the child remains in care).



Georgia law requires the initial permanency plan hearing to be held within 9 months for children under seven years of age and within 12 months for children seven years of age or older.

3. Documenting a compelling reason in the case plan when a child is not going to reach permanency before their 15th month in foster care.
4. The mandatory filing of a petition to terminate parental rights whenever the court has determined the child to be abandoned or the parent has been convicted of certain felony offenses or the child has been in care 15 out of the most recent 22 months unless a compelling reason is documented.
5. Concurrent planning with respect to two practices is:
 - a. The selection of dual permanency plans. And
 - b. Concurrent efforts to identify, recruit and approve a qualified family for a child while the County Department continues to provide reunification services.

Reunification

Reunification is the return of a child in the temporary custody of DFCS to the legal and physical custody of the parent, guardian or legal custodian from whom custody was removed. Custody to a non-custodial parent is also reunification. Reunification is an appropriate permanency plan when the family requires time-limited reunification services (generally provided no longer than 12 months) to make it possible for the child to safely return home. When selecting reunification as a permanency plan, consideration should also be given to:

1. The parents, guardians, or legal custodians and the child’s desire to be reunified.
2. The parent-child relationship and bond including any observable attachment.
3. The consensus built on the outcomes needed by the family and the readiness, willingness, and
4. The ability of the family to participate in and benefit from time-limited reunification services.
5. The length of time needed to remedy the challenging life tasks that resulted in the child’s removal.
6. Individual challenges the parents, guardians or legal custodians may have that cannot be addressed in the near future (e.g., lengthy period of incarceration; significant untreated mental health or cognitive delays; chronic, un-rehabilitated substance use).
7. The formal/informal supports available via extended family and/or community.

Adoption

Adoption is an appropriate permanency plan when the parents, guardians or legal custodians are unable to safely care for the child or reunification is not in the child’s best interest. Kin may be selected as the adoptive resource. Children may be reluctant to consent to adoption due to not wanting to sever ties with their family. The Regional Adoption Coordinator (RAC) can assist in discussing adoption with the child and/or family or refer the child to a counselor specializing in adop-

tion preparation.

When selecting adoption as a permanency plan, consideration should also be given to the following:

1. The determination of whether the child can be safely returned home.
2. The legal grounds for TPR including whether the child is or can become legally free.
3. The execution of voluntary surrenders.
4. The child's expressed wishes regarding adoption, and their ability to accept and respond to family life (if age 14 or older, the child must provide written consent to the adoption).
5. The child's sense of family, and their need and ability to maintain contact with the family.
6. The current caregiver's willingness to adopt, ability to meet the child's needs and the child's attachment to the current caregiver.

Guardianship

Prior to pursuing permanent guardianship as a permanency plan for a child in foster care, DFCS must demonstrate reasonable efforts towards reunification unless circumstances exist where reasonable efforts for reunification are not required. When reunification is determined not to be in the best interest of the child, adoption must be thoroughly explored and ruled out as a preferred permanency plan before selecting permanent guardianship. Permanent guardianship for a child in foster care may be granted by the juvenile court when determined to be in the best interest of the child. The guardianship order establishes a permanent guardian and outlines the permanent guardian's rights and responsibilities concerning the care, custody and control of a child. Guardianship applies to the person(s) specified on the court order. The court may enter an order of support on behalf of the child against the parents. Permanent guardianship granted by the juvenile court may only be dissolved or modified if there is a material (important and substantial) change in the child's or guardian's circumstances. A change in the biological parents' circumstances may be construed by the court as a material change in the child's circumstances. Therefore, everyone must be informed that although the guardianship is intended to be permanent, it may not be.

Permanent guardianship is possible when a child is adjudicated dependent, and:

1. Reasonable efforts to reunify the child with his/her parents would be detrimental to the child or the living parents have consented to the permanent guardianship.
2. Adoption has been thoroughly explored and found not to be in the child's best interest.
3. Non-reunification has been granted by the court.
4. The proposed guardian can provide a safe and permanent home for the child.
5. A permanent guardian is in the best interest of the child and the individual chosen to be the permanent guardian is the most appropriate person taking into account the child's best interest.

Non-Reunification

DFCS should request a non-reunification determination when seeking permanent guardianship, as DFCS requires the non-reunification order as an eligibility criteria for the guardianship subsidy. In all other circumstances non-reunification should not be requested. It is important that DFCS con-

tinue to demonstrate reasonable efforts to reunify the family at all times during the dependency action, especially in circumstances where termination of parental rights is being pursued.

Another Planned Permanent Living Arrangement (APPLA)

Another planned permanent living arrangement (APPLA) is an appropriate plan when:

1. The child is at least 16 years of age;
2. Adoption and guardianship have been ruled out as not being appropriate or in the best interest of the child; and
3. A compelling reason is documented in the case plan and court order choosing APPLA.

The two options that classify as APPLA include long-term foster care (LTFC) by Agreement and emancipation. Long-term foster care is feasible when no other plan is appropriate, and the present caregiver is available and willing to provide a home for the child as long as foster care is needed. APPLA may not be selected for a child under the age of 16. With long-term foster care, in most instances, a child, the caregiver and the County Department sign an informal, non-legal agreement (APPLA Agreement) indicating the intention for the placement to last until the child no longer needs foster care placement. If possible, the child's parents, guardians or legal custodians also sign. Limitations of long-term foster care include:

1. The lack of permanency.
2. The lack of a legal bond between the child and the caregiver; thus, allowing for either party to change their mind at any time.
3. The parent's, guardians or legal custodian's situation or attitude may change, and they may subsequently choose to pursue custody which could prove harmful to the attachment between the child and the caregiver.
4. The placement may not meet the child's needs and/or the child may place such stress on the caregiver that another placement is needed.

Emancipation is feasible when no other plan is appropriate, there is no consistent adoptive or foster family for the child and the child requires foster care placement until age 18. Although the plan lacks permanence, its selection provides a planned living arrangement for maintaining the child in foster care until eventual emancipation to independent living or to a protective environment. For youth whose special needs or severe limitations will require some type of protective environment beyond age 18, planning must begin well in advance of the youth reaching age 18 due to the limited resources and the waiting list for placement consideration. Contact the Complex Needs Adult Transition (CNAT) Unit for additional guidance.

Selecting Other Permanency Options from the Onset when a Child Enters Foster Care

While reunification should be the first permanency plan considered whenever it is in the best interest of the child, there are situations that allows DFCS to pursue adoption or permanent guardianship as the initial permanency option. In these circumstances (outlined in policy [17.11 Legal: Termination of Parental Rights \(TPR\)](#) and/or policy [9.5 Eligibility: Reasonable Efforts](#)), the SSCM and SSS should consult with the Regional FPS and RAC for guidance on how to proceed with the most appropriate permanency plan for the child. Consultation with the SAAG should also occur

to ensure DFCS is moving swiftly with legal permanence for the child.

Concurrent Planning

Concurrent planning rather than sequential planning helps move children more quickly from foster care to permanency. This involves working towards a primary permanency plan of reunification while simultaneously working towards an alternative permanency plan of adoption or guardianship. The alternate plan is to prevent the child from lingering in foster care, not an attempt to undermine the parent's, guardian's or legal custodian's efforts toward reunification. To achieve timely permanency, working towards both plans simultaneously is critical. A concurrent plan should not be selected as a default plan, rather it should be selected based on an assessment of the family's circumstances using the Concurrent Planning Assessment Guide. When the primary permanency plan is no longer appropriate, in conjunction with the SAAG petition the court to move forward with the alternate permanency plan. The following are critical components of concurrent planning:

1. Early exploration of non-custodial parents, kin and other persons committed to the child to ensure that all potential permanency options are explored.
2. Early identification of a permanent resource for the alternate permanency plan.
3. Intensive, time-limited, documented reunification efforts and results.
4. Effective building of the legal case for the alternate permanency plan while pursuing reunification (i.e., collecting information required to pursue adoption or guardianship).

Early Assessment/Identification for Concurrent Planning

The Concurrent Planning Assessment Guide in conjunction with a thorough review of the families' history and functioning can assist in determining the cases that are most appropriate for concurrent planning. Information gathered before a child enters foster care can assist in determining early whether reunification is likely, as well as the alternate permanency plan that is in the best interest of the child if a concurrent plan is selected. All families should be assessed for concurrent planning, but not all are appropriate. For instance, if the court ordered permanency plan is not reunification, concurrent planning is not appropriate. When the family's circumstances indicate a poor prognosis for early reunification, concurrent planning should be considered.

Using the Concurrent Planning Assessment Guide

The Concurrent Planning Assessment Guide is a tool that assesses a family's suitability for concurrent planning. The guide staff make informed decisions on the appropriateness of concurrent planning, as it targets the strengths and needs of the family and provides indicators for early reunification and poor prognosis for reunification. The guide may be appropriate:

1. When Investigations or Family Preservation Services assessments determine a child will be placed in out-of-home care.
2. Within the first 30 days of a child entering foster care; and periodically, in the first six months, after when concurrent planning was initially deemed inappropriate.
3. Any time during the initial six months when additional information indicates a change in the family's circumstances.

Finalizing the Permanency Plan

In accordance with ASFA, a permanency plan is to be finalized within 12 months of a child entering care. Once a concurrent permanency plan has been approved by the court, court approval is required for the agency to cease reunification efforts and focus on the alternate permanency plan of adoption and guardianship. Reunification services must continue until the court approves another permanency plan. A permanency plan is finalized when the permanency outcome has been achieved (i.e., child is reunified with parents, guardian or legal custodian; child's adoption is finalized; permanent guardianship is granted). If the court finds that the child has been living in a stable home environment with the current caregiver(s) for the past 12 months and that removal from the caregiver(s) would be detrimental to the child's emotional well-being, the court may presume that continuation of the child's placement with the current caregiver is in the child's best interests and shall enter a finding that a change of placement is a failure by DFCS to make reasonable efforts to finalize the permanency plan in effect at the time of the hearing; provided however, that such presumption shall not apply to prevent the return of the child to his or her parent, guardian, or legal custodian.

Forms and Tools

[Another Planned Permanent Living Arrangement \(APPLA\) Agreement](#)

[Another Planned Permanent Living Arrangement \(APPLA\) Agreement \(Spanish\)](#)

[Concurrent Planning Assessment Guide](#)


[Creating and Using Life Books](#)

[Critical Actions in Managing the Permanency Case](#)

[Permanency Timeline](#)

[Permanency Timeline \(Spanish\)](#)

10.23 Case Planning

 Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(10) Foster Care		
Policy Title:	Case Planning		
Policy Number:	10.23	Previous Policy Number(s):	N/A
Effective Date:	July 2024	Manual Transmittal:	2024-06

Codes/References

O.C.G.A. § 15-11-2 Definitions

O.C.G.A. § 15-11-200 DFCS Report; Case Plan

O.C.G.A. § 15-11-201 DFCS Case Plan; Contents

O.C.G.A. § 15-11-202 Reasonable Efforts by DFCS to Preserve or Reunify Families

O.C.G.A. § 15-11-203 When Reasonable Efforts by DFCS Not Required

O.C.G.A. § 15-11-216 Periodic Review Hearing; Required Evidence; Consideration of Hearsay Evidence

O.C.G.A. § 15-11-218 Content of Orders following Periodic Review Hearings or Reports by Judicial

Citizen Review Panels.

O.C.G.A. § 39-4-4 Enactment and Text of Compact

Title IV-E of the Social Security Act §§ 471(a) (16); 475(1); 475 (1) (A), (B), (C), (D), (E), (F) and (G); 475A, 475A (a) (1), 475(5) (A), (D) and (H)

Title IV-E of the Social Security Act §§ 475(A) (i) and (ii)

45 CFR Parts 1356.21(g), 1356.21(g) (1), (2), (3), (4) and (5)

Public Law (PL) 113-183 Preventing Sex Trafficking and Strengthening Families Act of 2014

PL 114-95 Every Student Succeeds Act of 2015

Requirements

The Division of Family and Children Services (DFCS) will:

1. *Establish and disseminate policy and procedures for staff to determine the appropriateness and necessity for placement of a child into foster care, to meet case plan requirements under Title IV-E.*
2. Assist the family in constructing a way to think about the problem that promotes real change.
3. *Work collaboratively with the identified family, children, providers and family supports to develop a written case plan to address the issues, including the everyday life tasks the family is struggling with that caused a child to enter foster care and identify what behaviors need to occur or the necessary skills a family must demonstrate to ensure child safety.*
4. Engage any federally recognized tribe to initiate their involvement in the case planning process for any child who is a member or claims eligibility for membership of a federally recognized Indian tribe.
5. Utilize the case assessments to begin developing a quality case plan focused on solutions and include the following:
 - a. Outcomes
 - b. Tasks
6. *Ensure the written case plan:*
 - a. *Is a discreet part of the case record in a format determined by DFCS, which is developed jointly with the parent(s) or guardian(s) of the child in foster care and has a projected date of completion. This includes custodial and non-custodial parents and any incarcerated parents unless it has been determined by the court not to be in the best interest of the child (see Practice Guidance: Case Planning with Non-Custodial Parents and Case Planning with Incarcerated Parents).*
 - b. *Is developed within 30 days of the child's entry into foster care.*
 - c. Includes a description of the circumstances that resulted in the child being placed under the jurisdiction of the court and in foster care (e.g., reasons for removal).
 - d. *Includes a description of the services offered and provided to prevent removal of the child from the home and to reunify the family.*
 - e. Includes an assessment of the strengths and needs of the child and family and the type of placement best equipped to meet those needs.
 - f. *Includes a description of the type of home or institution in which the child is placed.*
 - g. *Includes a discussion of the safety and appropriateness of the placement and how DFCS plans*

to carry out the judicial determination made with respect to the child.

- h. Includes specific time-limited outcomes and related tasks designed to address the everyday life tasks the family is struggling with and enable the safe return of the child to his or her home, or, if return to his or her home is not possible, activities designed to result in permanent placement or emancipation.
 - i. Includes assignment of specific responsibility for accomplishing the planned activities and the projected date of completion of the case plan objectives.
 - j. *Includes a plan for assuring the child receives safe and proper care, and services are provided to the parent(s), guardian or legal custodian, child, and placement provider in order to improve the conditions in the parents', guardian's or legal custodian's home to facilitate the child's safe return to his/her own home or the permanent placement of the child, including a discussion of services that have been investigated and considered and are not available or likely to become available within a reasonable time to meet the needs of the child or, if available, why such services are not safe or appropriate.*
 - k. *Includes a plan for assuring services are provided to the child and placement provider to address the needs of the child while in foster care.*
 - l. *Includes a discussion of the appropriateness of the services provided to the child under the plan and the date time-limited services will be terminated.*
 - m. Includes a schedule for visitation between the child and his/her parents, siblings and any other appropriate kin (relatives and fictive kin) and an explanation if no visits are scheduled.
 - n. *For a child who has attained 14 years of age, includes a written description of the programs and services that will help such child prepare for the transition from foster care to a successful adulthood.*
 - o. *For children aged 14 and older, must:*
 - i. *Include a document that describes the child's education, health, visitation and court participation rights, the right to receive a credit report annually, the right to stay safe and avoid exploitation and a signed acknowledgement by the child that the child was provided these rights and that they were explained in an age appropriate way.*
 - ii. *Be developed in consultation with the child and, at the option of the child, two members of the permanency planning team who are selected by the child and who are not the Social Services Case Manager (SSCM) or foster parent except that DFCS may reject an individual selected if there is good cause to believe the individual would not act in the best interests of the child.*
- i** *One individual selected by the child may be designated to be the child's advisor and as necessary, advocate with respect to the application of the reasonable and prudent standard to the child.*
- p. *In the case of any child for whom Another Planned Permanent Living Arrangement (APPLA) is the permanency plan (the child must be at least 16 years of age), DFCS shall document in the case plan to be presented at each review and permanency plan hearing:*
 - i. *The intensive, ongoing and, as of the date of the hearing, unsuccessful efforts made to*

return the child home or secure a placement for the child with a fit and willing relative (including adult siblings), a legal guardian or an adoptive parent, including thorough efforts that use search technology (such as social media) to find biological family members.

- ii. The tasks DFCS is undertaking to ensure the child's foster family home or child caring institution is following the reasonable and prudent parent standard.*
- iii. The tasks DFCS is undertaking to ensure the child has regular, ongoing opportunities to engage in age and developmentally appropriate activities (including by consulting with the child in an age-appropriate manner about the opportunities of the child to participate in the activities).*
- q. During the 90-day period immediately prior to the date on which the child will attain 18 years of age or prior to the child's planned exit from foster care, a DFCS case manager and, as appropriate, other representatives of the child will provide the child with assistance and support in developing a transition plan that is personalized at the direction of the child, includes specific options on housing, health insurance, education, local opportunities for mentors and continuing support services, and work force supports and employment services, includes information about the importance of designating another individual to make health care treatment decisions on behalf of the child if the child becomes unable to participate in such decisions and the child does not have, or does not want, a relative who would otherwise be authorized under state law to make such decisions, and provides the child with the option to execute a health care power of attorney, health care proxy, or similar document recognized under state law, and is as detailed as the child may elect.*
- r. Documents the tasks to finalize a placement when the case plan outcome is or becomes adoption or placement in another permanent home. When the case plan outcome is adoption, at a minimum, such documentation shall include child-specific recruitment efforts such as the use of tribal, state, regional, and national adoption exchanges including electronic exchange systems to facilitate orderly and timely in-state/tribal service area and inter-State/Tribal service area placements.*



Georgia has opted out of the Title IV-E Kinship Guardianship Assistance Program requirement.

- s. Includes a discussion of how the case plan is designed to achieve a safe placement for the child in the least restrictive (most family-like) setting available that is in close proximity to the parent(s), guardian or legal custodian when the case plan outcome is reunification and a discussion of how the placement is consistent with the best interests and special needs of the child.*
- t. If the child has been placed in a foster family home or child-care institution a substantial distance from the home of the parent(s), guardian or legal custodian in a different state, or outside of the Tribal service area, sets forth the reasons why such a placement is in the best interest of the child.*
- u. If the child has been placed in foster care in a state or tribal service area outside of the State or Tribal service area in which the child's parent(s), guardian or legal custodian are located, assures that an agency case manager on the staff of the state or tribal service area in which the home of the parents, guardian or legal custodian of the child is located, of the state or tribal service area in which the child has been placed, or of a private agency under contract with either such state/tribal agency, visits the child in such foster home or institution no less frequently than every six months and submits a report on the visit to the State or Tribal agency*

of the State or Tribal service area where the home of the child's parent(s), guardian or legal custodian is located.

- v. Complies with the Interstate Compact on the Placement of Children (ICPC) when an out-of-state group home placement is recommended or made. In addition, documentation of the recommendation of the multidisciplinary team and the rationale for such particular placement shall be included. The case plan shall also address what in-state services or facilities were used or considered and why they were not recommended.
- w. *If applicable, includes a statement that reasonable efforts have been made and a requirement that reasonable efforts shall be made for so long as the child remains in the custody of DFCS:*
 - i. *To place siblings removed from their home in the same foster care, kinship care, guardianship or adoptive placement unless DFCS documents that such a joint placement would be contrary to the safety or well-being of any of the siblings;*
 - ii. *In the case of siblings removed from their home who are not placed together, for frequent visitation or other ongoing interaction between the siblings unless DFCS has information and documents that such frequent visitation or other ongoing interaction would be contrary to the safety or well-being of any of the siblings; and*
 - iii. *To continue to assess and overcome barriers to joint placement and/or visitation when it has been previously determined that contact is contrary to the safety or well-being of any of the siblings or document why such efforts are not appropriate.*
- x. *Includes a plan for ensuring the educational stability of the child while in foster care (see policy [10.13 Foster Care: Educational Needs](#)), including:*
 - i. *Assurances that each placement of the child takes into account the appropriateness of the current educational setting and the proximity to the school in which the child is enrolled at the time of placement; and*
 - ii. *An assurance that DFCS has coordinated with appropriate local educational agencies (as defined under section 9101 of the Elementary and Secondary Education Act of 1965) to ensure the child remains in the school in which the child is enrolled at the time of each placement; or*
 - iii. *If remaining in such school is not in the best interests of the child, assurances by DFCS and the local educational agencies to provide immediate and appropriate enrollment in a new school, with all of the educational records of the child provided to the school.*
- y. *Incorporates the health and education records of the child including the most recent information available regarding:*
 - i. *The names and addresses of the child's health and educational providers.*
 - ii. *The child's grade level performance.*
 - iii. *The child's school record.*
 - iv. *A record of the child's immunizations.*
 - v. *The child's known medical problems.*
 - vi. *The child's medications.*
 - vii. *Any other relevant health and education information concerning the child determined to be appropriate by DFCS.*

- z. Includes a recommendation for a permanency plan for the child. If, after considering reunification, adoption or permanent guardianship DFCS recommends permanent placement in another planned permanent living arrangement, the case plan shall include documentation of a compelling reason (see practice guidance in policy [17.11 Legal: Termination of Parental Rights](#) for the exceptions to filing for TPR) or reasons why reunification, termination of parental rights (TPR), adoptive placement or permanent guardianship are not in the child's best interests and when such child shall be placed in APPLA.
- aa. Includes a statement that the parent, guardian or legal custodian of the child and the child have had an opportunity to participate in the development of the case plan, to review the case plan, to sign the case plan and to receive a copy of the plan or an explanation about why such persons were not able to participate or sign the case plan.
- ab. Identifies the person within DFCS who is directly responsible for ensuring the case plan is implemented.
- ac. Includes all components of the written report (see Practice Guidance in policy [17.2 Legal: Case Review/Permanency Plan Hearings](#) for components of a written report).



Georgia has not implemented qualified residential treatment programs (QRTP). Provisions for case planning for children placed in a QRTP will be updated upon implementation.

- 7. Notify the Guardian Ad Litem (GAL) of the development of any case plan of the child for which he/she was appointed and provide an opportunity for him/her to be involved in the development of the plan.
- 8. Develop the initial case plan in partnership with the family during a Family Team Meeting (FTM) meeting within 25 calendar days of the child entering foster care.
- 9. Provide written notification of the FTM to develop the case plan to the parent, guardian or legal custodian, the child (if 14 years of age or older), the child's attorney, the Guardian Ad Litem (GAL), and court appointed special advocate (CASA) at least five business days in advance of the meeting.
- 10. Incorporate any Plan of Safe Care into the case plan when an infant identified as affected by substances or withdrawal symptoms resulting from prenatal drug exposure or a Fetal Alcohol Spectrum Disorder enters care (see policy [19.27 Case Management: Plan of Safe Care for Infants Prenatally Exposed to Substances or a Fetal Alcohol Spectrum Disorder \(FASD\)](#)).
- 11. Submit a supervisor approved case plan to the juvenile court for incorporation into the court order within 30 calendar days of a child entering foster care and at each subsequent review of the disposition order. If the child is 14 years or older, also submit the Written Transitional Living Plan (WTLP), with the case plan, in accordance with policy [13.3 Independent Living Program: Written Transitional Living Plan](#).



Once the case plan is court-approved, the court will provide a copy of the order and the court approved plan to the parties.

- 12. Provide a copy of the case plan as follows:
 - a. to the parents, guardian, or legal custodian, by United States mail, e-mail, or hand delivery at the same time the report and case plan are transmitted to the court;

- b. to the placement resource, portions of the court approved plan that involve the permanency plan and the services to be provided to the child;
- c. to the GAL, CASA, child's attorney (if different from the GAL); and
- d. to a child 14 years and older, a copy of the case plan and WTLP.



The parents, guardian or legal custodian may provide written consent for DFCS to provide a copy of the case plan to other significant parties.

13. Expect, anticipate, and assess a reoccurrence of high-risk behavior or behavior that would suggest that a caregiver is reverting to the problem behavior (relapse/setback).
14. Assess the family's progress on achieving case plan outcomes to include identifying any new safety threats on an ongoing basis and prior to each case review or permanency plan hearing. Update the case plan as needed.
15. Request a hearing from the juvenile court whenever significant changes occur to the family's circumstances which requires modification of the case plan.
16. Submit a revised case plan to the court:
 - a. Within 10 calendar days of a review in which the court finds the current plan is no longer appropriate for the child's needs and orders DFCS to revise the plan;
 - b. Within 14 calendar days of the review in which the court finds there has not been substantial progress on the case plan, and orders DFCS to revise the case plan and select a permanency plan other than reunification or add a concurrent plan.



The court shall review and adopt the revised case plan, as submitted or as amended, within 45 days of the review or at a previously scheduled hearing.

17. Make diligent efforts to reunify the child and family through the provision of intensive, time-limited reunification services until otherwise directed by the court. If the court adopts a case plan of reunification, it shall be in effect until modified by the court.



There are instances when the court may determine it is reasonable to make no efforts to reunify the child and family (see policy [9.5 Eligibility: Reasonable Efforts](#)).

18. Review the court order to determine parental requirements regarding treatment and random drug screens prior to reunification, whenever a child is adjudicated dependent as a result of parental alcohol or substance abuse (see policy [19.25 Case Management: Drug Screens](#) and [19.26 Case Management: Case Management Involving Caregiver Substance Abuse or Use](#), whenever substance abuse is suspected or alleged).
19. Conduct purposeful and collateral contacts as part of the ongoing, assessment of child safety and well-being, caregiver protective capacity, family conditions and case planning progress.
20. Ensure the case plan and status of the child is reviewed no less frequently than once every six months by the court or by an administrative review (see policy [17.2 Legal: Case Review/Permanency Plan Hearings](#)).
21. Consider recommendations of the family team members in any changes to the court ordered case plan including changes to the permanency plan. An FTM shall be held prior to any changes to the permanency plan.

22. Adhere to confidentiality and Health Insurance Portability and Accountability Act (HIPAA) provisions outlined in policies [2.6 Information Management: Confidentiality/Safeguarding Information](#) and [2.5 Information Management: Health Insurance Portability and Accountability Act](#). Obtain a signed Authorization for Release of Information (ROI), when applicable.

Procedures


To develop the initial case plan, the SSCM will:

1. Participate in the transfer staffing (see policy [19.4 Case Management: Case Transfer](#)).
2. Review and analyze DFCS history, Family Functioning Assessment (FFA), Comprehensive Child and Family Assessment (CCFA), other assessments completed on the child or family and any other background information in preparation for the Family Team Meeting to develop the case plan.
3. Engage the parents, guardians or legal custodians in a discussion to prepare for case planning during the joint visit with the Child Protective Services (CPS) SSCM to include:
 - a. A review of the FFA, genogram, and other CPS findings.
 - b. Any possible Native American Heritage and implications of the Indian Child Welfare Act (ICWA) (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).
 - c. The reasons for removal from the home.
 - d. Permanency plan options as outlined in policy [10.22 Foster Care: Permanency Planning](#), including:
 - i. The strict timeframes for achieving permanency as outlined on the Permanency Timeline.
 - ii. The parents', guardians' or legal custodians' input and feelings regarding the possible permanency plans.
 - iii. The reasons timely permanency for the child is important.
 - e. Provide a completed copy of the Permanency Timeline to the parents, guardians or legal custodians as a tool to remind them of the timeframes.
 - f. Identify with the family what behaviors need to occur or the necessary skills a family must have to predict safety more accurately (consensus) and establish a partnership with the family focused on change.
 - g. Identifying family members, formal and informal supports to include in the Family Team Meeting (FTM) and case plan development.
 - h. Obtaining the signature of the parents, guardian or legal custodian on any needed Authorization for Release of Information forms and the Consent to Receive Targeted Case Management Services (see policy [19.18 Case Management: Target Case Management](#)).
4. Engage the tribe in the case plan development for any child who is a member or eligible for membership in a federally recognized Indian tribe or a Georgia tribe.




If a Georgia tribe, request the parent/guardian/legal custodian's written consent to engage the Georgia tribe in case plan development.

5. Schedule a FTM to develop the case plan and Educational Stability Plan (ESP) within 25 calendar days of the child's entry into foster care (see policy [10.13 Foster Care: Educational Needs](#)).
6. Provide written notification of the FTM to the parent, guardian or legal custodian, the child, the child's attorney and the Guardian Ad Litem (GAL) at least five business days in advance of the meeting. The written notification should include:
 - a. The date, time and location of the meeting.
 - b. An explanation that the case plan developed at the meeting will be submitted to the court for consideration to become an order of the court.
 - c. Notification that the proposed case plan shall be in effect until incorporated into an order of the court. And
 - d. An explanation that once adopted by the court, the case plan remains in effect until modified by the court.
7. Provide written or verbal notice of the FTM to any of the following persons who may have significant input into the development of the case plan, ESP or placement of the child:
 - a. Extended family of the child.
 - b. The current caregiver of the child (i.e., kin, foster parent, Room Board and Watchful Oversight (RBWO) provider).
 - c. Service providers.
 - d. Court Appointed Special Advocate (CASA).
 - e. Education Support Monitor (ESM).
 - f. Staff from the local educational agency, and
 - g. Any other persons identified as a member of the family's support team.
8. Conduct and/or participate in the FTM with the parents, guardian or legal custodian, child (when age and developmentally appropriate) and family team members (see policy [19.3. Case Management: Solution-Focused Family Team Meetings](#)). At the meeting:
 - a. Review any CASA reports, court orders and assessments, including the CCFA and the Concurrent Planning Assessment Guide, with the parents, guardian or legal custodian.
 - b. Openly and honestly discuss:
 - i. The CPS history of the family including any previous foster care episodes for the child.
 - ii. The reasonable efforts made to prevent removal and the reason(s) the child was removed from the home, including the consensus built around the challenging developmental tasks that pose a safety threat.
 - iii. Findings and recommendations from the CCFA.
 - iv. Recommendations from the CASA, GAL, child attorney and court.

 Recommendations should be included even if individuals are not required or do not attend the FTM.
 - v. Any possible Native American heritage and implications of ICWA.
 - vi. The family and individual level outcomes needed to ensure the child can safely return to

the home and what DFCS can do to assist.

- vii. The potentially detrimental effects that prolonged foster care placement can have on a child and strategies to minimize trauma to the child.
 - viii. The rights and options of the parents, guardians or legal custodians, including the option of surrendering parental rights as a means for the child to attain permanency.
 - ix. Caregiver protective capacities including whether their issues are chronic or unable to be resolved (e.g. aggravated circumstances), family strengths, child vulnerabilities, well-being concerns, the child's wishes regarding permanency, service needs and family supports.
 - x. The identity and contact information of absent parents and possible kin or other committed individuals who may be a placement option or support to the child or family.
 -  If a relative entitled to notice fails to demonstrate an interest in and willingness to provide a permanent home for the child within six months of receiving the required notice, the court may excuse DFCS from considering the relative as a placement (see policy [19.20 Case Management: Diligent Search](#)).
 - xi. The appropriateness and stability of the current placement of the child.
 - xii. Independent living services that are available to the youth (age 14 years of age and older) and the outcomes and tasks the youth and family would like to have incorporated into the Written Transitional Living Plan (WTLP) (see policy [13.3 Independent Living Program: Written Transitional Living Plan](#)).
 - xiii. The need to determine a permanency plan for the child, including, but not limited to:
 1. Permanency options available.
 2. The reasons for the recommended permanency plan and case plan outcomes identified.
 3. The limited timeframe for achieving reunification, if a reunification plan is developed, and the possible outcomes of not achieving it in a timely manner.
 4. The need to utilize concurrent planning (if appropriate) so that if permanency cannot be achieved through reunification, it may be achieved through adoption or guardianship to support timely permanency for the child.
 5. Finalization of the permanency plan and case plan with the court.
 6. The Critical Actions in Managing the Permanency Case and the Permanency Timeline (see [Forms and Tools](#)).
 - xiv. The role of the SSCM in partnering with the parents, guardian or legal custodian to achieve reunification while at the same time, monitoring and reporting progress to the court.
- c. Identify services/supports required to address the needs of the parents, child and placement resource.
 - d. Develop individual and family level outcomes and action plans that include the five relapse prevention skills (see policy [19.14 Case Management: Action Planning](#)).
 - e. Establish purposeful contact standards (see policy [19.15 Case Management: Developing Con-](#)

tact Standards for Purposeful Contacts and Collateral Contacts).

- f. Develop a visitation plan, including a sibling visitation plan when siblings are not placed together (see policy [10.19 Foster Care: Visitation](#) and policy [10.20 Foster Care: Preserving Sibling Connections](#)).
 - g. Incorporate the Plan of Safe Care into the initial case plan.
 - h. Develop an ESP for the child (see policy [10.13 Foster Care: Educational Needs](#)).
 - i. Celebrate positive changes already achieved by the family towards reunification of the child.
9. Enter all required information for the case plan (Child Plan Detail page and Family Plan Detail page) into Georgia SHINES no later than 72 hours from the FTM to develop the initial case plan. In addition to completing the foster care case plan, thoroughly complete the pages that pre-populate into the case plan including the:
- a. Person Detail page with demographic information for each child, parent, caregiver, kin, etc.
 - b. Custody page with removal information.
 - c. Legal Status Detail page and Legal Action Outcome Detail Page with legal status, petitions/complaints filed, court hearings held, court orders received, etc.
 - d. Diligent Search tab.
 - e. Needs and Outcomes page with information from the CCFA.
 - f. Placement Information Page with all placements documented.
 - g. Health Detail page with up-to-date medical, dental and psychological appointments, diagnoses, etc.
 - h. Education Detail page with up-to-date educational and school information.
 - i. Visitation Plan page.
10. Submit the case plan to the Social Services Supervisor (SSS) via Georgia SHINES for approval.
11. Obtain all appropriate signatures on the case plan, including the SSS.
12. Immediately provide a copy of the proposed case plan to the parents, guardian or legal custodian prior to the conclusion of the meeting. If not possible, a copy must be delivered by United States Postal Service (mail), email or hand delivery at the same time the plan is transmitted to the court.
13. Notify the parents, guardian or legal custodian of their right to contest the case plan by requesting a hearing before the juvenile court within five days of receiving the proposed case plan. Notify the parents that if the initial case plan is not for reunification but for adoption or guardianship. The court shall hold a permanency plan hearing within 30 days of the filing of the case plan (see policy [17.2 Legal: Case Review/Permanency Plan Hearings](#)).
14. Immediately submit a copy of the supervisor-approved signed case plan and CCFA to the court for approval and incorporation into an order of the court.



If counties participate in the Case Plan Reporting System (CPRS) interface, the proposed case plan should be submitted via the CPRS interface.

15. Notify the Special Assistant Attorney General (SAAG) of the submission of a case plan to ensure the court schedules a permanency plan hearing within 30 days. If a hearing is not requested or

scheduled by the court and the time to request a hearing has expired, the court shall:

- a. Review the proposed case plan; and
 - b. Enter a disposition order or supplemental order incorporating all elements of the case plan for reunification services the court finds essential to reunification, specifying what shall be accomplished by all parties before reunification of the family can be achieved.
16. Update the Legal Action page when the supplemental order incorporating the initial case plan is received.
 17. Submit an updated case plan to the court five days prior to any case review or permanency plan hearing (see policy [17.2 Legal: Case Review/Permanency Plan Hearings](#)).

If the court approved case plan is for reunification, the SSCM will:

1. Provide the placement resource with a copy of those portions of the court approved plan that involve the permanency plan and the services to be provided to the child.
2. Immediately, initiate all referrals for services needed to address the issues that prevent the child from being able to return home safely.
3. Ensure frequent quality visits occur between the child and parents, guardian or legal custodian in accordance with policy [10.19 Foster Care: Visitation](#).
4. Conduct purposeful contacts with the parents, guardian or legal custodian, child and placement provider in accordance with policy [10.18 Foster Care: Purposeful Contacts in Foster Care](#).
5. Conduct collateral contacts in accordance with policy [19.16 Case Management: Collateral Contacts](#).
6. Carefully and accurately document the services offered and provided and the family's response to the services, including level of cooperation and specific behavioral changes achieved/observed that reduce safety threats to child(ren) and progress in the Case Plan in Georgia SHINES.
7. Manage any setbacks.
 - a. Assess how the setback affects safety.
 - b. Gather information surrounding the setback to determine the relapse prevention skills that were not utilized.
 - c. Utilize the family's action plan in discussions around what went wrong to help pinpoint where the problem occurred.
 - d. Staff with the SSS to determine next steps.
8. Update the case plan to reflect outcome and task completion prior to any case review or permanency plan hearing, or as often as necessary.
9. Re-assess the case plan with the parents, guardian or legal custodian and child during each purposeful contact and, more formally, every 90 days from the date the child entered care if the plan is a concurrent plan.

If the court approved case plan is for adoption, the SSCM will:

1. Document on the case plan in Georgia SHINES and/or the Adoption Information page:

- a. All the reasons reunification would be detrimental to the child and that reunification services; and specifics as to the grounds for TPR.
 - b. The tasks to be completed by DFCS to secure an adoptive home for the child, including child-specific recruitment efforts to be taken (or already taken) to finalize a permanent placement.
2. Notify the foster parents of the petition for TPR via the Notification to Foster Parent(s) of Filing of Petition to Terminate Parental Rights.
 3. File a TPR petition in accordance with policy [17.11 Legal: Termination of Parental Rights \(TPR\)](#).



The TPR petition should be filed far enough in advance for an adoption to be finalized within 24 months of a child's entry into foster care.

4. Complete all adoption preparation activities in accordance with policy [11.1 Adoption: Adoption Preparation](#).
5. Conduct purposeful contacts with the parents, guardian or legal custodian (if required), child and placement provider in accordance with policy [10.18 Foster Care: Purposeful Contacts in Foster Care](#).
6. Conduct collateral contacts with service providers, school or medical professionals, or any other individual with knowledge about the child or family to assess the safety and well-being of the child and the progress towards permanency.
7. Manage any setbacks/relapses to finalizing the adoption.
8. Update the case plan to reflect outcome and task completion as often as necessary.
9. Re-assess the case plan during each purposeful contact with the parents, guardian or legal custodian, child, kin and/or placement resource.

If the court approved plan is for permanent guardianship with a kinship caregiver, the SSCM will:

1. Continue reunifications services to the parents, guardian or legal custodian based on the case circumstance see policy [10.22 Foster Care: Permanency Planning](#).
2. Conduct an exhaustive diligent search and document in the Diligent Search tab in Georgia SHINES and the reason(s) why placement with each person identified is or is not in the child's best interest with a focus on safety, permanency and well-being.
3. Conduct paternity testing on putative fathers to expand the pool of possible resources to paternal relatives.
4. Conduct pre-placement visits if the child is not already in the home.
5. Conduct purposeful contacts with the potential guardian and child to assess and supervise the child's placement, in accordance with policy [10.18 Foster Care: Purposeful Contacts in Foster Care](#).



Prior to transferring guardianship, a minimum of six months of purposeful contacts are required to monitor the child's foster care placement with the proposed guardian to determine whether they can provide a safe and permanent home.

6. Provide services to ensure the safety and well-being of the child including, but not limited to, a transitional plan regarding the child's educational, behavioral and/or medical needs.
7. Engage collateral contacts to assess the safety and well-being of the child and the progress towards permanency in accordance with policy [19.16 Case Management: Collateral Contacts](#).
8. Document the following on the Case Plan in Georgia SHINES:
 - a. The reasons reunification would be detrimental to the child and that reunification services; therefore, should not be provided, including specifics as to whether any grounds for TPR exist.
 - b. The compelling reason(s) TPR and adoption are not in the best interest of the child.
 - c. The tasks to be completed (or already completed) to finalize a permanent placement.
 - d. The presence of an existing, positive relationship or bond between the child and the proposed guardian.
 - e. A discussion with the proposed guardian regarding the financial and non-financial supports available if they are granted guardianship of the child (see policy [22.8 Kinship: Financial and Non-Financial Supports for Children in Foster Care or Who Have Achieved Permanency](#)).
9. Update the case plan to reflect outcome and task completion as often as necessary.
10. Re-assess the case plan during each purposeful contact with the parents, guardian or legal custodian, child, proposed guardian and/or placement resource.
11. Prior to transferring guardianship, ensure:
 - a. An approved Kinship Assessment is on file (see policy [22.3 Kinship: Kinship Assessment](#)).
 - b. The child has resided in the home of the with the caregiver under DFCS supervision for a minimum of six months prior to the transfer of permanent guardianship.
 - c. A non-reunification order is in place.
 - d. The proposed guardian is aware of all financial and non-financial supports available once guardianship is transferred.
 - e. Referral and/or linkage to community agencies (i.e. Department of Behavioral Health and Developmental Disabilities (DBHDD), Promoting Safe and Stable Families (PSSF), etc.) as needed.
 - f. If the proposed guardian is to receive a subsidy payment:
 - i. Eligibility requirements have been met in accordance with [22.8 Kinship: Financial and Non-Financial Supports for Children in Foster Care or Who Have Achieved Permanency](#).
 - ii. Ensure the guardianship subsidy agreement is approved (see policy [22.8 Kinship: Financial and Non-Financial Supports for Children in Foster Care or Who Have Achieved Permanency](#)).
 - g. Medical history, copies of educational records, birth certificate, social security card, etc., are provided to the proposed guardian.
12. Petition the court to be relieved of custody and transfer guardianship to the proposed guardian.

If the court approved case plan is for Another Planned Permanent Living Arrangement

(APPLA), the SSCM will:

1. Develop a WTLP with the youth outlining the outcomes and tasks necessary while the youth is in foster care to assist with the transition to successful adulthood.
2. If Long-Term Foster Care (LTFC) is the APPLA option, ensure a APPLA agreement is signed, and the court order includes the name of the APPLA placement resource.
3. Provide services for the child and/or placement resource to ensure that the child's safety and well-being needs are met.
4. Conduct purposeful contacts in accordance with policy [10.18 Foster Care: Purposeful Contacts in Foster Care](#).
5. Conduct collateral contacts to assess the safety and well-being of the child and the progress towards permanency in accordance with policy [19.16 Case Management: Collateral Contacts](#).
6. Document the following on the case plan in Georgia SHINES:
 - a. The reasons why reunification, TPR/adoption or guardianship are not appropriate or in the best interest of the child and are documented in the court order incorporating APPLA as the permanency plan.
 - b. The current placement's willingness to maintain the child in the placement until the child reaches 18 years of age.
 - c. Supports/services provided to prepare the child for successful adulthood, including any Independent Living Program (ILP) services, community workshops and any independent living skills instruction provided by the placement resource.
 - d. Efforts made to assist youth with resources/services after emancipation, including Independent Living (IL) services, Extended Foster Care (EFC), etc.).
7. Continuously explore and/or re-explore a more permanent placement option for the child, including ongoing exploration of kin and others with a committed relationship to the child.
8. Update the case plan to reflect outcome and task completion as often as necessary.
9. Re-assess the case plan during each purposeful contact with the parents, guardian or legal custodian, child, kin and/or placement resource.

If the court approved case plan is a concurrent plan, the SSCM will:

1. Ensure the parents have a clear understanding of the following:
 - a. The alternate plan is a secondary plan to prevent their child from lingering in foster care and not an attempt to undermine their efforts towards reunification.
 - b. The status of their reunification efforts throughout the case.
2. Implement the visitation plan and ensure:
 - a. The parents, guardians or legal custodians and resource parents/other permanency resource are knowledgeable regarding the expectations with visitation.
 - b. Any barriers to visitation have been discussed and resolved (i.e. location, schedule, transportation, etc.).
3. Provide intensive services and/or refer the family/caregiver for appropriate services based on

the case plan outcomes, recommendations from the CCFA, and other assessed/emerging needs.

4. Provide services and assess the family's progress in accordance with policy [19.17 Case Management: Service Provision](#)).
5. Engage the parents, guardians or legal custodians, child and placement resource during monthly purposeful contacts to assess their progress on the case plan outcomes and tasks, perception of services and whether services are meeting their needs (see policy [10.18 Foster Care: Purposeful Contacts In Foster Care](#)).
6. Fully implement the alternative plan while the family is working towards reunification, which includes:
 - a. Identification and placement of child with the resource parents or other permanency resource (see policy [10.22 Foster Care: Permanency Planning](#)).
 - b. Ongoing discussion with resource parents or other permanency resource regarding the alternative permanency plan selected and commitment to permanency for the child if reunification fails.
 - c. Progress on specific outcomes and tasks identified in the case plan relating to the alternative permanency plan for the family.
7. Participate in a monthly staffing with the SSS and discuss:
 - a. Progress of the parents, resource parents or other permanency resource and the child.
 - b. The quality and effectiveness of services and/or service providers.
 - c. The need for additional services or a change in the current services.
8. Inform the parents, guardians or legal custodians and placement resource of the case status and the agency's plan to seek TPR if reunification efforts are not successful and the alternative plan is adoption.
 - a. Collect the required information for the adoption process, including building the legal case for TPR.
 - b. Create the Life Book for the children (see [Creating and Using a Life Book](#)).
9. Ensure the parents, guardians or legal custodians and possible permanent resource are knowledgeable of the following should reunification efforts fail, and guardianship is the alternative plan:
 - a. Tasks for filing a guardianship petition.
 - b. Supports and subsidies available to the proposed guardian.
10. Document the following in Georgia SHINES:
 - a. Intensive efforts towards reunification and the parents, guardians or legal custodians progress with case plan outcomes.
 - b. All referrals and services to accomplish both the primary and alternative plans under the Services and Referrals tab.
 - c. A summary of the findings from the review of provider notes in the Narrative of the Contact Detail.
 - d. All purposeful contacts under the Narrative of the Contact Detail.

11. Update the case plan to reflect outcome and task completion as often as necessary.
12. Utilize a structured process (i.e. Permanency Roundtable, Family Team Meeting, etc.) to reassess the case plan and parental progress with the parents, guardian, or legal custodian and the support team every 90 days (see policy [17.2 Legal: Case Review/Permanency Plan Hearings](#)).

Changes in the Court-Ordered Plan

To change the court approved case plan, including the permanency plan, the SSCM will:

1. For DFCS recommended changes:
 - a. Review and consider recommendations of the CASA, GAL, child attorney and court in any changes to the court ordered case plan.
 - b. Gather all pertinent information and weigh it against the current plan and circumstances.
 - c. Conduct an FTM to revise the case plan/permanency plan in accordance with policy [19.3 Case Management: Solution-Focused Family Team Meetings](#) and policy [10.22 Foster Care: Permanency Planning](#).
 - d. Obtain SSS approval of the recommended changes to the case plan.
 - e. Submit the revised case plan to the court within the required timeframes.
 - f. Request a hearing for the court to consider DFCS recommended changes to the plan in accordance with policy [17.2 Legal: Case Review/Permanency Plan Hearings](#).
 - g. Review the court order (including any supplemental orders) to determine the court's findings and whether the revised case plan/permanency plan was approved.
2. For court ordered changes:
 - a. Review the court order to determine the court's findings.
 - b. Conduct an FTM to revise the case plan/permanency plan in accordance with policy [19.3 Case Management: Solution-Focused Family Team Meetings](#) and policy [10.22 Foster Care: Permanency Planning](#).
 - c. Adopt the court ordered changes in the case plan.
 - d. Obtain SSS approval of the case plan.
 - e. Submit the revised case plan to the court within the required timeframes.
 - f. Review the subsequent court order (including any supplemental orders) to determine the court's findings and whether the revised case plan/permanency plan was approved.

The SSS will:

1. Review case documentation including DFCS history and the current assessment to ensure all information is considered when making decisions related to case planning.
2. Participate in FTMs conducted with the family to develop the case plan and address any concerns with the achievement of case plan outcomes.
3. Ensure contact standards (purposeful and collateral) are set at a level to sufficiently assess progress toward case plan outcomes to ensure safety and improve family functioning.
4. Ensure the development and incorporation of the ESP into the case plan.

5. Review and approve case plans. Ensure the case plan:
 - a. Is initially developed and submitted to the court within 30 days of the child's removal.
 - b. Addresses the identified safety threats (reasons for removal).
 - c. Focuses on the everyday life tasks that are challenging for the family.
6. Through documentation review, evaluate the quality and effectiveness of services being provided to the child and family to progress them toward the achievement of case plan outcomes.
7. Utilize the following Georgia SHINES reports to monitor case planning activities:
 - a. The Financial Exception Report which is a user defined report.
 - b. APPLA Exception Cases.
 - c. APPLA Summary.
 - d. Children w/o Involvement (CP) List.
 - e. Children w/o Involvement (CP) Status.
 - f. Parents w/o Involvement (CP) List.
 - g. Parents w/o Involvement (CP) Status.
 - h. Cases without 6 Month Review.
 - i. Children with Overdue Foster Care Case Plan.
8. Ensure case plans are updated to reflect outcome and task completion as often as necessary, but at a minimum, prior to each case review (see policy [17.2 Case Review/Permanency Plan Hearings](#)).
9. Conduct a supervisory staffing with the SSCM to:
 - a. Ensure the SSCM updates the case plan and submits it to the court at least five days prior to any case review or permanency plan hearing.
 - b. Assist the SSCM with evaluating and managing setbacks/relapses.
 - c. Evaluate the sufficiency of the case plan and progress towards case plan outcomes.
 - d. Discuss the need to change the permanency plan and/or case plan.

Practice Guidance

Case Planning

A case plan is designed to ensure that a child receives protection, proper care and case management services. Services may be provided for the child, parents, guardian or legal custodian. The case plan is a deliberate, reasonable and mutually agreed upon strategy to enhance caregiver protective capacities, which will eliminate or mitigate present danger situations and/or impending danger safety threats. Therefore, a complete review of the investigation and DFCS history is fundamental to begin case planning. The case plan must provide a clear understanding of the reason for removal from the home (consensus around family issues), changes which would constitute successful intervention [family level outcomes (FLOs) and individual level outcomes (ILOs)] and the method for facilitating change (action plans). Because of the tight timeframes to achieve permanency, it is critical for the initial case plan to be well executed. The likelihood of securing a safe and

permanent home, either via reunification, adoption or guardianship, for the child in a timely manner is directly related to the appropriateness of the case plan.

The case plan provides the road map for meeting the safety, permanency and well-being needs of the child and family. The case plan must be developed collaboratively with the family and providers based on a thorough understanding of the strengths and needs unique to a family. Family Team Meetings (FTM) and Multi-Disciplinary Team (MDT) meetings are effective ways to engage natural and formal supports to enhance case plan development. The case plan should address what changes must be observed in families for children to be safely returned home. Case plans are unlikely to result in desired outcomes if the family is not invested in them; therefore, the family must be actively involved in the case planning process. The most critical aspect of case planning involves establishing a partnership with caregivers and obtaining consensus regarding the family and individual level outcomes. Although case plan outcomes should be established after gaining consensus with the family, there are situations where a consensus may not occur prior to the development of the case plan. Therefore, the SSCM must make every effort to achieve consensus as soon as possible to ensure buy-in in case plan development and implementation.

If reunification is appropriate, the agency proposes a reunification case plan outlining the outcomes and tasks required for the child to be safely returned to the family. If reunification is not appropriate, the agency proposes a case plan outlining the outcomes and tasks required to secure a permanent living arrangement for the child via other available adoption, guardianship or another planned permanent living arrangement. In some instances, DFCS or the court may propose a concurrent case plan. In a concurrent case plan, reunification is the primary permanency plan, and an alternate permanency plan is selected (adoption or permanent guardianship). The case plan outlines tasks to simultaneously support achieving the prescribed outcomes of both permanency plans.

Common Components of Case Plans

The common components to any case plan include outcomes, tasks and action plans. Each case plan must include one FLO and one ILO. FLOs describe what the family will be doing each day to successfully handle the challenges with everyday life tasks and ensure the safety and well-being of the child. It is recommended that a family manage no more than two FLOs per case plan to prevent the family from becoming overwhelmed and help them focus on the most pressing issues impacting child safety and well-being. Additional safety outcomes can be incorporated into the case plan at re-assessment if initial outcomes are achieved. With each established FLO there must be a correlating ILO. ILOs outline the new behaviors to be demonstrated by the individual to successfully participate in the family level outcome and shall be specifically related to addressing a caregiver's underlying issues that create an unsafe home environment for the child. These personal self-management issues may be related to:

1. Anger or control
2. Substance abuse
3. Sexual behaviors
4. Emotional stability
5. Criminal behavior

When developing FLOs and ILOs, consideration should be given to desired outcomes identified dur-

ing earlier stages of the case. Outcomes developed during investigations or Family Preservation Services (FPS) may remain relevant in foster care and provide a sense of continuity for the parent or guardian. Outcomes should be individualized based on the assessed strengths and needs of the family and must be:

1. Relevant to the reasons for removal.
2. Positively stated.
3. Written in clear and simple language.
4. Behaviorally specific.
5. Measurable.
6. Attainable. And
7. Time-limited.

Each FLO and ILO must have an associated action plan which is a personalized plan targeting the most high-risk situations. For example, DFCS involvement is related to inadequate supervision and educational neglect with identified caregiver substance abuse issues. Two FLOs will be developed with the family, one around ensuring adequate supervision of the child(ren) and the other around ensuring the educational needs of the children are being met. Only one ILO will be developed with the caregiver addressing their underlying issue of substance abuse which is contributing to the maltreatment. An action plan will be established for each FLO and ILO, consisting of tasks and step-by-step instructions of who will do what, when it will be done and how it will be measured (see policy [19.14 Case Management: Action Planning](#)).

Outcomes that the family would like to address that are not related to safety are considered secondary level outcomes. Secondary level outcomes may be discussed with the family and resources may be provided to assist the family with meeting these outcomes. However, secondary level outcomes should not hinder the achievement of outcomes that impact child safety. Secondary level outcomes may be noted on the case plan, however, there is no associated action plan.

Realistic timeframes for achievement of case plan outcomes and tasks help direct and motivate parents, guardians or legal custodians and children. However, the time needed by a parent, guardian or legal custodian to make the necessary behavioral changes must be balanced with the child's developmental needs and need for permanency. How to document and celebrate the achievement of established outcomes and tasks should be determined during case plan development.

Case Planning in Domestic Violence (DV)/Intimate Partner Violence (IPV) and Sexual Abuse Cases

Case planning involving domestic violence (DV), intimate partner violence (IPV) and sexual abuse must be managed differently than those that do not contain these elements. The primary focus of these types of cases is basic safety rather than the challenges with everyday life tasks. Therefore, the first FLO will address basic safety on how the family will prevent the child from being physically (DV/IPV cases) or sexually (sexual abuse cases) harmed. The family's plan may include the perpetrator leaving the home and not having contact until recommended by the treatment/batterer program provider. Other family members or supports may have tasks on the plan to assist the non-offending caregiver in enforcing a "no contact" plan. An individual level outcome for the perpetrator around sexual offending or DV/IPV will be established; and if the assessment reveals the non-

offending parent has failed to protect, an ILO will be developed for the non-offending parent addressing his/her underlying issue around protecting the children.

Although the primary focus in these types of cases is keeping children free from physical or sexual harm, a second family level outcome (FLO) can be established around managing the developmental stage of everyday life the family finds challenging. However, the perpetrator cannot participate in the second family level outcome until he/she has received treatment and demonstrated substantial progress related to their underlying issues (sexual abuse/DV/IPV).

It is important to remember that service provision will be key in helping the family move forward with ensuring safety in the home as well as assessing behavioral changes that impact safety. SSCMs must work in partnership with community-based service providers to:

1. Identify treatment approaches for the perpetrator of child abuse and neglect that have demonstrated effectiveness regarding future abusive or neglectful behavior.
2. Identify treatment approaches for the child victim that have been proven effective in reducing the impact of abuse and neglect on the child and assist in the child's resiliency. And
3. Identify treatment approaches that will assist the non-offending caregiver in creating and maintaining positive outcomes that impact the family and the child(ren) in the home.

Court Approval of the Case Plan

Georgia's CPRS is an interface between Georgia SHINES and the juvenile court that allows the juvenile court to review the supervisor-approved case plan in Georgia SHINES. Upon receipt of the case plan from DFCS, the juvenile court will conduct a review of the plan. The court will make a determination regarding the appropriateness of the child's permanency plan and placement. If the court rejects the permanency plan or any other component of the case plan, DFCS must submit a new or revised case plan for court approval. Once the court adopts the case plan, the court issues a disposition or supplemental order incorporating the case plan, which remains in effect until modified by the court. DFCS must obtain copies of the supplemental orders and upload them to External Documentation in Georgia SHINES as they are important to establish and retain eligibility for Title IV-E.

If DFCS submits an initial case plan to the court that does not recommend reunification as the permanency plan, supporting information is required. The court shall hold a permanency plan hearing no later than 30 days following the filing of the case plan to review the proposed case plan. If the court finds that reasonable efforts to reunify a child with his or her family will be detrimental to the child, then it enters an order stipulating "reasonable efforts to reunify the child and family are not required". If the court finds that reunification efforts would not be detrimental to the child, it will order DFCS to submit a case plan for reunification. The adopted permanency plan will be incorporated into an order. If a hearing is requested by the parent, guardian or legal custodian after the development of the case plan, the court will conduct a hearing. After hearing the evidence, the court will enter an order which may:

1. Accept or reject the DFCS recommended permanency plan and case plan (all or part).
2. Order an additional evaluation.
3. Appoint a GAL.
4. Outline other reviews, as it deems necessary to determine the disposition that is in the child's

best interest.

5. Include findings of fact that reflect the court's consideration of the oral and written testimony offered by the parents, the guardian, the custodian of the child, the foster parents, kin providing care for the child, and DFCS; and/or
6. Make a disposition only if the court finds that such disposition is in the best interest of the child.

Once the case plan is court-approved, the court will provide a copy of the order and the court approved plan to the parties. DFCS is responsible for providing copies of the case plan to the parents, guardian or legal custodian, placement resource and GAL/CASA. The parents, guardian or legal custodian may provide written consent for DFCS to provide a copy of the case plan to other significant parties.

Documenting and Celebrating Case Plan Progress

Throughout the life of the case, documenting and celebrating progress in case plan evaluation is vital. The family's progress, completion of specific tasks on each action plan should be documented and celebrated. The documentation is critical in capturing change within the family. During the development of the action plan, the SSCM may include suggestions for celebrating specific task completion. Action plans should include how each task will be measured allowing for the SSCM to review what has been documented by the family and discuss with the family the best way to celebrate progress. They should encourage the family to be creative and discuss different ways they can celebrate. Some examples of ways the SSCM can recognize and celebrate change include:

1. Verbally acknowledging the progress the family is making in working their action plans which can encourage the family and help them feel supported by the SSCM.
2. Using T-charts to compare the old unsafe and unproductive behaviors with safe and productive new ones.
3. Convening an FTM to focus on the significant and meaningful changes the family made.
4. Conducting a celebration party planned with the family and treatment providers to highlight their progress. Food, balloons and certificates to celebrate the families' achievements may be included.
5. Mailing the family a card detailing their progress and acknowledging their efforts and commitment to reaching their outcomes.

Managing Setbacks

Setbacks can be defined as the reoccurrence of a problem behavior that is considered high risk. Setbacks are a normal occurrence in case management and can be managed to prevent case stagnation and to continue case progression. A SSCM's and SSS's ability to manage their emotions around a family's set back can assist in their ability to help move the family forward and assist them in utilizing newly learned skills. Preparing ahead of time for setbacks can help SSCMs respond appropriately to them.

Engaging Non-Custodial Parents in Case Planning

Engaging and assessing non-custodial parents in the case planning process is crucial. Research indicates a correlation between engagement with non-custodial parents and fewer subsequent allega-

tions of child abuse, and faster achievement of permanency. Engagement of non-custodial parents can help with safety planning, improving the relationship between the child and the non-custodial parents, and placement with the non-custodial parents and/or their kin. Engagement of non-custodial parents involves more than contacting the parents and inquiring about whether they have any interest in being involved with the child. It is also making an effort to understand their situation and why they may feel the way they do. It is important to be aware of certain dynamics that may come into play in this process. For example, if the non-custodial parent appears disinterested, it could be something other than a lack of interest. The parent's behavior may be in response to previous negative experiences he/she has had with the custodial parent, preconceived notions about how he/she is perceived by others regarding the status of his/her parental involvement, or the parent may be reluctant because of his/her views about the child welfare system.

Contacts with the non-custodial parents should be used to educate them on the case planning process and explore with them what their role might be. It is important to show empathy toward the non-custodial parent's situation and interest in the non-custodial parent as a potential resource. Discussions with the custodial parents surrounding the involvement of the non-custodial parents need to occur during the development of the case plan.

Case Planning with Incarcerated Parents

Case planning with incarcerated parents may pose some challenges due to the complexities of navigating the criminal justice system. This includes but, is not limited to; locating a parent who is incarcerated, once located, ensuring fluid and consistent communication with the parent, the type and level of services that can be provided, facility rules that may prohibit or limit service provision to the parent.

Despite these challenges, unless a court order mandates otherwise, the SSCM will engage incarcerated parents in case planning for their children and encourage their participation in case planning activities. This includes:

1. Working in collaboration with the court to ensure the parent is transported to court or can participate virtually when transportation is unavailable or not possible;
2. Facilitating the parent's participation in case planning activities;
3. Collaborating with the parent's case manager or facility staff to assess the parent's needs;
4. Build consensus with the parent and assisting in the facilitation of appropriate services upon the parent's re-entry into the community;
5. Identification of appropriate services that may be available in the correctional setting;
6. Ensuring the parent has a signed copy of the case plan.

Because timing can be a factor with incarcerated parents, when determining permanency, the parent's unique situation should be discussed with him/her to come up with a collaborative plan to ensure they can maintain their parental rights when safety is not a factor. Prior to pursuing TPR or non-reunification (for the selection of guardianship) for the children of an incarcerated parent, the SSCM has to provide evidence to the court that the parents were provided with the opportunity to be involved in the permanency planning and have made reasonable efforts to support the parents in completing their case plan. When this is not possible, the Division has an obligation to inform the parent of its decision to move forward with an alternative plan to ensure safety and permanency of

the child.

Forms and Tools

[Authorization for Release of Information](#)

[Authorization for Release of Information \(Spanish\)](#)

[Birth Family Background Information of Child](#)

[Case Plan Addendum](#)

[Legal Services Request/Report](#)

[Notification to Foster Parent\(s\) of Filing of Petition to Terminate Parental Rights](#)


[Notification to Foster Parent\(s\) of Filing of Petition to Terminate Parental Rights \(Spanish\)](#)

[Permanency Timeline](#)

[Permanency Timeline \(Spanish\)](#)

[Rights & Responsibilities of Youth in Foster Care](#)

10.24 Trial Home Visit

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	Foster Care		
	Policy Title:	Trial Home Visit		
	Policy Number:	10.24	Previous Policy Number(s):	10.3
	Effective Date:	December 2017	Manual Transmittal:	2017-15

Codes/References

O.C.G.A. § 15-11-212

O.C.G.A. § 15-11-215

O.C.G.A. § 19-7-5 Reporting of Child Abuse and Neglect

Title IV-E of the Social Security Act Sections 471(a) (9)(c) and 475 (9)

45 CFR 1356.21 (e)

Requirements

The Division of Family and Children Services (DFCS) will:

1. Ensure the safety and well-being of a child when considering a trial home visit by:
 - a. Determining if there is sufficient progress toward the case plan goals to resolve or mitigate safety concerns.
 - b. Assessing the parent, guardian or legal custodian parenting practices and protective capacities.
 - c. Conducting a purposeful contact in the home where the trial home visit will occur, with the caregiver and all household members to assess the home and all household members.
 - d. Conducting safety screenings and criminal records checks (CRC) of all caregivers and other household members where the trial home visits will occur.



CRC are not required on the parent, guardian or legal custodian from whom the child was removed to initiate a trial home visit.

2. Conduct a family meeting or Family Team Meeting (FTM) to develop the plan for the trial home visit.
3. Obtain court approval for the trial home visit prior to return of a child in foster care to the physical care of a parent, guardian or legal custodian.
4. Arrange a transitional visitation schedule with the placement resource and the parent, guardian or legal custodian to minimize trauma to the child.
5. Develop a Safety Plan for all children returning to the care of their parent, guardian, or custodian on a trial home visit.
6. Ensure education stability for the child when on a trial home visit in accordance with policy [10.13 Foster Care: Educational Needs](#).
7. Ensure the children's medical, dental and mental health needs will be met and that the caregiver is provided all information necessary to ensure ongoing service provision during the trial home visit.
8. Notify the following of the trial home visit to ensure continuity of services:
 - a. The child's school or daycare;
 - b. Revenue Maximization (Rev Max) Unit;
 - c. Children 1st/Babies Can't Wait (BCW), if applicable (see policy [19.28 Case Management: Children 1st and Babies Can't Wait](#));
 - d. Service providers who are involved with the family or child (see policy [19.17 Case Management: Service Provision](#)).
9. Conduct a purposeful contact in the home with the child and parent within 24 hours of the trial home visit.
10. Establish purposeful and collateral contact standards for the trial home visit period.
11. Maintain sibling visitation when there are siblings that remain in a foster care placement in accordance with policy [10.20 Foster Care: Preserving Sibling Connections](#).
12. Monitor the trial home visit through conducting purposeful and collateral contacts, supporting the achievement of case plan outcomes and ensuring that the needs of the child are being met.
13. *Ensure the trial home visit does not exceed six months in duration, unless the court orders a longer trial home visit. If a trial home visit extends beyond six months and has not been authorized by the court, or exceeds the time period the court has deemed appropriate, and the child is subsequently returned to foster care, that placement must then be considered a new placement and title IV-E eligibility must be newly established. Under these circumstances the judicial determinations regarding contrary to the welfare and reasonable efforts to prevent removal are required.*
14. Refer to policy [9.10 Eligibility: Special Situations](#) when utilizing a trial home to ensure compliance with Title IV-E.
15. Immediately terminate the trial home visit and notify the SAAG within 24 hours, if at any time during a trial home visit a child is assessed to be unsafe.




DFCS will make every effort to return the child to the same placement the child resided

with prior to the trial home visit, whenever possible.

16. Immediately report any new known or suspected instances of child abuse/neglect to the CPS Intake Communications Center (CICC) as outlined in policy [3.24 Intake: Mandated Reporters](#).

Procedures

Social Services Case Manager

1. Prior to recommending a trial home visit:
 - a. Ensure any safety concerns have been sufficiently resolved or mitigated and the child's safety can be assured in the home.
 - b. Provide the parent, guardian or legal custodian the opportunity to demonstrate effective parenting (i.e. court approved unsupervised, extended day visitation and overnight visits) and evaluate:
 - i. The quality of the interaction with the child;
 - ii. The frequency and duration of their visitation with the child;
 - iii. Their response to increased responsibility as visitation has progressed; and
 - iv. Participation in services and supports (educational, medical, dental, mental health, etc.) with the child, as appropriate.
 - c. Participate in a supervisory staffing, prior to proceeding with any court action regarding the trial home visit, to discuss the consideration of the child home visit and secure approval.
 - d. Conducting a purposeful contact in the home where the trial home visit will occur, with the caregiver and all household members to assess the home and all household members (see policy [10.18 Foster Care: Purposeful Contacts in Foster Care](#)).
 - i. The physical condition of the home;
 - ii. The current household members;
 - iii. The sleeping arrangements for the child and other household members; and
 - iv. The family can manage specific everyday situations they were previously unable to safely manage resulting in the need for the child's removal.
 - e. Conducting safety screenings and criminal checks of all caregivers and other household members where the trial home visits will occur (see policy [19.9 Case Management: Safety Screenings](#) and [19.8 Case Management: Criminal Records Checks](#)).
 CRC are not required on the parent, guardian or legal custodian from whom the child was removed to initiate a trial home visit.
 - f. Conduct a family meeting or Family Team Meeting (FTM) with the parent, guardian or legal custodian, child and family supports to discuss the proposed trial home visit. The discussion should include:
 - i. An explanation of what it means for the child to be on a trial home visit, including DFCS remaining legally responsible for the child;
 - ii. The feelings and concerns the parent, guardian or legal custodian and child may have

about the child returning home;

- iii. The strengths they bring to this phase of the reunification work and what challenges they may face;
- iv. The child's their hopes and fears about the trial home visit, as appropriate based on the child's age and development. Provide support for the child in the discussion;



Based on the individual needs of the child this discussion may be conducted by the child's therapist, if applicable.

- v. The safety plan to prevent the circumstances that led to the child's removal from reoccurring (i.e. relapse prevention plan) (see policy [19.12 Case Management: Safety Plan & Management](#));
 - vi. The family's development of specific skills, including the ability to:
 - 1. Identify high-risk situations;
 - 2. Identify early warning signals;
 - 3. Prevent high-risk situations;
 - 4. Interrupt high-risk situations not avoided; and
 - 5. Escape situations not interrupted.
 - vii. The plan for sibling visitation during the trial home visit, if any sibling of the child remains in foster care.
 - viii. Any needs (i.e. financial, supportive, etc.) the parent, guardian or legal custodian may have before the child is returned to the home and the services that will be utilized to help address those needs;
 - ix. Determine if the placement resource can maintain contact with the child and family to support the trial home visit;
 - x. Services they may be eligible for from the Office of Family Independence (OFI)
 - xi. Any childcare needs and available services;
 - xii. The plan for supervision, including who, besides the parent, guardian or legal custodian, may act as a caregiver for the child;
 - xiii. Appropriate discipline practices and DFCS' discipline policy;
 - xiv. The plan to address educational, medical or mental health needs;
 - xv. Contact information and the importance of notifying DFCS in case of an emergency (e.g. illness, injury, accident, runaway, etc.);
 - xvi. Continued involvement by the SSCM including required purposeful contacts;
 - xvii. Any case plan updates needed to ensure the child can be safely maintained in the home; and
 - xviii. The need for court approval prior to initiating the trial home visit.
2. Contact the service providers to arrange continuation of services, prior to the trial home visits, to ensure adequate support is provided to family during the trial home visit period (see policy [19.17 Case Management: Service Provision](#)).

3. Develop a clear educational plan for the child with the parent, guardian or legal custodian and the school. Engage the Education Support Monitor for support (see policy [10.13 Foster Care: Educational Needs](#)).
4. Obtain approval from the court for the trial home visit:
 - a. Submit a Legal Action Request to the SAAG to obtain court approval for the trial home visit, upon receiving approval from the SSS.
 - b. Update the case plan in Georgia SHINES to include specific outcomes and tasks to maintain the child safely in the home during the trial home visit and submit to the court.



Court approval of trial home visits is secured through approval of a case plan that includes a recommendation for trial home visit and the issuance of a court order approving the trial home visit.

- c. Attend any scheduled hearing regarding the request for the trial home visit (see policy [17.1 Legal: Juvenile Court Process](#)).
5. Conduct transitional visitation with the placement resource and the parent, guardian or legal custodian to minimize trauma to the child.
6. Proceed with the trial home visit by arranging for the placement resource and/or the SSCM to accompany the child to the home of the parent, guardian or legal custodian.
7. Complete the following in Georgia SHINES:
 - a. Document all contacts in the narrative of the Contact Detail page in Georgia SHINES within 72 hours of occurrence;
 - b. Update the Placement List page;
 - c. The NOC to Rev Max.
8. Submit the Amerigroup GA Families 360° DFCS Referral Form to Rev Max and Amerigroup to provide notification of the trial home visit.
9. Conduct a purposeful contact in the home of the parent, guardian or legal custodian within 24 hours of the initiating the trial home visits (see policy [10.18 Foster Care: Purposeful Contacts in Foster Care](#)).
10. Establish contact standards to accordance with policy [19.15 Case Management: Developing Contact Standards for Purposeful Contacts and Collaterals Contacts](#).
11. Monitor and support the family during the trial home visit period, including:
 - a. Conducting purposeful contacts with child/caregiver/family and in accordance with the established contact as outlined in policy [10.18 Foster Care: Purposeful Contacts in Foster Care](#)
 - b. Conducting collateral contacts in accordance with the established contact standards as outlined in policy [19.16 Case Management: Collateral Contacts](#).
 - c. Initiating family meetings or FTM when appropriate to discuss progress toward case plan outcomes and address identified concerns.
 - d. Assuring any newly identified needs are addressed by linking the family to any formal and informal supports (see policy [19.17 Case Management: Service Provision](#)).

- e. Ensuring sibling visitation is maintained when there are siblings that remain in a foster care placement.
 - f. Conducting ongoing case consultations to discuss the family's progress and any identified concerns (see policy [19.5 Case Management: Case Consultation](#)).
 - g. Immediately terminating the trial home visit and notify the SAAG within 24 hours, if at any time during a trial home visit a child is assessed to be unsafe.
12. Monitor the trial home visit timeframe to ensure it does not exceed six months to ensure ongoing IV-E eligibility (see policy [9.10 Eligibility: Special Situations](#)).
 - a. Consult with the SAAG to request a court approved extension if the trial home visit needs to go beyond six months and is in the child's best interest.
 - b. The court ordered extension must occur prior to the trial home visit reaching six months.
 13. Recommend case closure to the court when the parent, guardian or legal custodian has completed the case plan requirements and demonstrated effective protective capacity to safely resume parenting (see policy [10.26 Foster Care: Case Closure](#)).
 14. Document trial home visit activities in Georgia SHINES within 72 hours of occurrence.

Social Services Supervisor

1. Conduct a supervisory staffing with the SSCM to:
 - a. Determine if the safety concerns prompting removal have been mitigated or if new safety threats warranting continued out of home care exist.
 - b. Assess whether sufficient progress towards case plan goals has been made by the parent, guardian or legal custodian to warrant a trial home visit;
 - c. Discuss whether the child is part of a sibling group including:
 - i. Whether the parent, guardian or legal custodian for a separated sibling is capable of caring for all siblings;
 - ii. Whether all siblings in care will be included in the trial home visit;
 - iii. How each child will transition to the trial home visit.
 - d. Determine what services are needed to support the trial home visit;
 - e. Discuss any foreseeable concerns with the trial home visit;
 - f. Make an approval decision regarding the request for a trial home visit;
2. Monitor ongoing efforts to jointly place siblings, if they are separated.
3. Ensure Rev Max and Amerigroup receive notification of the trial home visit.
4. Participate in a staffing with the SAAG prior to any scheduled court hearing regarding a child home visit.
5. Review the case record in Georgia SHINES to ensure:
 - a. Contacts during the trial home visit with the child/caregiver/family are purposeful;
 - b. The following pages in Georgia SHINES are completed or updated:
 - i. Custody Detail

- ii. Legal Status
- iii. Legal Action and Outcomes Detail
- iv. Placement List
- v. NOC
- vi. Person Detail
- vii. Diligent Search
- viii. Contact Standards
- ix. Case Documentation (Narratives)

Practice Guidance

Trial Home Visits

Reunification, the process of reconnecting children in out-of-home care with their families, is the preferred permanency arrangement. The trial home visit was introduced in federal law to improve stability in the reunification process and is a key strategy in assuring successful reunification. A trial home visit should only be recommended when it is expected to be successful and requires careful planning and preparation prior to and following the transition.

Each family will have a different reaction to child returning home on a trial home visit; therefore, the preparation and planning should be individualized based on the needs of each family. When planning a trial home visit, consideration must be given to the following:

1. Safety threats resulting in the child's removal have been successfully mitigated.
2. The age of the child.
3. Number of siblings that will be returning with the child.
4. The length of time the child was in foster care.
5. The quality and consistency of visitation between the parent, guardian or legal custodian and child.
6. The child's special needs, characteristics, vulnerability to harm and capacity to self-protect.
7. Any new household members (i.e. boyfriend, girlfriend, other family) since the child entered care.
8. The quality of the relationship between the parent, guardian or legal custodian and child.
9. The quality of extended family support.
10. The parent's, guardian's or legal custodian's protective capacities and progress on their case plan outcomes.
11. Support services that may be needed.

Preparing the Child

The amount and type of preparation needed for the trial home visit, will vary for each child.

The child's vulnerability impacts the type of preparation needed for the child home visit. Child vulnerabilities include the child's age, the length of time in out-of-home care, and the quality of the child's relationships with his/her parent, guardian, or legal custodian. The child's feelings also play a key role in his/her adjustment to returning home. Many children worry that they will be subjected again to abuse and/or neglect. Some may experience feelings of disloyalty to their placement resource family for wanting to return home; and some may feel disloyal to their parents for missing the placement resource family. The child should be encouraged to share his/her feelings about the return home with a trusted adult, such as the placement resource, SSCM, behavior aide, therapist, etc. The child's feelings should be acknowledged and addressed, including any fears. Additionally, the SSCM should discuss with the child the expectations, responsibilities, and safeguards that will be in place to protect the child. The SSCM should discuss safety with the child and what the child should do if the child feels unsafe.

Preparing the Parent, Guardian, or Legal Custodian

The parent, guardian, or legal custodian may feel uncertain about his or her ability to adequately meet the child's needs or more feel overly confident. The SSCM should help the parent, guardian or legal custodian prepare for the trial home visit by:

1. Identifying the positive behavioral change that enhanced protective capacities and alleviated safety concerns. Celebrate successes.
2. Providing the parent, guardian or legal custodian the opportunity to implement parenting practices learned.
3. Informing of the agency's continued involvement with family to support a successful reunification.
4. Identifying any anticipated issues and discuss the family's prevention plan to address any identified concerns.

Preparing the Placement Resource

The bonds that often develop between some placement resource and children placed in their home are important and can evoke feelings of loss for both parties. In addition, the placement resource's feelings can influence the child's view of returning to their family, therefore it is important to include them in the planning for the trial home visit. This includes their involvement in transitional visits with the parent, guardian, legal custodian, participation in the family meetings, and maintaining an ongoing relationship to support the child's transition to their home.

Supporting the Family During the Trial Home Visit


Once a family reorganizes and settles into a "new normal" when their child is out of the home in foster care, reintegrating the child back into the home may be challenging. Often parents revert to more familiar manners of functioning that resulted in the child's removal. A trial home visit allows for the parent, guardian or legal custodian to demonstrate effective parenting. During this period, it is essential that services provided to the family are consistent, targeted, and behaviorally driven. Children and families should receive services in the least restrictive environment which is most often their home. This allows the SSCM to have a better picture of family functioning and adaptability to the daily stresses of parenthood and life.

Supporting the family through the trial home visit by being a resource and monitoring their progress are additional benefits for the reunification process. More frequent purposeful contacts may be required initially during the initial phase of trial home visit to continue to assess the child's safety and wellbeing as well as parenting abilities and behaviors. As the parent becomes more confident in their parenting skills, identifying stressors, and utilizing their action plans, the frequency and nature of contacts will need to be reassessed to reflect the progress that the family has made. During the trial home visit period, it is important to recognize that families will have challenges, setbacks, and successes. Encourage the family to utilize the skills and relationships that they have developed through action planning to address any challenges or setbacks. Being able to identify the challenges and setbacks but also celebrate and recognize their successes assist in ensuring a positive trial home visit and reunification. It also important and recognize and celebrate successes.

Forms and Tools

N/A

10.25 Youth Absent Without Permission (AWOP)

	Georgia Division of Family and Children Services		
	Child Welfare Policy Manual		
	Chapter:	Foster Care	
	Policy Title:	Youth Absent Without Permission (AWOP)	
	Policy Number:	10.25	Previous Policy Number(s):
Effective Date:	May 2024	Manual Transmittal:	2024-05

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. When a youth, age 14 and older, in the custody of DFCS is determined to be absent without permission (AWOP):
 - a. Make efforts to ascertain the youth's whereabouts.
 - b. Assess whether the youth is in danger. Immediately contact law enforcement any time there is reason to believe a youth may be in danger.
 - c. Determine if a youth who is absent without permission is missing.
 - d. Determine whether law enforcement intervention is necessary, or if the matter can be successfully resolved without law enforcement involvement (i.e., the youth returns or is located).



This requirement also applies to the caregiver and/or the placement provider.

2. When the youth is determined to be missing, follow policy [19.22 Case Management: Missing Children](#).

Procedures

Youth is AWOP

The caregiver or placement provider will:

1. Make efforts to ascertain the youth's whereabouts.
2. Assess whether the youth is in any danger considering the following:
 - a. The youth's location.
 - b. Person(s) with whom the youth is with.
 - c. Any information the youth or others may have shared regarding potential dangers to self or from others.
 - d. Whether the caregiver/provider suspects the child is in danger.
3. Contact the DFCS Social Services Case Manager (SSCM) for assistance locating the youth if unable to locate the youth after searching for more than three hours. Always contact the DFCS Social Services Supervisor (SSS) if the SSCM cannot be reached.
4. Immediately contact law enforcement and notify the SSCM any time there is reason to believe a youth is in danger or is missing.

Upon Notification Youth is AWOP

The DFCS SSCM will:

1. Inform and seek guidance from the Social Services Supervisor (SSS).
2. Work in conjunction with the caregiver to ascertain the youth's whereabouts.
3. Determine if any of the youth's possessions are missing.
4. Attempt to contact the youth via phone, text messaging, social media (as agency policies permit). Utilize voicemail, text messaging and other messaging to communicate to the youth the need to return to a safe place (e.g., police station, fire department, hospital, government building, or homeless shelter).
5. Determine when, where and with whom the youth was last seen.
6. Try to ascertain the youth's state of mind when last seen by considering questions such as the following:
 - a. Did the youth say or do anything unusual the last time the youth was seen?
 - b. What was the youth's mood?
 - c. Did the youth talk about wanting to go to a particular place or event?
 - d. Did the youth talk about running away?
7. Determine if other children at the placement are aware of the youth's plans, friends, and contact information for the youth's friends.

8. Contact the youth's friends to determine if they are aware of the youth's whereabouts and/or their plans.
9. Visit locations where the youth is known to frequent (e.g., school, park, movie theatre).
10. Contact the youth's parents, extended family members and other adults who work with the youth to gather information that may be of assistance in locating the youth. Ensure all parties understand their legal responsibility to notify DFCS should the youth contact them.
11. Document all actions taken on the Contact Detail page in Georgia SHINES.

Youth is Located or Returns to the Placement

The caregiver will:

1. Notify the DFCS SSCM immediately by telephone or email.
2. Interview the youth to obtain information regarding the AWOP episode.
3. Assist the youth in making a contingency plan for situations that might lead to a reoccurrence of the AWOP episode.

The SSCM will:

1. Notify the parents that the youth has been located (if the parents were contacted during the search for the youth).
2. Interview the youth within 72 hours of their return. This may be done concurrently with the caregiver unless a private conversation with the youth seems more appropriate for the situation (see Practice Guidance for [sample interview questions](#)).
 - a. The frequency and nature of a youth's absence governs how the interview is handled. The goal is to have a discussion with the youth that helps to resolve the underlying issue(s) contributing to the youth being absent without permission.
 - b. Document the interview in Georgia SHINES within 72 hours.
3. Consider whether a runaway prevention plan is warranted (see policy [19.22 Case Management: Missing Children](#)).

Practice Guidance

Youth Absent without Permission (AWOP)

Youth classified as "absent without permission" are youth in the custody of DFCS, age of 14 and older who fit the following description:

1. Purposely breaks curfew;
2. Habitually returns late to their placement (e.g., arrives late from school); and/or
3. Their whereabouts are thought to be known by the placement provider and/or DFCS.

Verifying a Youth's Whereabouts (Examples)

1. Contact the youth via cell phone or other phone based on their last known location (i.e., school,

community center, etc.).

2. If a youth failed to return home from an event or location, contact the event sponsor (e.g., scout leader) or location manager (e.g., school principal) to determine if the youth is still at the event/location or was delayed in departing.
3. If a youth was authorized to visit with friends, contact the household being visited to determine if the youth's departure was delayed.
4. If a youth's whereabouts are unknown and the youth failed to keep curfew, contact the youth's known associates, including other children residing in the household/facility in an effort to locate and encourage the youth's return.

Interview with the Caregiver

The SSCM should explore the following issues with the caregiver:

1. Has the youth ever done this before? If so, how many times, how long was the youth gone, and where did the youth go?
2. Who is the youth permitted to visit and where? (e.g., neighborhood, home, school)?
3. Are the youth's friends known to the caregiver?
4. Are the parents of the youth's friends known by the caregiver?
5. What are the rules of the residence concerning when and where youth may go without first securing the caregiver's permission? Has the youth been informed of the rules?
6. Are there issues being experienced by the caregiver that may have contributed to the youth being AWOP? (e.g., marital conflict, increased stress)
7. What steps can be taken to avoid future occurrences of AWOP?

Interview with Youth Returning from AWOP

The interview should be conducted in a manner that demonstrates empathy and concern for the youth, while also communicating to youth that their safety is the primary concern.


The SSCM and placement provider should explore the following questions with the youth:

1. Why did you leave your placement and/or not return as expected? (Explore what they expected to accomplish)
2. Were you encouraged to stay away? If so, by whom?
3. Where did you go? (list all the places)
4. With whom did you spend time while you were away and what is your relationship to them? (e.g., friends, family)
5. Did you engage in any risky behaviors while away? (e.g., sexual activity, substance abuse, shoplifting or other petty crime, etc.)
6. Were you the victim of a crime while you were away?
7. What were some of the reasons you returned?
8. What would prevent you from being AWOP in the future?

Forms and Tools

N/A

10.26 Case Closure

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(10) Foster Care		
	Policy Title:	Case Closure		
	Policy Number:	10.26	Previous Policy Number(s):	10.27
	Effective Date:	November 2017	Manual Transmittal:	2017-13

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Recommend closure of a foster care case when a child has achieved permanency in a safe, stable placement setting with appropriate supervision. This may be obtained through reunification or any other approved permanency plan (see policy [10.22 Foster Care: Permanency Planning](#)).
2. Recommend closure of cases involving caregiver substance abuse only after meeting all requirements as outlined in policy [19.26 Case Management: Case Management Involving Caregiver Substance Use or Abuse](#).
3. Close a foster care case only after receiving authorization from the Juvenile Court.



Closures resulting from the appropriate termination of a Voluntary Placement Agreement do not necessarily require court authorization (see policy [10.2 Foster Care: Placement of a Child via a Voluntary Placement Agreement](#)).

4. Document all case closure decision making activities in Georgia SHINES within 72 hours of occurrence.

Procedures

Social Services Case Manager

1. Review the Case Plan to determine if sufficient progress has been made to remedy the conditions that caused a child to enter foster care and assess the following:
 - a. The family's developmental stage(s);
 - b. The family's interaction around specific everyday situations they were previously unable to safely manage resulting in the emergence of safety threats;

- c. Observed and documented changes in behaviors and/or circumstances that alleviate safety concerns and enhance caregiver protective capacities such as the family's development of specific skills, including the ability to:
 - i. Identify high-risk situations;
 - ii. Identify early warning signals;
 - iii. Prevent high-risk situations;
 - iv. Interrupt high-risk situations not avoided; and
 - v. Escape situations not interrupted.
2. Obtain feedback from all service providers regarding case closure (i.e. recommendations, issues, concerns).
3. In cases involving substance abuse:
 - a. Obtain verification from the treatment provider that the parent has successfully completed a substance abuse treatment program, demonstrates behavior that supports a desire to maintain a sober lifestyle and the ability to provide protection and appropriate care for the child, and has a relapse plan that addresses child safety.
 - b. Observe the parent's behavior for indicators that the parent is maintaining a sober lifestyle
 - c. Follow policy [19.26 Case Management: Case Management Involving Caregiver Substance Use or Abuse](#) related to case closure.
4. Staff the case with the Social Services Supervisor to discuss reasons for case closure.
 - a. Confirm that the child has achieved an approved permanency plan (i.e., Reunification, Adoption, Guardianship, and Another Planned Permanent Living Arrangement).
 - b. Verify that all qualifying conditions for return have been met and obtain authorization to request approval from the juvenile court to proceed with case closure.
 - c. Discuss what, if any, additional services will be provided to the family post-closure.
5. Conduct a Family Team Meeting or some other transitional meeting to discuss case closure, making a "good faith" effort to involve all family members in the discussion of the case closure decision (see policy [19.3 Case Management: Solution-Focused Family Team Meeting](#)). The discussion should include the following:
 - a. Progress made in the areas of caregiver protective capacity and remediation of the issues that caused the child to enter foster care;
 - b. The plan to prevent the circumstances that led to the child's removal from reoccurring (i.e. relapse prevention plan);
 - c. Formal or informal supports that can remain involved with the family following case closure;
 - d. Linkage to community resources that might provide future support;
 - i. Show the family where to locate contact information for various community agencies, including how to apply for public assistance.
 - ii. Verify that the family understands how to utilize community supports by asking them to demonstrate or describe what they will do in various circumstances in which supportive services might be needed (e.g., food, utilities, mental health services).

- iii. Explain that the child will remain on Medicaid without any coverage gaps once exiting foster care, if they are eligible.
 - e. Issues or concerns the family may have.
6. Arrange any additional services needed post foster care.
 7. Notify all service providers actively involved in the case of the case closure decision and request any outstanding invoices be submitted expeditiously.
 8. Ensure the parent/caregiver has received copies of the child's health and education records when the child exits foster care.

Provide this information directly to youth who exit care after attaining 18 years of age (see policies [10.11 Foster Care: Medical, Dental, and Developmental Needs](#) and [10.13 Foster Care: Educational Needs](#)).

1. Ensure the child has a driver's license or official identification, if applicable (see policies [13.8 Independent Living Program: State Identification](#) and [13.9 Independent Living Program: Driver Education and Licensure](#)).
2. If applicable, coordinate with the parent and the Amerigroup Care Coordination Team (CCT) to schedule the required discharge physical.
3. Notify the Revenue Maximization (RevMax) Unit, Department of Community Health (DCH), and the Amerigroup Care Coordination Teams (CCT) of a child's exit from foster care within 24 hours.
4. Update Georgia SHINES to reflect case closure.
 - a. Close each Foster Care Child (FCC) Stage
 - i. When Post Foster Care (PFC) stages are needed to manage relative or guardianship subsidy payments or Independent Living Program (ILP) services for youth no longer in care, stage progress the FCC stage to the Post Foster Care (PFC) stage before completing FCC stage closures.
 - ii. When families are referred for Family Preservation Services, stage progress the Foster Care Family (FCF) stage to the Ongoing (ONG) stage before completing the FCF stage closure.
 - b. Add the child's new legal status within 48 hours of the change.
 - i. Choose the appropriate 'Not in DFCS Custody' legal status based upon the court's decision/ruling.
 - ii. The legal status effective date is the date DFCS no longer has legal custody of the child.
 - c. End any open placements.
 - i. The placement end date is the same as the 'Not in DFCS Custody' legal status effective date.
 - ii. The end time entered does not have to be exact, but should be within 30 minutes of the reported change. The end time should not be 12:00 AM.
 - d. End any open payment of care (POC) records. The POC end date is the same as the placement end date.

- e. Submit a Notification of Change (NOC) to notify the RevMax Unit that foster care Medicaid eligibility has ended.
 - i. Follow up with the RevMax Unit to ensure timely completion.
 - ii. To close the FCC stage, an end date must be indicated on the Eligibility Summary List page.
 - iii. On the Foster Care Application List page, all IV-E Applications and NOC entries must be in approved (APRV) status (not PROC or PEND) before stage closure.
- f. Address Case Watch Errors and Warnings
- g. Ensure all case activity has been documented and upload all appropriate documents into Georgia SHINES External Documentation (e.g. court orders, etc.)
- h. Complete the Stage Closure page.
 - i. Choose the appropriate closure reason and add relevant comments.
 - ii. The stage closes when the Supervisor approves the FCC stage closure.
 - iii. After all FCC stages for a case have been closed, complete the Stage Closure page in the Foster Child Family (FCF) stage.
 - iv. After the Supervisor approves the FCF stage closure, the FCF stage closes.

Social Services Supervisor

1. Review each case prior to closure to confirm that sufficient progress has been made to remedy the safety conditions that caused a child to enter foster care. Look for evidence in the case record that supports the decision to close the case.
2. Staff each case with the SSCM prior to case closure (see policy [19.6 Case Management: Supervisory Staffing](#)). During the staffing:
 - a. Engage the SSCM in partnership decision-making to help the SSCM evaluate the family's progress toward achieving and maintaining behavioral changes that promote child safety and well-being.
 - b. Encourage the SSCM's use of critical thinking by seeking answers to questions such as:
 - i. Why do we believe a family's circumstances have been adjusted to the point where conditions are safe for a child to be returned to the home?
 - ii. How reliable and valid is the information we have obtained that supports the decision to close the case?
 - iii. Have we spoken to everyone with relevant information about this family's capacity to protect the child(ren) exiting foster care?
 - iv. Are there any actions or services still needed to manage any behaviors or conditions that threaten child safety and well-being?
 - v. Is an in-home safety intervention warranted?
 - vi. Has the juvenile court provided its approval of case closure?
 - vii. What formal and/or informal supports can remain involved with the family following case closure?

3. Confirm that case documentation is current in Georgia SHINES prior to case closure, especially all evidence supporting case closure. This includes documentation of the supervisory staffing that evaluated the case information that had been gathered and weighed the evidence in a decision-making process that clearly supported the decision to close the case.

Practice Guidance

Conclusion of Services

Permanency planning begins when a child enters foster care. Case closure is appropriate once the permanency plan goals are achieved. Throughout the life of the case, the various judicial reviews should have been leading to a case outcome that ensures the safety, permanency and well-being of the child. Consequently, conclusion of services should be a natural and planned component of the case work process. Maximum effort must be put forth to fully engage the family throughout the life of the case and clearly communicate the desired case plan outcomes. Consider the following when ending services with families:

1. Family Preparation

Throughout the life span of the case families should be knowledgeable regarding what requirements are needed for case closure and should be engaged regularly regarding their level of progress made toward that end.

2. Developing Support Systems

Families should be assisted in developing formal and informal systems that can support them during and after DFCS involvement. The support system should be identified with the involvement of the family. This support system or family team can assist a family after case closure. Families should be encouraged to utilize these systems during the life of the case as a way for them to “practice” for life after DFCS intervention ends.

3. Disengagement

When terminating DFCS involvement with families, it is important to begin the process of disengagement of the working relationship between the SSCM and family prior to closing the case. The family should be reminded of the ongoing progress being made in resolution of risk and safety factors and that this will lead to a reduced need for DFCS involvement. This can be a challenging process for both the SSCM and the family as the SSCM must separate from the family while continuing to support and encourage them. The goal of the SSCM is to increase the emphasis on the family taking on more responsibility for problem solving and follow up.

4. Family Reactions

Conclusion of services can be met with ambivalent feelings, especially when the helping relationship with the family has been rewarding. Some typical reactions may include denial, regression, creation of additional needs, and flight. It is essential to validate the family’s feelings regarding case closure and provide positive feedback regarding their achievements as well as assisting them in recognizing their strengths and abilities.

5. SSCM Reactions

SSCMs may experience a sense of loss as a result of discontinuing their work with a child and/or family. Separating from someone with whom a meaningful relationship has been developed can be difficult. SSCMs should talk to their supervisors for support and assistance with processing their feelings.


6. Process Evaluation

Conclusion of services should be a joint decision-making process between the SSCM and the family. The SSCM should review with the family all critical elements of intervention, while empowering the family to express their opinions/feelings and provide constructive feedback. Obtaining feedback from the family regarding their experience can provide valuable information to the family and agency regarding performance as well as in establishing future relationships. The evaluation helps the family to assess and recognize their progress and encourages future self-assessment/evaluation.

Forms and Tools

N/A

10.27 Aftercare

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(10) Foster Care		
	Policy Title:	Aftercare		
	Policy Number:	10.27	Previous Policy Number(s):	N/A
	Effective Date:	September 2020	Manual Transmittal:	2020-06

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Request the court to order aftercare services when needed to support a child's transition from foster care to the home of their parents or another permanent caregiver.
2. Provide court-ordered aftercare services for a period not to exceed six months, unless a longer period is ordered by the court.
3. Develop an aftercare case plan with the family prior to a child's exit from foster care if aftercare services are anticipated.
4. Make face-to-face purposeful contacts with caregivers and children in the home at least once per week for the first 30 days following reunification to monitor a child's transition back into the home of the birth family or other permanent caregiver.
5. After the first 30 days, make face-to-face purposeful contact with caregivers and children at least once every month.
6. Obtain feedback from service providers (if applicable) throughout the aftercare period to verify that the child's needs are being met and the parents continue to demonstrate the appropriate protective capacity.

7. Manage relapses/setbacks that occur during the provision of aftercare services.

Procedures

If aftercare supervision is ordered by the court, the SSCM will:

1. Meet with the child and caregiver to develop Family Level Outcomes (FLOs) and Individual Level Outcomes (ILOs) related to the aftercare case plan prior to the child's exit from foster care (if aftercare is anticipated).
 - a. Help the family recognize potential risks they face at the termination of foster care.
 - b. Explore possible strategies and techniques that may be effective in minimizing those risks and contribute to better outcomes.
 - i. Family group decision-making
 - ii. Parent education and mentoring programs
 - iii. Support Groups (e.g. AA, NA, etc.)
 - iv. Independent Living Skills Training (see policy [13.4 Independent Living Program: Transition from Foster Care](#))
 1. Help youths acquire and refine skills necessary for independent living and social responsible living.
 2. Help youths create and maintain interdependence between themselves and important adults in their lives.
 - v. Non-parental Mentoring
 1. Identify and strengthen existing relationships.
 2. Focus on natural relationships, not just formal ones in a short-term program.
 - vi. Developing Kinship Connections
 - vii. Reintegration Services to help the child transition the child back into the family and help the family normalize the need to adjust to being around each other on a full-time basis.
 - c. Discuss specific issues that impact safety.
 - d. Help families increase their confidence in their ability to maintain the change(s) they have made by consistently reminding them of the successes they have achieved.
2. If aftercare is ordered, update the Legal Action detail in Georgia SHINES to reflect that custody of the child was transferred to the caregiver and that aftercare supervision was ordered.
3. Make a face-to-face purposeful contact with the child and his/her parents within one week following reunification to assess safety and support the child's transition back into the home of the birth family.
4. Provide a copy of the aftercare case plan to the family and the court within two business days of approval.
5. Make weekly face-to-face purposeful contacts with children and their parents during the first 30 calendar days after reunification placement; thereafter, make at least monthly face-to-face purposeful contact with children and their caregivers to assess safety and support the transition from foster care to home.

6. Make monthly contact with any in-home safety service providers working with the family; make an immediate purposeful contact with the family to address any safety concerns identified by service providers.
7. Manage any relapses/setbacks.
 - a. Assess how the setback affects safety.
 - b. Gather information surrounding the setback to determine the relapse prevention skills that were not utilized.
 - c. Utilize the family's action plan in discussions around what went wrong to help pinpoint where the problem occurred.
 - d. Staff with the Social Services Supervisor to determine next steps.

(See policy [10.23 Foster Care: Case Planning](#) for additional guidance on managing setbacks.)

8. Initiate referrals for services to address an identified safety need (see policy [19.17 Case Management: Service Provision](#)).
9. Conduct a face-to-face meeting with the family at the conclusion of the aftercare period to discuss case closure (see policy [10.26 Foster Care: Case Closure](#)).

Practice Guidance

What is Aftercare?

Aftercare refers to the continued efforts and resources needed to further maximize the potential for positive outcomes once children exit foster care. Aftercare services can be used to help sustain permanency and prevent children from re-entering the foster care system after everyone thought they had achieved permanency in a safe and stable living environment.

Common Factors that Increase the likelihood of Foster Care Re-entry

Some factors associated with foster care re-entry include:

1. Children with behavioral or health issues: After the supports that were present while the child was in foster care are removed, some parents may become overwhelmed.
2. Length of time a child remains in foster care: The longer a child is separated from the family, the greater the impact on the parent-child relationship as well as other family relationships.
3. Children placed in non-kinship foster care settings: Family connections can become strained when children are not placed with kin.
4. Placement instability: Structure and consistency within a child's environment may play a causal role in the development of self-regulatory abilities (e.g. impulse control, abstract thinking, planning and the anticipation of consequences). Consequently, the stress and uncertainty experienced in the foster care system may contribute to considerable and lasting changes in the brain that do not contribute to its positive development.
5. Parental mental illness: This is a lifelong issue that can disrupt the family if not managed on a continual basis.

6. Parental substance abuse: This is a lifelong issue that can disrupt the family if not managed on a continual basis.
7. Parental poverty: Foster care cannot alleviate poverty so families still have to manage the daily struggles of living in poverty.
8. Parental ambivalence about reunification: Sometimes others want reunification more than the parents or force change upon the parents without building a consensus for change. Change derived in such a manner might not be maintained by the parents.
9. The amount of family coherence at the time of separation: Some families may not be a cohesive unit prior to the child entering foster care. Consequently, the separation associated with foster care may pull them further apart.
10. Previous failed reunification attempts: When one does not learn from the mistakes of one's past, one might often repeat them.
11. Inappropriate service goals and tasks for families: When the goals are not realistic or do not address the underlying issues that lead to child maltreatment, the family's efforts and energy (as well as that of DFCS) may be exerted on the wrong things.


Duration of Aftercare Services

If aftercare supervision is needed, it should only be for a short period of time. Neither reunification nor any other permanency plan can be considered achieved without a sound determination that the child will be transitioning from foster care into a safe environment. Therefore, if one believes DFCS involvement is needed beyond six months after the achievement of the permanency plan, then one may need to reconsider whether the permanency plan is appropriate.

Forms and Tools

N/A

10.28 End of Life Decisions for Children in Foster Care

	Georgia Division of Family and Children Services		
	Child Welfare Policy Manual		
	Chapter:	(10) Foster Care	
	Policy Title:	End of Life Decisions for Children in Foster Care	
	Policy Number:	10.28	Previous Policy Number(s):
Effective Date:	November 2022	Manual Transmittal:	2022-03

Codes/References

O.C.G.A. § 31-1-14 Physician Orders Life-Sustaining Treatment (POLST) Forms



O.C.G.A. § 31-39-2 Definitions

O.C.G.A. § 31-39-4 Persons Authorized to Issue Order to Not Resuscitate

O.C.G.A. §§ 44-5-140 through 44-5-147 Georgia Revised Uniform Anatomical Gift Act

Requirements

The Division of Family and Children Services (DFCS) will:

1. Adhere to the laws governing life sustaining procedures, do not resuscitate and organ donation:
 - a. Life Sustaining Procedures (LSP) means medications, machines, or other medical procedures or interventions (e.g., cardiopulmonary resuscitation (CPR), respiratory and circulatory support, artificially administered nutrition, hydration), which when applied to a patient in a terminal condition or in a state of permanent unconsciousness, could in reasonable medical judgment keep the patient alive but cannot cure the patient; and where, in the judgment of the attending physician and a second physician, death will occur without such procedures or interventions.
 - b. Do Not Resuscitate (DNR) means an order not to attempt CPR in the event a patient suffers cardiac or respiratory arrest, or both.
 -  CPR means only those measures used to restore or support cardiac or respiratory function in the event of a cardiac or respiratory arrest.
 - c. Organ Donation (Anatomical Gift) means a donation of all or part of a human body to take effect after the donor's death for the purpose of transplantation, therapy, research, or education.
2. Immediately notify the Division Director or General Counsel when:
 - a. A physician or hospital determines a child in the temporary or permanent custody of DFCS is at imminent risk of death or has a chronic illness that will result in the child's death in the near future, and the physician recommends forgoing or discontinuing LSP.
 - b. A physician determines a child in the temporary or permanent custody of DFCS is at imminent risk of death or has a chronic illness that will result in the child's death in the near future, and the treating physician requests an order of DNR.
 - c. A hospital representative or organ procurement organization requests an organ donation by a child in the temporary or permanent custody of DFCS who has reached the end of their life.
 -  Notification to the Division Director or General Counsel shall be made through the chain of command (see Procedures).
3. Obtain direction from the Division Director or General Counsel on all requests for forgoing or discontinuing LSP, DNR and organ donation for children in the permanent custody of DFCS.
4. Defer decision making for children in the temporary custody of the DFCS to their parents, who retain the right to make end of life decisions.
5. Gather and provide to the Division Director or General Counsel, the child's demographic information, information from the hospital to include but not limited to the child's medical condition, prognosis, diagnosis, recommendations, and hospital/physician contact information. Share any new information on the child's condition or other information from the hospital as it becomes available.
6. Maintain ongoing communication with the parents, hospital representatives and Division Direc-

tor or General Counsel and other DFCS leadership.

7. Adhere to confidentiality and Health Insurance Portability and Accountability Act (HIPAA) provisions to prevent unauthorized disclosure of child abuse records and protected health information (see policies [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#)).
8. Complete a child death, near fatality, serious injury (CD/NF/SI) report when applicable, and in accordance with policy [6.10 Special Investigations: Reporting a Child Death, Serious Injury, Near Fatality](#).

Procedures

Social Services Case Manager

1. Immediately notify the Social Services Supervisor (SSS) and County Director upon request or notice of the following for a child in foster care:
 - a. Forgoing or discontinuing LSP; or
 - b. DNR; or
 - c. Organ donation.



The County Director is responsible for notification to the Division Director or General Counsel and other DFCS Leadership (see County Director procedures below)

2. Gather the following information from the hospital:
 - a. Contact information for child's primary care physician (name, hospital, phone number, fax number and email address);
 - b. Contact information for child's attending/treating physician, if different (name, hospital, phone number, fax number and email address);
 - c. Contact information for the hospital social worker (name, address, phone number, fax number and email address);
 - d. Contact information for the organ procurement organization or hospital representative for organ donation if request is for organ donation;
 - e. Child's diagnosis, prognosis and current medical condition. In addition:
 - i. For LSP or DNR, a physician's signed recommendation to forgo or discontinuing LSP or request for DNR, the medical care plan, and the physician's rationale for the recommendation.
 - ii. For organ donation, a copy of the request for donation of the child's organs and any accompanying official signed documents available.
3. Immediately escalate all questions from the hospital or procurement organization to the SSS and County Director.
4. If the hospital requests assistance in locating the child's parents, make efforts to locate the parents in accordance with policy [19.21 Case Management: Unable to Locate](#). Provide the parents contact information to the hospital.

5. Provide support to the parents, including referral for services as needed (see policy [19.17 Case Management: Service Provision](#)).



Do not share personal opinions or give recommendations regarding the decision the parents must make.

6. Participate in staffings to provide information and obtain guidance and direction.

7. Document all case management activities in Georgia SHINES within 72 hours of occurrence, including uploading supporting documents in External Documentation.

County Director

1. Immediately notify the Division Director or General Counsel and other DFCS leadership in their chain of command upon request or notice for forgoing or discontinuing LSP, DNR or organ donation.



Notify the boarding County Director if the child is placed in another county.

2. Include the following information in the notification or as it becomes available:

a. Child's full name

b. Date of birth

c. Georgia SHINES Case ID

d. Whether the child is in permanent or temporary custody of DFCS

e. Placement information

f. Date child entered the custody of DFCS

g. Whether the child is subject to the Indian Child Welfare Act

h. Names and phone numbers of the County Director, SSS and SSCM

i. Contact information for child's primary care physician (name, hospital, phone number, fax number and email address);

j. Contact information for child's attending/treating physician, if different (name, hospital, phone number, fax number and email address);

k. Contact information for the hospital social worker (name, address, phone number, fax number and email address);

l. Contact information for the organ procurement organization or hospital representative for organ donation if request is for organ donation;

m. Child's diagnosis, prognosis and current medical condition. In addition:

i. For LSP or DNR, a physician's signed recommendation to forgo or discontinuing LSP or request for DNR, the medical care plan, and the physician's rationale for the recommendation.

ii. For organ donation, a copy of the request for donation of the child's organs and any accompanying official signed documents available.



Do not delay providing notification to the Division Director or General Counsel due to

missing information.

3. Participate in staffings to provide information and obtain guidance and direction.
4. Maintain ongoing communication with the Division Director, General Counsel and other DFCS leadership. Share all new information related to the child's condition or other information provided by the hospital.
5. Maintain ongoing communication with the hospital representatives.

Social Services Supervisor

1. Ensure the County Director is notified upon receipt of a request for LSP, DNR or organ donation.
2. Assist the SSCM in obtaining demographic and medical information from the hospital or procurement organization.
3. Provide support and assist the SSCM in processing their emotions related to the child's imminent death.
4. Remind the SSCM that they may seek further emotional support free of charge through the State of Georgia Employee Assistance Program.
5. Participate in required staffings to provide information to the Division Director or General Counsel.
6. Maintain ongoing communication with the County Director regarding any new information about the child's condition or other information provided by the hospital.

Practice Guidance

How DFCS May Receive Requests

A request pertaining to LSP or DNR should begin with a written recommendation to DFCS by a treating physician that outlines the specific medical interventions that they believe should be withheld or withdrawn and the medical rationale. Initially, DFCS may receive a verbal notice, however a formal written request should be provided from the requestor.

Removal of Life Support

The removal of all medical procedures or interventions that serve only to prolong the process of dying or maintain the individual in a condition of persistent unconsciousness. This does not include the administration of medication or performance of medical treatments deemed necessary to alleviate pain or provide for the normal consumption of food and water.

Forms and Tools

N/A


[1] Reducing the Trauma of Investigation, Removal, & Initial Out-of-Home Placement in Child Abuse Cases: Center for Improvement of Child and Family Services Portland State University, School of Social Work

[2] Placement Stability Information Packet National Resource Center for Permanency and Family Connections A Service of Children's Bureau/ACF/DHHS. Placement Stability in Child Welfare Services Issues, Concerns, Outcomes and Future Directions Literature Review: UC Davis Extension Center for Human Services

- [3] Georgia's Kinship Care Continuum Practice Guide
- [4] Less serious, severe, difficult, or extensive than others of the same kind
- [5] Physically on-site in the presence of the individual being contacted; in-person contact
- [6] Consult with the child and parent's therapist (if applicable) for feedback regarding the appropriateness of contact.
- [7] See the Guidelines for Psychotropic Medication Use in Children in Foster Care for more information
- [8] Deliberate Information Gathering, November 2006 ACTION for Child Protection, Inc.
- [9] Developed from the Administration for Children and Families; Unannounced Home Visits – Critical Assessment Tool or Barrier to Family Engagement? Centennial Topical Webinar Series September 26, 2012, Theresa Costello, Presenter
- [10] There shall be a presumption that visitation will be unsupervised unless the court finds that unsupervised visitation is not in a child's best interest.
- [11] [Casey Family Programs: 12-2017: What are some strategies for supporting pregnant and parenting teens in foster care?](#) and, [Center for the Study of Social Policy \(CSSP\). \(n.d.-1\). *Improving outcomes for pregnant and parenting youth in foster care: Federal policy recommendations*](#). Center for the Study of Social Policy (CSSP). (n.d.-2). [Pregnant and parenting youth in foster care. Part I: A guide to service improvements](#).
- [12] [GA Prep Program](#)
- [13] [Home Visiting Program](#)
- [14] [Early Head Start](#)
- [15] [Healthy Families Georgia](#)
- [16] [Nurse-Family Partnership](#)
- [17] [Parents as Teachers](#)
- [18] [SafeCare](#)
- [19] [Baby Center – The Lamaze Method of Childbirth](#)
- [20] [Planned Parenthood](#)
- [21] [Multi-Agency Alliance for Children](#)
- [22] [Title V State Sexual Risk Avoidance Education Grant Program](#)

Chapter 11 Adoption

11.0 Introduction to Adoption

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(11) Adoption		
	Policy Title:	Introduction to Adoption		
	Policy Number:	11.0	Previous Policy Number(s):	101.1-101.3
	Effective Date:	July 2021	Manual Transmittal:	2021-03

Codes/References

O.C.G.A. §19-8-3 Who May Adopt a Child; When Petition Must Be Filed in Names of Both Spouses

Discussion

Adoption is a specialized field that focuses on finding safe and permanent families for children when permanent, legal separation from their family is necessary. Adoption is a social and legal process designed to establish a new legal family giving children the same rights and benefits of those who are born into a family.

Adoption practice provides sound planning for children who have a permanency goal of adoption and children who are in the permanent custody of the Division of Family and Children Services (DFCS). An integral part of adoption services is working with birth parents as they make a decision as to whether or not adoption is in the best interest of the parent and child. If a voluntary or non-voluntary Termination of Parental Rights (TPR) is decided to be the best plan for the child, the birth parents, if appropriate, are involved in:

1. Providing social and medical background information;
2. The placement process;
3. Providing necessary tools and skills for the transition from foster care to adoption;
4. Decision-making about future contact; and
5. Beginning their grieving process.

Many birth parents grieve the loss of their role as the child's primary parent. Adoption services are offered to parents throughout the adoption process to:

1. Empower birth parents to have as much input as possible in plans for their child;
2. Assist the birth parents in maintaining their dignity and self-worth throughout the adoption process;
3. Ensure that the main focus is the child and his/her best interest;
4. Help birth parents make responsible decisions throughout pregnancy, parenting or adoption

planning,

5. Acknowledge the parental role in cases of involuntary TPR and to garner their assistance in gathering pertinent information, preparing the child, and assisting in adoption planning for the child;
6. Facilitate communication (and mediation if necessary) among members of the birth parents' extended families and adoptive families, as appropriate; and
7. Help the birth parents understand, accept and manage the effects of an adoption decision, whether the decision is made by the parent or by the court.

DFCS has the responsibility to recruit adoptive families who will meet the needs of a variety of children. Adoptive parents should be informed of DFCS policies and expectations, share in the evaluation process of their family, and be provided full disclosure of non-identifying background information about their adoptive child in as much detail as is known. Individuals must meet the following criteria to petition the Georgia court to adopt a child:

1. Be at least 21 years of age or married and living with his/her spouse;
2. Be at least ten years older than the child, except when the individual is a stepparent or relative of the child;
3. Be a resident of Georgia at the time the petition for adoption is filed; or, be a resident of the receiving state when the child (adoptee) was either born in Georgia or is a resident of Georgia at the time of placement for adoption and was placed in another state in compliance with the Interstate Compact on the Placement of Children (ICPC); and



A non-resident of Georgia is deemed to have complied with the ICPC if the compact does not apply or if the individual is a resident of another country.

4. Be financially, physically, and mentally able to have permanent custody of the child.




If the individual seeking to adopt the child is married, the petition for adoption shall be filed in the name of both spouses. However, when the child is or was the stepchild of the individual seeking to adopt, the petition shall be filed by the stepparent alone.

As we shift our efforts to improve long term outcomes for children, DFCS has the responsibility of educating adoptive parents and the birth family on the importance of maintaining birth family connections when appropriate. Adoptive parents must be comfortable with themselves and accepting of their adoptive child as an individual with his/her own history and ties to biological family and past relationships. Adoptive parents must be committed to discussing with the child the facts concerning his/her background and handling the emotional content of the discussion. Adoptive parents have the responsibility to share the information in a positive, constructive way and to treat it as if it were their own ancestry information.

DFCS has the responsibility to provide consultation, counseling and supportive services throughout the adoption process. DFCS is also responsible for providing post-adoption services (after legal adoption) when needed by the child, adoptive parents or the birth parents to promote attachments and permanency for children.^[1]

11.1 Adoption Preparation

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(11) Adoption		
	Policy Title:	Adoption Preparation		
	Policy Number:	11.1	Previous Policy Number(s):	103-103.1, 105.1
	Effective Date:	September 2018	Manual Transmittal:	2018-09

Codes/References

O.C.G.A. §19-8-1 Definitions

O.C.G.A. §19-8-23 Where Records of Adoption Kept; Examination by Parties and Attorneys; and Use of Information by Agency and Department

Indian Child Welfare Act of 1978 (P.L. 95-608)

Requirements

The Division of Family and Children Services (DFCS) will prepare both parent(s) and child for the upcoming separation and loss when:

1. Parental rights have been voluntary surrendered;
2. Parental rights have been terminated; or
3. It has been determined that the permanency plan of adoption or a concurrent plan of reunification and adoption is in the best interest of the child.

Procedures

To prepare the family for adoption, the Social Services Case Manager (SSCM) will:

1. Secure background information from parents and family members.
2. Thoroughly explore the child’s background to determine if they are of American Indian heritage. If there is any information that suggest the child is subject to the Indian Child Welfare Act, adhere to the provisions outlined in policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to the Tribal Agency](#).



A child is subject to ICWA if the child is a member of a federally recognized Indian Tribe, or eligible for membership and has a biological parent who is an enrolled member.

3. Complete with the parent(s) the Birth Family Background Information for Child form.
4. Begin the Life Book, if one has not been started:
 - a. Secure or take photographs of the parent(s), home, pets and other family members if possible.
 - b. Encourage the parent(s) to provide letters, pictures, audiotapes or any other information to be included in the Life Book.

- c. Gather medical history to include place of birth, significant illnesses, names of doctors and clinics utilized for child's record.
 - d. Use the Life Book process to work with both the child(ren) and parent(s) around the impending separation, if possible.
5. Inform the parent(s) of the provisions of the Adoption Reunion Registry, which allows the parent(s) the option to register his/her willingness to have future contact with the child (see policy [11.17 Adoption: Adoption Reunion Registry](#) for the complete provisions of the adoption reunion registry).
 6. Inform the (legal and biological) parent(s) and child (if at least 14 years of age) of the possibility of entering into a post adoption contact agreement with the pre-adoptive or adoptive parent(s). (see policy [11.15 Adoption: Post Adoption Contact Agreement](#) for provisions of a post adoption contact agreement):
 - a. Have the birth parent(s) determine if he/she would like to consider this option; and
 - b. Obtain the birth parent(s) decision on his/her willingness to engage in a post adoption contact agreement.
 7. Submit a request to have the putative father registry checked to identify possible biological fathers who are not the legal father of the child. See policy [11.2 Adoption: Putative Father Registry & Birth Certificates](#).
 8. Obtain a certified copy of the official long form birth certificate with the state registration number and raised seal (see policy [11.2 Adoption: Putative Father Registry & Birth Certificates](#)).

To prepare a child for the adoption, the SSCM will:

1. Make the child aware that he/she will be moving into an adoptive home.
2. Encourage the child to face and deal with his/her feelings about his/her birth family and the final separation from them.
3. Encourage the child to express his/her feelings of sadness, anger, rejection, anxiety, etc. around the prospective change.
4. Assist the child in understanding about adoption and the difference from foster care.
5. Encourage the child to face and deal with his/her feelings regarding leaving the foster home, if applicable.
6. Include the child in the planning, with a chance to express the type of family with whom he/she would like to live.
7. Start the child's Life Book if it was not initiated when the child entered foster care. It is a useful tool in helping the child understand his/her history and to identify, and begin to deal with, feelings regarding the past.
8. Use the licensed therapist as a resource that may assist in preparing a child for the transition into an adoptive family.

Practice Guidance

A fundamental part of an adoption program is based in Family Centered Practice. The parent(s) may come to the agency requesting to voluntarily surrender their legal parental rights to the child,

or they may be involved in court action to terminate parental rights. No matter which manner they enter the adoption program, it is important that their rights be safeguarded and that the necessary information is secured to provide as smooth a transition as possible for the child to move into a permanent home.

It is important to obtain as much information as possible from birth parent(s) and family members to allow the child to have as much knowledge as possible regarding his/her biological heritage. The SSCM should help the parent(s) understand the importance of the child having information regarding his/her biological heritage as he/she passes through the various developmental stages. The collection of background information can also assist the parent(s) in the separation process and provide relative resources for placement.

Working with the child around the separation and loss of the biological family can begin the process that will allow the child to be ready to move into an adoptive family. Even if the child is to be adopted by the foster family where he/she has been living for some time, the issues around adoptive placement must be addressed as the change in status from foster child to adoptive child in the family will have a great effect on the relationships and the family system. A good relationship with the child enables the SSCM to help the child move into the adoptive family more readily.

Adoption Reunion Registry

The Georgia Adoption Reunion Registry provides services to birth parents, adopted persons, adoptive parents and siblings who are attempting to obtain non-identifying or identifying information from the sealed file.

Indian Child Welfare Act (ICWA)

The Indian Child Welfare Act of 1978 was enacted by Congress to address the alarming rate of removals of American Indian children from their homes for foster care and adoptive placements. The Act establishes standards as well as a protocol for providing child welfare services to ensure that agencies meet the cultural needs of Indian children requiring out-of-home placement and to protect the continued existence and integrity of Indian tribes. It gives the Indian child's parents or Indian custodian and their tribe the right to intervene or request transfer to their tribal court of any proceedings involving out-of-home placement of or termination of parental rights to an Indian child. If the child is a member of a tribe or eligible for membership in a tribe, the family, the Indian custodian and the tribe have rights under the ICWA. These rights apply to any child protection case, adoption, guardianship, termination of parental rights action, runaway, or truancy matter involving the placement of an Indian child (foster care placements, termination of parental rights, pre-adoptive placements, adoptive placements, both voluntary and involuntary placements, transfers of placement and placements due to failed adoptions).

1. "Foster care placement" means any action removing an Indian child from the parent or Indian custodian for temporary placement in a foster home or institution or in the home of a guardian or conservator where the parent or Indian custodian cannot have the child returned upon demand, but where parental rights have not been terminated;
2. "Termination of parental rights" means any action that may result in the termination of the parent-child relationship;
3. "Pre-adoptive placement" means the temporary placement of an Indian child in a foster home

or institution after the termination of parental rights, but prior to or in lieu of adoptive placement; and

4. “Adoptive placement” means the permanent placement of an Indian child for adoption, including any action resulting in a final decree of adoption.

ICWA defines the term “Indian” as any person who is a member of a federally recognized American Indian Tribe or Alaska Native Village, or who is an Alaskan Native and a member of the Regional Corporations formed under the Alaska Native Claims Settlement Act of 1971 (ANCSA).

Indian Child

Any unmarried person who is under age 18 and is determined by the Tribe, Bureau of Indian Affairs, or Department of the Interior, to be:

1. A member or eligible for membership of an Indian Tribe as determined by the Tribe and/or Nation, the Bureau of Indian Affairs (BIA), or the Department of the Interior; or
2. Eligible for membership in an Indian Tribe as determined by the Tribe and the biological child of a member of an Indian Tribe.

Post Adoption Contact Agreement

A post adoption contact agreement is a voluntary written agreement between the pre-adoptive or adoptive parent(s) and birth relative(s) to permit continuing contact between the birth relative(s) and the child.


Forms and Tools

[Birth Family Background Information for Child](#)

[Creating and Using Life Books](#)

[Viewing Family Systems](#)

11.2 Putative Father Registry & Birth Certificates

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(11) Adoption		
	Policy Title:	Putative Father Registry & Birth Certificates		
	Policy Number:	11.2	Previous Policy Number(s):	103.7
	Effective Date:	July 2021	Manual Transmittal:	2021-03


Codes/References


O.C.G.A §19-11-9 Putative Father Registry; Location of Absent Parents by Department; Assistance of Other Governmental Agencies; Use of Information Obtained
 Title IV-E of the Social Security Act, Section 475(5)(I)142
 Preventing Sex Trafficking and Strengthening Families Act, Public Law 113-183

Requirements

The Division of Family and Children Services (DFCS) will:

1. Check the putative father registry to identify possible biological fathers who are not the legal father of the child:
 - a. As part of the diligent search process (see policy [19.20 Case Management: Diligent Search](#));
 - b. When seeking to terminate parental rights (voluntary or non-voluntary) (see policy [17.11 Legal: Termination of Parental Rights](#)); and
 - c. In preparation for filing a petition for adoption on or after the earliest of the following:
 - i. The date of a legal mother's surrender of parental rights;
 - ii. The date of entry of the court order terminating a legal mother's parental rights; or
 - iii. The date of filing of the petition for adoption.
2. Obtain a certified copy of the official birth certificate with the state registration number and raised seal:
 - a. In preparation for adoption (see policy [11.1 Adoption: Adoption Preparation](#)). Include the original long form birth certificate in the Child Life History (see policy [11.5 Adoption: Child Life History](#)).

 This shall be a long form, not just a short verification. Vital Records has agreed to provide the long form birth certificate when it is stated on the birth certificate request that this is a child to be placed for adoption and the long form is needed.
 - b. For youth eighteen years and older who are aging out of foster care. Provide the original birth certificate to the youth upon exiting foster care (see policy [13.4 Independent Living Program: Transition from Foster Care](#))


 The youth must have been in foster care for at least six months and is a United States citizen.

Procedures

Putative Father Registry

Social Services Case Manager (SSCM) will:

1. Access information on the putative father registry:
 - a. Complete the Vital Records' Putative Father Registry Search Request form located at the Georgia Department of Public Health, Vital Records website at dph.georgia.gov/putative-father-registry.
 - b. Submit the completed form to the vital records department.

 It is not required that DFCS pay the \$10 fee.

2. Verify the putative father certificate includes the following for any man acknowledging or indicating the possibility of paternity:
 - a. Name;
 - b. Address; and
 - c. Social security number.
3. Upload the certificate (search results) to Georgia SHINES External Documentation.

Georgia Department of Public Health, Vital Records will conduct the search and return a certification indicating:

1. No information was found; or
2. A registrant on the putative father registry.

Birth Certificates

The SSCM will:

1. Obtain a certified copy of the official birth certificate with the state registration number and raised seal:
 - a. Secure a Birth Certificate Request form from the Georgia Department of Public Health at dph.georgia.gov/birth-records.
 - b. Complete and sign the form.



If obtaining the birth certification for adoption purposes, indicate on the Birth Certificate Request form that this is a child to be placed for adoption and the long form is needed.

- c. Submit the completed form to the County Office of Vital Records where the birth occurred.

2. Upload the birth certificate to Georgia SHINES External Documentation.



This procedure is only relevant for children born in the state of Georgia; if a child was born in a state other than Georgia, contact the child's birth state's Office of Vital Records for guidance on obtaining a certified copy of the birth certificate.

Birth Certificates – Foundling/Abandoned Child

The SSCM will:

1. Obtain a birth certificate for a foundling or abandoned child for whom no birth certificate is available:
 - a. Request that the hospital, which completed the medical clearance on the foundling child immediately after being discovered, register the birth to create a birth certificate with the County Office of Vital Records.



The hospital facility is required to name the child “Baby Boy/Girl Foundling.” The place the child was found should be used as the child's place of birth and the approximate age based on the doctor's estimate should be used for the child's date of birth.

- b. Along with the court order indicating DFCS has custody of the child, complete the process for a name change with the State Office of Vital Records.



Allow at least 7-10 business days from the initial hospital visit to ensure the birth registration process has been completed.

- c. Obtain a copy of the certified long form birth certificate from the State Office of Vital Records using the procedures listed above under birth certificates. Once filed, the name given must be used on all subsequent court orders and legal papers.

2. Upload the birth certificate to Georgia SHINES External Documentation.

Practice Guidance

The Putative Father Registry is a list of the names of men who have acknowledged paternity of a child by completing the Paternity Acknowledgment form or have indicated the possibility of paternity without acknowledging paternity of the child. The registry allows possible biological but not legal fathers to provide identifying information about themselves, the mother, and the child so these registered men can be notified about adoption proceedings. The putative father registry is not a public file. Search requests can be made only by:

1. A governmental department, board, commission, bureau, agency, or political subdivision of any state for purposes of locating an absent parent; or
2. The Georgia Department of Public Health, a licensed child-placing agency, or a member in good standing of the State Bar of Georgia, for purposes of locating a biological father.

Use of the putative father registry allows DFCS to ascertain if there is a man or men who alleges that he may be the father of a child born to the mother within the time frame of the birth of this child. The putative father certificate and birth certificate become part of the legal documents freeing the child for adoption and must be included with the voluntary surrender of parental rights documents and termination court orders sent to the Superior Court for adoption finalization.


The putative father registry is a state level option; not every state maintains a putative father registry. DFCS is not obligated to conduct a putative father search in another state; however, if the Social Services Case Manager has knowledge that the birth mother resided in another state at the time of the child's conception and that state maintains a putative father registry, best practice would mandate that the Social Services Case Manager contact the other state and request that a putative father search be performed. Currently 33 states maintain a putative father registry. To find out if a state maintains a putative father registry, conduct an internet search through any popular web search engine such as Internet Explorer® or Google®.

Forms and Tools

[Birth Certificate Request](#) (Georgia Department of Public Health)

[Putative Father Registry – Registration Form](#) (Georgia Department of Public Health)

11.3 Placement with Siblings

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(11) Adoption		
	Policy Title:	Placement with Siblings		
	Policy Number:	11.3	Previous Policy Number(s):	103.15
	Effective Date:	September 2018	Manual Transmittal:	2018-09

Codes/References

Title IV-E of the Social Security Act, Section 471(a)
 Fostering Connections to Success and Increasing Adoptions Act of 2008, Public Law 110-351

Requirements

The Division of Family and Children Services (DFCS) will:

1. Make reasonable efforts to ensure that all siblings are placed together in the same adoptive home, including:
 - a. Any additional sibling or siblings entering care at a later date; or
 - b. A sibling or siblings of a child in a previously finalized adoption.



Where it is contrary to the safety and well-being due to unresolved physical, sexual, and/or emotional abuse among the siblings where therapy, with a safety plan in place, is not effective or appropriate as documented by a licensed clinician and/or if one or more child in the sibling group has documented medical, mental, cognitive, physical, and/or behavioral health needs of which may require a specialized placement setting (residential treatment, hospitalization, juvenile detention, etc.).

2. When it is not possible or appropriate to place siblings together in the same adoptive home:
 - a. Request a waiver to separate siblings from the Regional Director and consult with the State Adoption Unit.
 - b. Make every effort to place a child with an adoptive parent(s) who is committed to helping the child maintain his/her sibling connections through regular face-to-face visitation and other ongoing interaction.
 - c. Develop a written plan in conjunction with the prospective adoptive parents of each separated sibling to provide for frequent visitation and/or other ongoing interactions.
 - i. The plan will be signed by the prospective adoptive parent(s) and each child's Social Services Case Manager (SSCM); and
 - ii. Made a part of each child's case plan, case record and the Child Life History.
 - d. Ensure weekly face-to-face visits between siblings who are not placed in the same home.



Visitation includes formal or informal opportunities to interact.

Procedures

Refer to policy [10.20 Foster Care: Preserving Sibling Connections - Sibling Placement Visitation](#) for procedures for maintaining sibling connections.

Practice Guidance

Considerations in Evaluating Sibling Relationships

1. Siblings refer to full, step and half-sisters or brothers who have been reared as a family group and enter the care of DFCS simultaneously or at a later date. Siblings may also refer to children who have formed “sibling-like” relationships with non-related brother and sisters they have lived with both in their biological families and in foster care.
2. When children are separated because of sibling rivalry, it teaches them the way to deal with conflict is to walk away from it, not to work it out. Siblings who remain together can be helped to learn how to resolve their differences and develop stronger relationships.
3. The responsibility felt by an older child for a younger sibling is not necessarily a negative. It can be used constructively by adoptive parents to help both children develop appropriate roles with each other. The care-giving child can be helped to become a child again, and the younger child can learn that adults can be trusted.
4. Even a needy child does not necessarily benefit from being an only child in a family. The child may be expected to change troublesome behavior sooner than he/she is able.
5. When a sibling is removed from a home because of behavior problems, the remaining children get the message that the same thing can happen to them, which can reduce their sense of trust in adults.
6. Removing a sibling from a foster or adoptive home because he/she has abused a brother or sister does not guarantee that the abuse will not continue in another environment. Therapy and other interventions should be considered when appropriate to address the child’s needs.
7. Siblings who are placed separately are more likely to demonstrate greater emotional and behavioral problems. When siblings are placed together, they experience many emotional benefits with less moves and a lower risk for failed placements.

Decision Making in Sibling Placements

1. Examine the importance of siblings not only at the present but for the child throughout his/her life. Although the child may not be close to a brother or sister now, consider the future implications of their separation. Experience has shown that siblings who are separated are the most ardent searchers in the future.
2. The child’s feelings and definition of who they identify as a sibling must be considered. Although it is a major decision and not one the child can or should make alone, however his or her wishes should be a part of the decision-making process.
3. The decision about separation should be made by several informed persons, including current and former caretakers, therapists, counselors, teachers, physicians, or any others who have played an important role in the children’s lives. Explore with them the history and meaning of the sibling relationships.

4. Explore and document all the reasons for and against separating the children. Make a list and examine the benefits and challenges. Provide clear documentation of the safety and/or well-being reasons which lead to the decision in the event a decision to separate is ever legally challenged.
5. Consideration may be given to separation, if the mental, emotional, and/or physical needs of one child are such that it might prevent the rest of the sibling group from being adopted by a family.
6. Careful evaluation should be made of situations where siblings have resided for lengthy periods in separate foster homes resulting in significant attachment to foster parents who express a desire to adopt. This decision must be made concerning the best interest of the children, not the desires of the foster parents.
7. Plans for future interactions should be initiated immediately and on a long-term basis if siblings must be separated. All parties should be educated regarding Post Adoption Contact Agreements as outlined in policy [11.15 Adoption: Post Adoption Contact Agreement](#). Legally, adoptive parents can override any decision to maintain contact with siblings once the adoption is final. They may have problems logistically with the contacts (i.e., they may move out of state, or it may be inconvenient to keep in touch), or they simply may not recognize the importance of maintaining the bond. SSCM should help educate the adoptive parents about the value of the relationship. Experience shows that the bond between a child and new parent(s) is strengthened when they confront the issues of sibling relationships together. The child can then see his/her adoptive parent as someone who is sensitive to his/her needs.


Siblings

A sibling is defined as an individual with whom the child shares one or both parents in common by blood, adoption, marriage, even if the marriage was terminated by death or dissolution.

Forms and Tools

[Decision Guide for Sibling Separation for Foster Care Placement](#)

11.4 Wait List

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	Adoption		
	Policy Title:	Wait List		
	Policy Number:	11.4	Previous Policy Number(s):	103.31 - 103.35
Effective Date:	September 2018	Manual Transmittal:	2018-09	

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Identify a Wait List Adoptive Home for a child that fits the description of a Wait List Child age five years or younger of any race or ethnicity and has no physical, mental, or emotional disability when:
 - a. A permanency plan of adoption is likely based on the evidence including but not limited to case history, non-reunification being granted by the court, circumstances exists where reasonable efforts to reunify is not required (see policies [9.5 Eligibility: Reasonable Efforts](#) and [10.22 Foster Care: Permanency Planning](#))
 - b. The child's parents have voluntarily surrendered their parental rights to DFCS or their rights have been terminated; and
 - c. The child's current placement resource is not interested in being considered for adoption.
2. Contact the Adoption Exchange, State Adoption Unit to identify an approved Wait List Adoptive Home for a child that fits the description of a Wait List Child within:
 - a. Six hours of the voluntary surrender of parental rights; and
 - b. Twenty-four hours of a termination of parental rights (TPR).
3. Place a Wait List Child into the home of a Wait List Family.
4. Transition a child into the home of an approved Wait List Family within 30 days, if it is necessary to place the child into a foster home.

Procedures

Social Services Case Manager

1. Notify the Adoption Exchange, State Adoption Unit of a child that fits the description of a Wait List Child within:
 - a. Twenty-four hours of a termination of parental rights (see policy [17.11 Legal: Termination of Parental Rights](#)); or
 - b. Six hours of the voluntary surrender of parental rights to DFCS (see policy [17.12 Legal: Voluntary Surrender of Parental Rights](#)).
2. Place the child into a Wait List Adoptive Home:
 - a. Conduct the Adoption Placement Signing (see policy [11.9 Adoption: Adoption Placement Signing](#)).
 - b. Document the selection of a Wait List Adoptive Home for the child by completing the Identified Resources section of the child's Georgia SHINES Adoption Information page.
3. Place a child that fits the description of a Wait List Child in a foster home when there is not an available Wait List Adoptive Home:
 - a. Thoroughly explain to the foster parent the child's legal status prior to placement.
 - b. Have the foster parent(s) sign the Placement of a Waiting List Child accepting the temporary placement of the child.

- c. Provide a copy of the signed Placement of a Waiting List Child to the foster parent(s).
- d. Upload into Georgia SHINES External Documentation a copy of the Placement of a Waiting List Child in both the child's and foster parent(s)' case record.
- e. Transition the child into the home of an approved Wait List Family within 30 days of the placement into the foster home.



The foster parent may be considered as an adoptive resource for the child if the child remains in the foster home for less than 12 months. However, if child remains in the foster home for at least 12 months the foster parents has the right to be considered as an adoptive resource for the child. See policy [11.6 Adoption: Foster Parent Adoption Consideration Evaluation](#) for the procedures for considering a foster parent(s) as an adoptive resource.

4. Contact the Adoption Exchange, State Adoption Unit to identify an approved Wait List Family for a child that fits description of a Wait List Child that has been in the same foster home for 12 months or greater, within five business days of the following occurring:
 - a. A foster parent consideration staffing has been conducted to discuss the foster parent(s) option for becoming an adoptive resource for the child (see policy [11.6 Adoption: Foster Parent Adoption Consideration Evaluation](#)); and
 - b. The current foster parent(s) has completed the Foster Parent(s) Notification of Decision Regarding Interest in Adopting Foster Child(ren) form indicating he/she is not interested in being considered an adoptive resource (see policy [11.6 Adoption: Foster Parent Adoption Consideration Evaluation](#)); or
 - c. The seven calendar days afforded to the foster parent(s) to consider the option of becoming an adoptive resource for a child(ren) in their home for 12 months or greater has expired; or
 - d. The adoption consideration evaluation determines an adoptive placement with the current foster parent(s) is not in the best interest of the child.

Wait List Home for a Legal Risk Child on Foster Care Status

If the child is not legally free for adoption and/or the Child Life History is incomplete, the SSCM will:

1. Contact the Adoption Exchange, State Adoption Unit to locate an approved Wait List Adoptive Home willing to accept a legal risk child.
2. Prior to placement into the approved adoptive home on a foster care status, thoroughly explain to the adoptive parents the child's legal status.
3. Maintain the child on foster care status until:
 - a. Parental rights are terminated; and
 - b. Verification that there is no pending appeal of the Juvenile Court ruling on the TPR.
4. Complete the Adoptive Placement Signing in accordance with policy [11.9 Adoption: Adoption Placement Signing](#).

Practice Guidance

When a child that fits the description of a Wait List Child must be placed in a foster home temporarily, it is important that the child is transitioned to an approved Wait List Family within 30 days of the placement. To minimize trauma due to the removal from the temporary caregiver, placement in a home that is intended to be permanent should be expedited. The longer a child remains with a temporary caregiver, the greater the attachment.

Legal Risk Child

A child whose relationship with his/her parent has not yet been severed or the termination of parental rights is under appeal.

Termination of Parental Rights

Termination of Parental Rights is the process for severing all legal rights between a child and his/her parent, except the right of the child to receive child support from his/her parent and inherit from and through his/her parent until a final order of adoption is entered. The child shall maintain the right to pursue any civil actions against his/her parent. The relationship between the child and his/her siblings and extended family remain intact until terminated by final order of adoption. Court orders terminating parental rights shall be without limit as to duration.

Wait List Adoptive Home

A Wait List Adoptive Home is an adoptive resource approved based on a pre-established inquiry date, to adopt a child age five years or younger of any race or ethnicity with no physical, mental, or emotional disability.

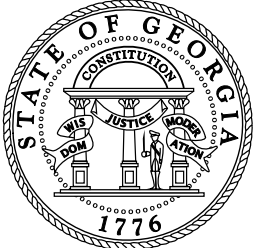
Wait List Child

A child age five years or younger of any race or ethnicity with no physical, mental, or emotional disability.

Forms and Tools

[Placement of a Waiting List Child](#)

11.5 Child Life History

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	Adoption		
	Policy Title:	Child Life History		
	Policy Number:	11.5	Previous Policy Number(s):	103.14, 108.2, 103.16-103.22, 105.4
	Effective Date:	April 2024	Manual Transmittal:	2024-04

Codes/References

Public Law (PL) 104-191 Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Requirements

The Division of Family and Children Services (DFCS) will:

1. Complete a Child Life History within:
 - a. 60 days of accepting a voluntary surrender of parental rights; or
 - b. 30 days of terminating the parental rights (TPR) of one or more parent.



A waiver of the requirement for completion of the Child Life History within the specified time frame may be requested from the Adoption Exchange, State Adoption Unit immediately but not later than 15 days following the surrender/termination if one parent's rights have been surrendered/terminated and reunification efforts continue with the remaining parent or one or both parent's rights have been surrendered or terminated and the plan is to place permanent custody with a specified relative/non-related individual during the dispositional phase of the termination hearing, for a non-agency, independent adoption.

2. Contract the completion of a Child Life History when the funds are available, and it is not possible for the Social Services' staff that worked with and know the child and the birth family to complete the Child Life History for a child whom:
 - a. Is over the age of one year old; and
 - b. A legal services request in the child's interest has been made to the county's Special Assistant Attorney General (SAAG) to prepare a petition for termination of parental rights; or
 - c. Parental rights have been surrendered by or terminated for at least one parent.



The referral to the agency under contract for completion of the Child Life History should be initiated at the time a legal services request in the child's best interest has been submitted to the SAAG to prepare a petition for TPR.

3. Compile each Child Life History in the following specified order:
 - a. Child Life History Checklist and Registration Cover Letter
 - b. Birth Family Background Information for Child
 - c. Narrative
 - d. Waiver of policy concerning placement of siblings (if applicable)
 - e. Medical records - including birth records and all specialists, dentists and psychologist's reports
 - f. School records
 - g. Birth certificate (long form)
 - h. Court Orders (certified) and/or Voluntary Surrenders of Parental Rights (original)
 - i. Parent's(s') death certificate (if applicable)

- j. Divorce verification (if applicable)
 - k. Putative father registry certificate
 - l. Forms signed by the foster parent indicating the foster parent's intent to adopt
 - m. ICWA Notification Letter to the Tribe or Bureau of Indian Affairs and the response, if applicable
 - n. Adoption reunion registry forms
4. Have the completed Child Life History and the Child Life History Checklist approved by the Social Services Supervisor and County Director/Designee.



The Adoption Exchange, State Adoption Unit will be notified in Georgia SHINES by a system generated alert when the Child Life History Checklist is approved by the County Director/ Designee. The Child Life History registration date is the date the system generated the alert to the Adoption Exchange, State Adoption Unit.

- 5. Update the Child Life History on each child via the Adoption Information page and a written narrative at least every six months until the Adoption Placement Agreement is signed.
- 6. After registration, notify the Adoption Exchange, State Adoption Unit and the Regional Adoption Coordinator (RAC) if the child's plan changes to a plan other than adoption.
- 7. Formally present the Child Life History to the prospective adoptive family within ten business days of the prospective adoptive family's Case Worker receipt of the selection letter:
 - a. Present the de-identified Child Life History face to face; and
 - b. Verbally provide full disclosure of information, other than identifying information.



If the selected prospective adoptive family is out-of-state, request that the family's case worker present the Child Life History to the prospective adoptive family in accordance with policy [11.18 Adoption: Placement of a Georgia Child Into Another State for the Purpose of Adoption](#).



The presentation of the Child Life History shall occur in every type of adoption, including when the foster parent(s) is adopting the child. Pre-placement staffing may be combined with the Child Life History presentation if the current foster parent(s) who has been caring for the child in their home for the past 12 months has elected to adopt the child.

Procedures

Preparing Child Life History

The Social Services Case Manager (SSCM) will gather and include the following in each Child Life History:

- 1. Child Life History Checklist and Registration Cover Letter
- 2. Birth Family Information
 - a. Background Information for Child (see policy [11.1 Adoption: Adoption Preparation](#))
 - b. Birth Family's Genogram(s) (see policy [19.19 Case Management: Genogram](#))

3. Narrative History

a. Child's Description, Personality and Current Functioning:

- i. Brief description of child's physical appearance
- ii. Origin of the child's birth name and the name by which the child is currently known
- iii. Describe child's personality using behavioral descriptors:
 1. Interaction with peers and adults
 2. What does the child do best? What is special about the child? What does the child perceive as his/her best qualities?
 3. Activities in which the child participates (i.e., sports, youth groups, church, scouts, etc.)
- iv. Describe in behavioral terms the current functioning of the child:
 1. Describe child's current physical, emotional, cognitive and social levels using specific behavior descriptors to show age appropriate or developmental lags.
 2. Describe the level at which the child is functioning in terms of self-care, communication, and visual and motor skills and how these abilities affect his/her daily living.
 3. Fully explain the specific mental, emotional and physical needs of the child. If there are specialist's reports refer to them.
 4. Discuss any services provided to address any developmental delays and the progress made or expected.
 5. What are the child's behaviors that are most rewarding to foster parents?
 6. What are behaviors that are most annoying to foster parents?

b. School Experiences/Day Care

- i. Grade and academic functioning in school, favorite subjects, least favorite subjects
- ii. Does the child need special classes? What type and adjustment?
- iii. Describe any school problems and methods of handling them.
- iv. Has the child ever been retained? If so, what grade(s)?
- v. Describe the child's relationships with school peers.
- vi. Attach copies of all available school reports.

c. Psychological/Psychiatric History

- i. Discuss placement implications based on the psychological/psychiatric evaluation(s).
- ii. Has the child ever been hospitalized for psychiatric care? If so, explain fully regarding reasons, progress and prognosis (copies of hospital records must be attached).
- iii. Discuss the child's ability to be self-sufficient and self-supporting as an adult.
- iv. Attach trauma assessment and psychological reports.

d. Medical History

- i. Discuss the medical history of the child. Every effort must be made to obtain a complete medical history of the child, including medical care prior to coming into agency custody.


- ii. Did the child's mother use alcohol or drugs during pregnancy? If so, discuss the type and frequency of substance(s) used.
 - iii. Attach copies of all medical reports, including the child's immunization record.
 - iv. Attach the newborn delivery record from the hospital of birth. If a copy is not available on an older child, as much information as possible must be obtained from parents, relatives, etc.
 - v. Attach specialists care reports, if applicable.
 - vi. Attach dental reports on any child over the age of three.
- e. Developmental History
- i. Describe, as completely as possible, the major developmental milestones (i.e., crawling, walking, talking, etc.) in the child's life and the ages at which they occurred.
 - ii. Attach any developmental assessments completed (such as Babies Can't Wait, etc.), if applicable.
- f. Placement History
- i. Age at initial placement and child's understanding of the reason for removal/placement
 - ii. Age at subsequent placement(s) or moves
 - iii. Reason(s) for any change(s) in placement
 - iv. Child's reaction to changes in placement
 - v. Child's ability to adjust and attach to new nurturing figures
 - vi. Child's attachment to current foster family
- g. Birth Family History
- i. Presenting problem(s) at initial contact
 - ii. Summary of activities, services provided, and actions taken throughout birth family contact with DFCS:
 - 1. Reunification efforts. including the family's strengths and weaknesses that affected family unity
 - 2. General living conditions, management of the home and adequacy of the physical facility
 - 3. Adequacy of care and training of the child
 - 4. Degree of the family's involvement in school, church and neighborhood activities
 - 5. Economic and social status of family; their feelings regarding their status
 - 6. Attitudes of family toward placement and the possible effects on each member of the family
 - 7. Quality of nurturing; trust of and attachment level to family members; discuss the child's attachment to each immediate family member.
 - 8. Relatives outside the immediate family and their significance to the child:
 - a. Ability and willingness to offer home to the child

- b. Interest in and importance of maintaining a relationship with the child
 - 9. Relationships of each parent to the child and the interactions between them
 - 10. Relationships of siblings and the interaction between siblings:
 - a. If more than one child is being placed for adoption and they are not being placed together, explain in detail why not and the child's understanding and reaction to the reason(s).
 - b. If there are siblings who are not being placed for adoption together, explain why and this child's understanding and reaction to the reason(s).
 - c. If there are siblings who have been previously placed for adoption or are in placement planning for adoption elsewhere, attach waiver to separate siblings (if applicable).
- iii. Family's willingness and ability to assist child in separation from them:
 - 1. Activities accomplished in saying goodbye
 - 2. Child's understanding of permanence of separation
 - 3. Child's knowledge of names and whereabouts of family members
- iv. Family's desire regarding contact when child reaches 18 years of age.
 - 1. Attach the adoption reunion registry form(s) completed by the parent(s) (see policy [11.17 Adoption: Adoption Reunion Registry](#)):
 - a. Affidavit of Non-Disclosure; and/or
 - b. Consent to Contact.
 - 2. If it is not possible to get the form signed, make a statement as to why it is not included in the Child Life History.
- h. Child's Readiness for Adoption
 - i. Describe the child's understanding and feelings around being placed for adoption:
 - 1. Knowledge of the past and reasons for adoption
 - 2. With whom does he/she talk about this, and what areas does he/she discuss?
 - 3. Is there important information that needs to be filled in for him/her and if so, how is this being handled?
 - ii. Describe how much and what type of preparation this child needs to be ready to move into an adoptive home.
 - iii. Will continued contact with the foster family need to be maintained?
 - iv. Will foster family be able to assist the child in moving into the adoptive home?
 - v. Describe the family attributes needed for this child:
 - 1. Should the child be an only child or are other children in the home preferred? Should the child be the oldest; youngest?
 - 2. Does the child need a family who could support and maintain connections to siblings who are placed separately, other birth relatives, foster parents and significant others?

3. Does the child need a quiet, passive family or one that is noisier and more assertive?
4. Describe the special qualities, skills and resources a family must possess to parent this child.
5. Describe behaviors that the family needs to be prepared to deal with once the child is placed (both anticipated new behaviors and reoccurring old behaviors).

i. If you are preparing a Child Life History for a child who has no adoptive resource identified, include:

- i. Description of the child-specific recruitment plan (see policy [11.7 Adoption: Child Specific Recruitment Efforts](#));
- ii. Description of how the child has been prepared for child specific recruitment (see policy [11.7 Adoption: Child Specific Recruitment Efforts](#));
- iii. Completed referral for photolisting services (see policy: [11.7 Adoption: Child Specific Recruitment Efforts](#));

 A Child Life History shall not be delayed for a photolisting referral. If the photolisting referral is not submitted at the time of the Child Life History registration, it shall be received within 30 days.


j. What resources will be needed?

- i. Adoption assistance (statement regarding child's Title IV-E eligibility; whether the child receives SSI?) (see policy [12.1 Adoption Assistance: Eligibility – Adoption Assistance Payments, Medicaid & Non-Reoccurring](#))
- ii. Special school
- iii. Special medical care/doctors

k. Length of time estimated for child to be emotionally ready to move into adoptive placement

4. Birth Verification

a. A certified copy of the official long form birth certificate with the state registration number and raised seal must be attached to the original copy of the Child Life History (see policy [11.2 Adoption: Putative Father Registry & Birth Certificates](#)).

 The certified birth certificate must be a complete long form, not a short verification

b. For newborn infants, a statement from the hospital may be used as temporary verification until the official certified certificate is received.

5. Legal Documents

a. Voluntary surrender of parental rights documents with original signature and raised seal must be attached to the original copy of the Child Life History. If the voluntary surrender of parental rights is taken less than 24 hours after the child's birth, the waiver must also be attached to the Child Life History (see policy [17.12 Legal: Voluntary Surrender of Parental Rights](#)).

b. Where rights were terminated by court order, a certified copy of the final termination order must be attached to the original copy of the Child Life History. The court order must include:

- i. Finding of facts;
 - ii. Statement that rights of the person petitioned against are terminated;
 - iii. Statement that custody with the right to place for adoption is given to the Georgia DFCS;
 - iv. If there is a termination order and a separate dispositional order giving DFCS permanent custody, a certified copy of each must be attached; and
 - v. If the termination order states that the allegations in the petition are incorporated by reference as finding of facts and does not repeat them in the order, a certified copy of the petition must also be attached.
- c. Death certificate of parent(s) (if applicable)
 - d. Divorce verification (if applicable)
 - e. Putative father registry certificate, if applicable (see policy [11.2 Adoption: Putative Father Register & Birth Certificates](#))
6. Additional Required Documents
- a. Form(s) signed by the foster parent indicating the foster parent's intent to adopt (if applicable):
 - i. Notification to Foster Parent(s) of Filing of Petition to Terminate Paternal Rights; and
 - ii. Foster Parent Affidavit for Consideration of Adopting Foster Child(ren) Currently in Home; and/or
 - iii. Foster Parent(s) Notification of Decision Regarding Interest In Adopting Foster Child(ren).
 - b. Letter regarding Indian Child Welfare Act, if applicable (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care of a Child to a Tribal Agency](#)).

Compile Child Life History and Submit for Approval

The SSCM will:

1. Compile the Child Life History in the specified order as follows:
 - a. Child Life History Checklist and Registration Cover Letter
 - b. Birth Family Background Information
 - c. Narrative
 - d. Waiver of policy concerning placement of siblings if applicable
 - e. Medical records; including birth records and all specialists', dentists', and psychologists' reports
 - f. School Records
 - g. Birth Certificate (long form)
 - h. Court Orders (certified) and/or voluntary surrenders of parental rights (original)
 - i. Parent's(s') death certificate (if applicable)

- j. Divorce verification (if applicable)
 - k. Putative father registry certificate
 - l. Form(s) signed by the foster parent indicating the foster parent's intent to adopt (Foster Parent Affidavit for Consideration of Adopting Foster Child(ren) Currently in Home and/or Foster Parent(s) Notification of Decision Regarding Interest In Adopting Foster Child(ren))
 - m. Letter regarding Indian Child Welfare Act,(if applicable (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care of a Child to a Tribal Agency](#))
 - n. Reunion registry forms (see policy [11.17 Adoption: Adoption Reunion Registry](#))
2. Submit the Child Life History to the Social Services Supervisor for the first level approval.
 3. Submit the Child Life History Checklist to the Social Services Supervisor in Georgia SHINES.

The Social Services Supervisor (SSS) will:

1. Review the Child Life History for accuracy, quality and completeness.
2. Approve the Child Life History Checklist in Georgia SHINES.
3. Submit the Child Life History Checklist in Georgia SHINES for a second level approval in Georgia SHINES.

The County Director/Designee will:

1. Review and make an approval decision on the Child Life History.
2. Approve the Child Life History Checklist in Georgia SHINES.



Once the County Director or Designee approves the Child Life History Checklist in Georgia SHINES, a system generated alert is created to notify the Adoption Exchange, State Adoption Unit that the Child Life History has been approved.

Child Life History Waiver

The SSCM will:

1. Request a written waiver to relax the requirement to complete the Child Life History within the 30 or 60 day timeframe, include:
 - a. The current six month case plan indicating that reunification for the remaining parent or relative/non-related individual placement continues to be the plan; and/or
 - b. The current six month case plan indicating the plan for permanent custody with a relative/non-relative individual during the dispositional phase of the TPR hearing for a non-agency independent adoption.
2. Submit the written waiver to the Adoption Exchange, State Adoption Unit.
3. Obtain a new waiver from the Adoption Exchange, State Adoption Unit in the same manner for each subsequent six months that reunification or relative/non-relative individual custody continues to be the plan.

The Adoption Exchange, State Adoption Unit within five business days, will:

1. Acknowledge receipt of the plan/order; and
2. Provide a written six-month waiver for completion of the Child Life History.



The Child Life History requirement will be reinstated if a decision is made to change the permanency plan from reunification or custody to specified relative/non-relative individual to adoption.

Child Life History Contracts

The SSCM will:

1. Complete the Child Life History Referral form to request approval from the contract agency for completion of the Child Life History.
2. Obtain any missing documentation required for the Child Life History.
3. Complete and forward to the contract agency the customer satisfaction survey provided by the contract agency with the completed Child Life History. The survey allows feedback by the County Department on the services provided.

The contract agency/designee will:

1. Designate an individual to complete the Child Life History.
2. Complete the Child Life History as specified in this section.
3. Have no direct contact with the child.
4. Not remove any original material or copies of material from the child's case record.



If this provision presents a significant hardship that would potentially lead to delays in completion of the Child Life History, the County Director may approve an exception to allow copies of case material to be removed from the office. Policy exception approvals require the contract agency/designee to return copies of the case information to the County Department upon completion of the Child Life History for secure destruction.

Updates to the Child Life History

The SSCM will:

1. Update the Adoption Information page in Georgia SHINES every six months or more frequently if a major change occurs in the child's life. Information to be updated in the child's Adoption Information page includes:
 - a. Identified resource
 - b. Changes in sibling placement configuration
 - c. County/Regional considered families
 - d. Preparation activities
 - e. Barriers to recruitment
 - f. County-initiated recruitment activities
 - g. Barriers to placement



If a resource has been identified and placement has not occurred, summarize barriers to the planned adoptive placement, plans to resolve those barriers and estimated time before the placement shall be achieved.

- h. Barriers to obtaining a subsequent TPR
2. Upload to Georgia SHINES External Documentation a written update in narrative form every six months or more frequently if a major change occurs in the child's life. Information in the written narrative update will include:
- a. Any changes in placement, reasons, and child's current adjustment
 - b. Current special needs of the child including recent Diagnostic Statistical Manual of Mental Disorders (DSM) diagnoses, developmental evaluation results, special education placement and medical diagnoses.



Changes in special needs should also be updated on the child's Person Detail page.

- c. Any changes in adoption plan and reasons
- d. Any changes in legal status such as appeal filed, appeal denied, TPR overturned, etc.
- e. Any changes in the type of family needed for the child.

Presentation of Child Life History to the Adoptive Family

The child's SSCM will:

1. Send the prospective adoptive family's SSCM or CPA Case Worker the following prior to the presentation:
 - a. The Selection Letter; and
 - b. Copy of the de-identified Child Life History.

The prospective adoptive family's SSCM or CPA Case Worker will:

1. Be knowledgeable about the Child Life History to be presented.
2. Notify the prospective adoptive family that they have been tentatively selected for a child and schedule an appointment to discuss the Child Life History with the prospective adoptive family.
 - a. Give only basic information over the phone. The prospective adoptive family should hear details about the child in person.
 - b. Inform the prospective adoptive family it is best for only the parent(s) to be present for the presentation of the Child Life History.
3. During the presentation discuss the following:
 - a. Physical description of the child (include photographs)
 - b. All information that is known regarding the child's health, emotional or educational needs (be prepared to discuss any medical conditions)
 - c. Any special care or resources needed
 - d. Reason(s) why child is in custody of the agency

- e. Number of prior placements and reasons for moves
 - f. If there are siblings being placed separately, an explanation of the reasons for separation and recommendations for continued contact
 - g. Child's current foster family lifestyle, composition of family, length of placement in home
 - h. Child's special talents, interests, hobbies
 - i. Typical daily routine of child
 - j. How child is disciplined and rewarded and his/her reaction
 - k. Child's eating and sleeping habits
 - l. Detailed physical characteristics of biological family
 - m. All information that is known regarding the health history of biological family
 - n. All other background information that is known to the agency
 - o. Any information concerning incestuous relationships or sexual abuse occurring in the child's family background
 - p. All information that is known related to any type of abuse of the child
 - q. Anticipated behavior of the child and possible ways to react and manage it
 - r. Preparation and readiness of child for adoptive placement
 - s. Availability of adoption assistance
4. Suggest the family take some time and think about the information and any questions they may have before making the final decision to proceed with the adoptive pre-placement staffing.
 5. Document the presentation within three business days.
 6. If the prospective adoptive family decides to proceed with becoming the adoptive parent of the child:
 - a. Explain to them when and where the adoptive pre-placement staffing will take place, who will be present, and what will occur (see policy [11.8 Adoption: Adoption Pre-Placement Staffing & Visitation](#)).
 - b. Obtain pictures or videos of the family, house, pets, neighborhood, school, etc. to bring to the adoptive pre-placement staffing for the child's SSCM to use in preparing the child for the specific adoptive family's visits (see policy [11.8 Adoption: Adoption Pre-Placement Staffing & Visitation](#)).
 - c. Provide a copy of the presentation documentation to the child's SSCM and respective County Directors/Designees prior to the Adoption Staffing.



The adoption pre-placement staffing maybe combined with the Child Life History and the pictures are not necessary if the current foster parent(s) who has been caring for the child in their home for the past 12 months has elected to adopt the child. Proceed with negotiating the adoption assistance rate and the Adoptive Signing and Placement (see policy [12.5 Adoption Assistance: Negotiating the Adoption Assistance Agreement](#) and [11.9 Adoption: Adoption Placement Signing](#)).

Child Life History and Permanency Plan Changes

The SSCM will:

1. At any point after the Child Life History registration the child's permanency plan changes from adoption to a permanency plan other than adoption, submit the following documents to the Adoption Exchange, State Adoption Unit and upload to External Documentation:
 - a. Narrative portion of the Child Life History (if not previously submitted);
 - b. Most recent trauma assessment and psychological evaluation (if applicable), if not, previously submitted;
 - c. Narrative updates documenting the reason(s) for the change in plan; and
 - d. Court order approving the new permanency plan.
2. Update the Adoption Information page in Georgia SHINES every six months thereafter.



Utilize the Adoption Information Page in Georgia SHINES and the six month case review as an update if these documents thoroughly cover all the events and changes in the child's life during the last six months.

Child Life History and Planned Placement Changes

The SSCM will:

1. If at any point after the Child Life History registration it becomes apparent the planned placement for adoption will not occur will within five business days submit to the Adoption Exchange, State Adoption Unit to assist with placement planning:
 - a. Copy of narrative life history
 - b. Copy of current psychological evaluation
 - c. It's My Turn Now Georgia Descriptive Summary (if not previously submitted) (see policy [11.7 Child Specific Recruitment Efforts](#)).
2. Upload submitted documents to Georgia SHINES External Documentation

Practice Guidance

The Child Life History presents a picture of the child, it is important that the information be as complete and accurate as possible in order to select the most appropriate family for the child. If a child has been in foster care for a period of time prior to termination of parental rights, a great deal of the information and documents needed for the Child Life History should already have been gathered. Due to the time sensitive nature of a Child Life History, the Child Life History referral form shall be completed as soon as the child meets the eligibility criteria.

Adoption Assistance

Adoption assistance is funding used to facilitate the adoption of children with special needs who might otherwise not be adopted. Adoption assistance is assistance provided on behalf of an eligible child to offset the costs associated with adopting and meeting the ongoing needs of the child. Adoption assistance can be provided in the form of payments, medical coverage and reimbursement of

non-recurring expenses.

Adoption Reunion Registry

The Georgia Adoption Reunion Registry provides services to birth parents, adopted persons, adoptive parents and siblings who are attempting to obtain non-identifying or identifying information from the sealed file.

De-Identified Child Life History

To ensure the unlawful disclosure of protected health information (PHI), it is required to remove from the Child Life History specific identifiers of the individual and of the individual's relatives, household members, and employers. Note, this process is adequate only if DFCS has no actual knowledge that the remaining information could be used to identify the individual. The following identifiers of the individual or of relatives, employers, or household members of the individual, should be removed from the Child Life History:

1. Names
2. All geographic subdivisions smaller than a state, including street address, city, county, precinct, ZIP code, and their equivalent geocodes, except for the initial three digits of the ZIP code if, according to the current publicly available data from the Bureau of the Census:
 - a. The geographic unit formed by combining all ZIP codes with the same three initial digits contains more than 20,000 people; and
 - b. The initial three digits of a ZIP code for all such geographic units containing 20,000 or fewer people is changed to 000
3. All elements of dates (except year) for dates that are directly related to an individual, including birth date, admission date, discharge date, death date, and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older
4. Telephone numbers
5. Vehicle identifiers and serial numbers, including license plate numbers
6. Fax numbers
7. Device identifiers and serial numbers
8. Email addresses
9. Web Universal Resource Locators (URLs)
10. Social security numbers
11. Internet Protocol (IP) addresses
12. Medical record numbers
13. Biometric identifiers, including finger and voice prints
14. Health plan beneficiary numbers
15. Full-face photographs and any comparable images
16. Account numbers

17. Any other unique identifying number, characteristic, or code

18. Certificate/license numbers

Putative Father Registry

The putative father registry is a list of the names of men who have acknowledged paternity of a child by completing the Paternity Acknowledgment form or have indicated the possibility of paternity without acknowledging paternity of the child. The registry allows possible biological but not legal fathers to provide identifying information about themselves, the mother, and the child so these registered men can be notified about adoption proceedings.

Termination of Parental Rights


Termination of Parental Rights is the process for severing all legal rights between a child and his/her parent, except the right of the child to receive child support from his/her parent and inherit from and through his/her parent until a final order of adoption is entered. The child shall maintain the right to pursue any civil actions against his/her parent. The relationship between the child and his/her siblings and extended family remain intact until terminated by final order of adoption. Court orders terminating parental rights shall be without limit as to duration.

Forms and Tools

[Child Life History Checklist and Registration Cover Letter](#)

[Child Life History Referral](#)

11.6 Foster Parent Adoption Consideration Evaluation

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	Adoption		
	Policy Title:	Foster Parent Adoption Consideration Evaluation		
	Policy Number:	11.6	Previous Policy Number(s):	104.16 – 104.21
	Effective Date:	November 2024	Manual Transmittal:	2024-09

Codes/References

O.C.G.A. § 49-5-281(a)(20) Bill of Rights for Foster Parents; Filing of Grievance in Event of Violations
O.C.G.A. § 19-8-16(d) Investigation by Court-Appointed Agent; Criminal History Records Check for Adoption Petitioners

Requirements

The Division of Family and Children Services (DFCS) will:

1. Notify the foster parent(s) of the accepted voluntary surrender of parental rights or termination of parental rights (TPR) filing via the Notification to Foster Parent(s) of Filing of Petition to Ter-

minate Parental Rights within four calendar days.

2. Consider the foster parent(s) as an adoptive resource for a child in foster care who has resided in their home for a minimum of 12 months and it has been determined the child cannot or should not be returned to the home of his/her parents resulting in:
 - a. The acceptance of a voluntary surrender of parental rights; or
 - b. A legal services request in the child's interest to the Special Assistant Attorney General (SAAG) to prepare a petition for TPR.
3. Conduct a foster parent consideration staffing to explore the foster parent(s) interest in adopting a child placed in their home for at least 12 months within 15 calendar days of notification from the Social Services Administrative Unit of the child's special needs eligibility determination:
 - a. Discuss the foster parent(s) option to adopt a child that has been placed in their home for at least 12 months; and
 - b. Have the foster parent(s) acknowledge the discussion by signing the Foster Parent Affidavit for Consideration of Adopting Foster Child(ren) Currently in Home.
4. Complete the foster parent(s) adoption consideration evaluation within 14 calendar days of receipt of the Foster Parent(s) Notification of Decision Regarding Interest in Adopting Foster Child(ren), indicating the foster parent(s) wants to be considered as a prospective adoptive parent.
 - a. Obtain verification from the Child Placing Agency (CPA) provider that the foster parent(s) meets the basic requirement of an adoptive resource family, if completing the adoption consideration evaluation on a CPA foster parent.
 - b. Conduct a face-to-face visit with the foster parent(s) to gather the information to assist in completing the adoption consideration evaluation; and
 - c. Notify the foster parent(s) in writing of the approval or non-approval of the adoption consideration evaluation.
5. Reassess the caregiver(s) ability to continue to meet the needs of the child(ren) any time there is a change by completing the foster parent adoption consideration evaluation (e.g., a CPS investigation, policy violation(s), changes in family composition, etc.).

Procedures

Consideration of Foster Parent(s) as an Adoptive Resource

The Social Services Case Manager (SSCM) will:

1. Discuss with the foster parent(s) that DFCS has accepted a voluntary surrender of parental rights or is pursuing TPR on the parent(s) of the child in their home within four calendar days of verifying that a voluntary surrender of parental rights has been accepted or a TPR petition has been filed:
 - a. Provide the foster parent(s) with the Notification to Foster Parent(s) of Filing of Petition to Terminate Parental Rights. If a CPA foster parent(s) also provide a copy to the CPA provider.
 - b. Inform the foster parent(s) that the final decision of the TPR and the disposition of custody

of a child is determined by the Juvenile Court Judge.

2. Conduct a foster parent consideration staffing to explore the foster parent(s) interest in adopting a child placed in their home for at least 12 months within 15 calendar days of notification from the Social Services Administrative Unit (SSAU) of the child's special needs eligibility determination (see policy [12.2 Adoption Assistance: Adoption Assistance Application](#)).
 - a. Discuss and extend the consideration to the foster parent(s) for becoming an adoptive parent(s) for the child.
 - b. Have the foster parent(s) sign the Foster Parent Affidavit for Consideration of Adopting Foster Child(ren) Currently in Home form acknowledging the discussion and consideration of becoming an adoptive resource for the child.
 - c. Inform the foster parent(s) if they would like to be considered as an adoptive resource for the child in their home, their interest must be indicated by submitting the Foster Parent(s) Notification of Decision Regarding Interest In Adopting Foster Child(ren) within seven calendar days of the foster parent consideration staffing and failure to submit within the specified time frame will be considered a declination by the foster parents of the opportunity to be considered as the adoptive parent(s) to the child.
 - d. Discuss what resources are available to meet the child's needs, such as Supplemental Security Income (SSI) or social security benefits, whether the foster parent(s) require adoption assistance payments to adopt the child, whether the child qualifies for adoption assistance benefits, and how soon after adoptive placement adoption assistance will begin.
 - e. Discuss and provide the foster parent(s) a copy of the Post Adoption Services/Adoption Assistance Benefit Handout, which provides the foster parent(s) with information on the available financial resources for the child if they adopt.
 - f. Have the foster parent(s) sign the Verification of Receipt of Information Packet Regarding Post Adoption Services/Adoption Assistance Benefits acknowledging the discussion and receipt of the adoption assistance information packet.
3. Document in the child's Georgia SHINES ADO stage on the Adoption Information Page:
 - a. The date the foster parent(s) were provided the Notification to Foster Parent(s) of Filing of Petition to Terminate Parental Rights;
 - b. The date the foster parent(s) attended the foster parent consideration staffing and was provided the adoption services and adoption assistance information;
 - c. The date the foster parent(s) was provided the Foster Parent Affidavit for Consideration of Adopting Foster Child(ren) Currently in Home form; and
 - d. The foster parent(s) decision.



An affirmative indication of interest will create a child specific Adoption Consideration Evaluation in the foster parent(s) FAD stage in Georgia SHINES if the foster parent(s) are linked to the child on the adoption information page.

Completing the DFCS Foster Parent Adoption Consideration Evaluation

Upon receipt of the Foster Parent(s) Notification of Decision Regarding Interest in Adopting Foster Child(ren) from the foster parent(s) indicating their interest in adopting a foster child(ren) in their

home, the child's SSCM will:

1. Submit a request to the Resource Development SSCM to be added as secondary to the FAD stage in Georgia SHINES.
2. Conduct a face-to-face visit with the foster parent(s) to gather information to assist in completing the Adoption Consideration Evaluation. All adults who are interested in adopting the child should be present for the visit.
3. Complete the Adoption Consideration Narrative in Georgia SHINES focusing on the child to be adopted, including adjustment, progress in the home, and justification of whether adoption by the foster parent(s) is or is not in the child's best interest.

The Resource Development SSCM will:

1. Arrange for the National Crime Information Center (NCIC) criminal records checks by electronic fingerprints on all adults (18 or older) residing in the home in accordance with policy [19.8 Case Management: Criminal Records Check](#). This must be newly obtained.



The Superior Court may require the foster parent(s) to submit to criminal records check at the time a petition to adopt is filed.

2. Obtain, review, and compile the following documents and information in the order listed:
 - a. Family Evaluation Family Approval and Adoption Registration Cover Letter;
 - b. The Adoption Consideration Narrative completed by the child's SSCM;
 - c. A copy of the Medical Evaluation Report on the foster parent(s) dated within five years. This must be newly obtained or verified in the existing foster home record;
 - d. Results of the NCIC criminal records checks conducted on all adults (18 or older) residing in the home.
 - e. The foster parent(s)' current marital status, which must be accurately verified if not already contained in the record; if legally married, the couple must understand that if approved they will proceed jointly in legally adopting the child; and
 - f. A copy of the foster family case record, including:
 - i. The original foster home evaluation;
 - ii. Pre-service training (see policy [14.8 Resource Development: Pre-Service Training](#) for a complete list of required pre-service trainings);
 - iii. Each foster family re-evaluation;
 - iv. Any child protection services report(s), the investigation and results, along with any applicable concurrence decision and resulting corrective action plan(s) (see policy [6.1 Special Investigations: Special Investigations in DFCS and CPA Foster and Adoptive Homes](#)); and
 - v. Any discipline policy violation(s), assessment, result(s), and corrective action plan(s), if applicable.



These documents are required by state law to be permanently retained in an adoption file should the foster parent(s) be approved and proceed with adoption of the child.


3. Indicate on the Family Evaluation Family Approval and Adoption Registration Cover Letter the recommendation to approve or not approve the foster parent's request to adopt the child and the conversion of their foster home to an adoptive home.
4. Submit the Adoption Consideration Narrative in Georgia SHINES to the Social Services Supervisor (SSS) for approval.

The SSS will:

1. Review the adoption consideration evaluation packet (original with all attachments) and the Adoption Consideration Narrative in Georgia SHINES for completeness, accuracy, quality and concerns.
2. Sign and date the Family Evaluation Family Approval and Adoption Registration Cover Letter indicating an approval decision on the foster parent(s)' request to adopt the child.
3. Submit the packet to the County Director/Designee for second review.

The County Director/Designee will:


1. Review and make an approval decision on the foster parent(s)' request to adopt.
2. Indicate the approval decision on the Adoption Consideration Narrative in Georgia SHINES.
3. If the recommendation is to not approve the adoption consideration evaluation:
 - a. Determine whom, in addition to the child's SSCM, will participate in the face-to-face meeting with the foster parent(s); and
 - b. Sign the written notice indicating the denial and the reason(s) for the decision.

 Following the County Director/Designee decision on the Adoption Consideration Evaluation in Georgia SHINES the Adoption Exchange, State Adoption Unit will be notified via a Georgia SHINES alert of the completion and approval/non-approval.

Completing the CPA Foster Parent Adoption Consideration Evaluation

Upon receipt of the Foster Parent(s) Notification of Decision Regarding Interest in Adopting Foster Child(ren) from the foster parent(s) indicating their interest in adopting a foster child(ren) in their home, the child's SSCM will:

1. Provide a copy of the Foster Parent(s) Notification of Decision Regarding Interest in Adopting Foster Child(ren) form to the CPA Case Worker within seven calendar days of receipt.
2. Arrange for the National Crime Information Center (NCIC) criminal records checks by electronic fingerprints on all adults (18 or older) residing in the home in accordance with policy [19.8 Case Management: Criminal Records Check](#). This must be newly obtained.

 The Superior Court may require the foster parent(s) to submit to criminal records check at the time a petition to adopt is filed.

3. Make a request to the CPA Case Worker to obtain and compile the following documents within 30 days to verify the CPA foster parent(s) meets the basic requirements of an adoptive resource family:

- a. Family Evaluation Family Approval and Adoption Registration Cover Letter;
- b. Prospective Foster or Adoptive Parent Medical Evaluation Report on the foster parent(s) dated within five years. This must be newly obtained or verified in the existing foster home record;
- c. The foster parent(s)' current marital status, which must be accurately verified if not already contained in the record, if legally married, the couple must understand that if approved they will proceed jointly in legally adopting the child;
- d. A copy of the foster family case record including:
 - i. The original foster home evaluation;
 - ii. Pre-service training (see policy [14.8 Resource Development: Pre-Service Training](#) for a complete list of required pre-service trainings);
 - iii. Each foster family re-evaluation (see policy [14.13 Resource Development: Family Re-Evaluation](#));
 - iv. Any child protection services report(s), the investigation and result(s), along with any applicable concurrence decision and corrective action plan(s) (see policy [6.1 Special Investigations: Special Investigations in DFCS and CPA Foster and Adoptive Homes](#)); and
 - v. Any discipline policy violation(s), assessment and result(s), and corrective action plan(s).
4. Submit a request to CPA home Resource Maintainer to be added as a secondary to the FAD stage in Georgia SHINES.
5. Conduct a joint face-to-face visit with the CPA Case Worker and foster parent(s), to gather information to assist in completing the Adoption Consideration Narrative. The focus of the visit should be on the child to be adopted including adjustment, progress in the home, and justification whether adoption by the foster parent is or is not in the child's best interest. All adults who are interested in adopting the child should be present for the visit.
6. Obtain a written recommendation from the CPA Case Worker regarding the foster parent(s) capacity to meet the short and long-term needs of the child(ren) based on their observations and interactions with the foster parent(s) and collateral contacts.
7. Complete the Adoption Consideration Narrative in Georgia SHINES.
8. Submit the Adoption Consideration Narrative in Georgia SHINES to the County Resource Development SSCM.



The CPA maintains supervision responsibility for any other children in foster care placed in the home.

The CPA Case Worker will:

1. Upon receipt of the Foster Parent(s) Notification of Decision Regarding Interest in Adopting Foster Child(ren) from the DFCS SSCM, compile the requested documents to verify that the CPA foster parent(s) meet the basic requirements of an adoptive resource family.
2. Provide a written recommendation to the child's DFCS SSCM regarding the foster parent(s)' capacity to meet the short and long-term needs of the child(ren) based on their observations and interactions with the foster parent(s) and collateral contacts.

The Resource Development SSCM will:

1. Submit a request to the CPA Resource Maintainer for the home to be added as secondary to the FAD stage in Georgia SHINES.
2. Review the information and documents submitted by the CPA Case Worker for completeness to ensure that the foster home meets all of the requirements for approval as an adoptive home.
3. Indicate on the Family Evaluation Family Approval and Adoption Registration Cover Letter:
 - a. The approval decision of foster parent's request to adopt the child; and
 - b. The conversion of their foster home to an adoptive home, if applicable.
4. Submit the Adoption Consideration Narrative in Georgia SHINES to SSS for an approval determination.

The SSS will:

1. Review the original adoption consideration evaluation packet (with all attachments) and the Adoption Consideration Narrative in Georgia SHINES for completeness, accuracy, quality and concerns.
2. Indicate an approval decision regarding the foster parent(s)' request to adopt the child on the Family Evaluation Family Approval and Adoption Registration Cover Letter and sign and date.
3. Submit the packet to the County Director/Designee for second level review.

The County Director/Designee will:

1. Review and make an approval decision on the foster parent(s)' request to adopt the child.
2. Indicate the approval decision on the Adoption Consideration Narrative in Georgia SHINES.



Following the County Director/Designee's decision on the Adoption Consideration Narrative in Georgia SHINES, the Adoption Exchange, State Adoption Unit will be notified via a Georgia SHINES alert of the completion and approval/non-approval.

3. If the recommendation is to not approve the adoption consideration evaluation:
 - a. Determine whom, in addition to the child's SSCM, will participate in the face-to-face meeting with the foster parent(s); and
 - b. Sign the written notice indicating the denial and the reason(s) for the decision.

Foster Parent Adoption Consideration Evaluation Decision Notification

If the recommendation is to approve the adoption consideration evaluation of the foster parent(s) the child's SSCM will:

1. Notify the foster parent(s) of the approval in writing within 14 calendar days of the receipt of the Foster Parent(s) Notification of Decision Regarding Interest In Adopting Foster Child(ren).
2. Provide a copy of the approval notification to the family's county (if different than the child's county) and CPA, if applicable.
3. Proceed with the adoptive placement planning and schedule a time to make a full presentation

of the Child Life History to the foster parents) (see policy [11.5 Adoption: Child Life History](#) for practice and procedures).

If the recommendation is to not approve the adoption consideration evaluation of the foster parent(s), the child's SSCM will:

1. Consult with the Adoption Exchange, State Adoption Unit prior to notifying the foster parents of the decision.
2. Conduct a face-to-face meeting with the foster parent(s) and CPA representative (if applicable) to discuss the decision within 14 calendar days of receipt of the Foster Parent(s) Notification of Decision Regarding Interest in Adopting Foster Child(ren).



The County Director/Designee will determine whom, in addition to the child's SSCM shall participate in the meeting. It is recommended a SSS be present.

3. Notify the foster parent(s) and CPA (if applicable) in writing of the outcome and the reason(s) for the decision. The notification must be signed by the County Director/Designee.

Practice Guidance

The purpose of the foster parent consideration staffing is to share Information with the foster parent(s) to assist them in making an informed decision regarding their interest in becoming an adoptive parent to the specific child. If a foster parent is married, both have to be willing to proceed with the adoption of the child and be a party to the petition. If separated both parties will need to be included on the petition to adopt the child or a legal divorce will be obtained prior to being able to proceed with adopting the child as an individual.

When the foster parent(s) has expressed interest in becoming an adoptive resource a foster parent adoption consideration evaluation must be completed to assess the foster parent(s)' ability to meet the long and short term needs of the child. Additionally, the protective capacities demonstrated by the foster parent(s) in relation to the child's particular vulnerabilities should be assessed and take into consideration whether an adoptive placement with the foster parent(s) is in the best interest of the child. For guidance, review the structured narrative guideline available in Georgia SHINES under the Foster Parent Conversion tab. The foster parent adoption consideration evaluation should be used to reassess whether the caregiver(s) continue to be able to meet needs of the child any time there is a major change (e.g., a CPS investigation, policy violation(s), changes in family composition, etc.). If the foster parent(s)' adoption consideration evaluation was not approved and the foster parent(s) filed a grievance the Adoption Exchange, State Adoption Unit must be informed of the grievance.

Adoption Assistance

Adoption Assistance is funding used to facilitate the adoption of children with special needs who might otherwise not be adopted. Adoption assistance is assistance provided on behalf of an eligible child to offset the costs associated with adopting and meeting the on-going needs of the child. Adoption assistance can be provided in the form of payments, medical coverage and reimbursement of non-recurring expenses.

Child Placing Agency (CPA)

A CPA is an agency that provides foster and adoptive placement services for children in foster and adoptive resource homes for individualized care, supervision and oversight. CPAs are responsible for assessing the placement regarding the appropriateness of the room, board and watchful oversight that the prospective foster and adoptive families will provide. The CPA's employees and their foster and adoptive parents work as a team to provide a stabilizing and nurturing environment that promotes safety, well-being and permanency.


Special Needs Determination

A child identified as a child with special needs must meet specific federal and state factors or conditions. To be eligible for Title IV-E adoption assistance, the child must qualify as a child with special needs and Title IV-E eligibility criteria. Special needs determinations are made by DFCS' Social Services Administration Unit (SSAU) in accordance with policy [12.1 Adoption Assistance: Eligibility - Adoption Assistance Payments, Medicaid & Non-Recurring](#).

Forms and Tools

- [Family Evaluation Family Approval and Adoption Registration Cover Letter](#)
- [Family Evaluation Family Approval and Adoption Registration Cover Letter \(Instructions\)](#)
- [Foster Parent Affidavit for Consideration of Adopting Foster Child\(ren\) in Home](#)
- [Foster Parent Affidavit for Consideration of Adopting Foster Child\(ren\) in Home \(Spanish\)](#)
- [Foster Parent\(s\) Notification of Decision Regarding Interest in Adopting Foster Child\(ren\)](#)
- [Foster Parent\(s\) Notification of Decision Regarding Interest in Adopting Foster Child\(ren\) \(Spanish\)](#)
- [Notification to Foster Parent\(s\) of Filing of Petition to Terminate Parental Rights](#)
- [Notification to Foster Parent\(s\) of Filing of Petition to Terminate Parental Rights \(Spanish\)](#)
- [Medical Evaluation Report - Prospective Caregiver](#)
- [Post Adoption Services/Adoption Assistance Benefit Handout](#)
- [Post Adoption Services/Adoption Assistance Benefit Handout \(Spanish\)](#)
- [Verification of Receipt of Information Packet Regarding Post Adoption Services/Adoption Assistance Benefits](#)
- [Verification of Receipt of Information Packet Regarding Post Adoption Services/Adoption Assistance Benefits \(Spanish\)](#)

11.7 Child Specific Recruitment Efforts

 Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(11) Adoption		
Policy Title:	Child Specific Recruitment Efforts		
Policy Number:	11.7	Previous Policy Number(s):	102-102.15, 103.23-103.30
Effective Date:	April 2024	Manual Transmittal:	2024-04

Codes/References

Title IV-E of the Social Security Act, Section 475(1)
Title IV-E of the Social Security Act, Section 472(a)(20)(B)
Title IV-E of the Social Security Act, Section 471(a)(12)
Public Law (PL) 104-188 Interethnic Provisions of 1996
PL 105-89 Adoptions and Safe Families Act of 1997
PL 111-320 CAPTA Reauthorization Act of 2010

Requirements

The Division of Family and Children Services (DFCS) will:


1. Complete the Child Life History Registration with the Adoption Exchange, State Adoption Unit prior to initiating child specific recruitment efforts (see policy [11.5 Adoption: Child Life History](#)).
2. Prepare the child for child specific recruitment efforts;
3. Develop a child specific recruitment plan no later than 30 days following:
 - a. Accepting a voluntary surrender of parental rights; or
 - b. A legal services request in the child's interest has been made to the Special Assistant Attorney General (SAAG) to prepare a petition for termination of parental rights.
4. Conduct child specific recruitment efforts for any legally free child awaiting an adoptive home and for whom no home is readily available.



Limited child specific recruitment may be conducted for a child with a concurrent plan of adoption or if a termination of parental right (TPR) is under appeal. In situations consult with the Adoption Exchange, State Adoption Unit and the Regional Adoption Coordinator (RAC) prior to conducting child specific recruitment.

5. *Refrain from:*
 - a. *Using race, color or national origin as the basis for any denial of any adoptive placement, such factors may not be used as a reason to delay any foster or adoptive placement.*
 - b. *Denying or delaying placement of a child for adoption when an approved adoptive family is available outside of the jurisdiction which has responsibility for the case of the child; or*
 - c. *Failing to grant an opportunity for a fair hearing to an individual alleging:*
 - i. *DFCS violated this requirement and denied the adoptive placement based on the family's location; or*
 - ii. *DFCS did not act upon the adoptive placement with reasonable promptness.*
6. Refer the child for photolisting services:
 - a. Submit the initial referral for photolisting service online at It's My Turn Now Georgia at the time of Child Life History registration and no later than 30 days of a child becoming legally free for adoption (see policy [11.5 Adoption: Child Life History](#));
 - b. Annually update the information about the child featured in the photolisting; and
 - c. Notify the Adoption Exchange, State Adoption Unit of any change in status of the child fea-

tured in the photolisting within five business days.

7. Facilitate in-state inquiry matching within 15 business days of receipt of the family evaluation(s):
 - a. Make a decision regarding prospective adoption family selection for the child;
 - b. Notify the prospective adoptive parent in writing of the decision to:
 - i. Select the family as an adoption resource via the Selection Letter; or
 - ii. Not to select the family as an adoptive resource via the Non-Selection Letter indicating the reason(s) for non-selection.
-  If a decision is not made within the 15 business-day time frame, the Adoption Exchange, State Adoption Unit shall remove the family from consideration so that the family can be considered for other children. The Adoption Exchange, State Adoption Unit shall notify the County Department when the family is removed from consideration.
8. Facilitate out-of-state inquiry matching within 15 business days of receipt of the family evaluation(s):
 - a. Make a decision regarding prospective adoption family selection for the child;
 - b. Notify the prospective adoptive family's out-of-state agency in writing of the decision to:
 - i. Select the family as an adoption resources via the Selection Letter; or
 - ii. Not to select a family as an adoptive resource via Non-Selection Letter indicating the reason(s) for non-selection.
 9. Update the child specific recruitment plan every six months.
 10. Notify the appropriate Administration for Children and Families Regional Office of the findings within 60 days of the decision, if the fair hearing officer finds DFCS is in violation of interjurisdictional adoption regulations (see policy [17.16 Legal: Fair Hearings](#)).

Procedures

Preparing a Child for Child Specific Recruitment

The Social Services Case Manager (SSCM) will:



1. Help the child understand that months may pass before the right family is found and the adoption process is completed. The worker should make it clear that not receiving a good match immediately does not mean a home will never be found.
2. Share examples of previous recruitment efforts to give the child an opportunity to view materials about children of similar age and background. This can help to reduce fears, spark honest questions, and minimize feelings of isolation.
3. Talk to the child about how he/she would be helping other children by promoting adoption. The child selection for public exposure should be framed as a compliment so that the child can take pride in the fact that he/she is helping others—even if it does not find a family for him/her.
4. Rehearse potential interview questions and answers with the child if the publicity event includes an interview. Discuss the child's interests, best qualities, accomplishments and desire

for a family.

5. Work with the caregiver to ensure the child is appropriately groomed, wears comfortable and clean clothes, and is fed and rested.
6. Schedule the session at a time when medications are most effective, if applicable.
7. Discuss with older children how they would like to be described.
8. Keep in mind that other children and adults who already know this child may see the child featured in various child specific recruitment efforts, including photolistings and social media, such as Facebook® and Twitter®. Thoroughly discuss the child's feelings about recruitment, particularly social media, and help the child prepare to respond to possible questions from others who may see the publicity.
9. Utilize the child's therapist, if applicable, as a resource in preparing the child for recruitment.

Recruitment Plan

The SSCM will:

1. Develop a child specific recruitment plan to include:
 - a. A description of how the child has been prepared for the child specific recruitment.
 - b. A detailed plan of what strategies will occur in the next six months to locate an approved adoptive home including, but not limited to:
 - i. Registering the child in photolisting services;
 - ii. Featuring the child in available news and television recruitment activities;
 -  This recruitment activity must be coordinated with the RAC to ensure provisions are made to receive any increased inquiries.
 - iii. Approaching local churches and civic organizations for assistance in identifying families who may be interested in adopting the specific child in question;
 -  This must be coordinated with the RAC to ensure provisions are made to receive any increased inquiries.
 - iv. Networking with private licensed adoption agencies in an effort to locate an adoptive home;
 - v. Facilitating the matching process with an out-of-state inquiry (if the child is in the permanent custody of DFCS); and
 - vi. Facilitating in-state inquiry matching.
2. Upload the child specific recruitment plan in Georgia SHINES External Documentation.
3. Notify the Adoption Exchange, State Adoption Unit and the RAC by email of the completed and uploaded child specific recruitment plan.
4. Update the child specific recruitment plan every six months until an adoptive resource has been identified.

 The updated recruitment plan should include the results of the previous recruitment

activities.

Photolisting Services

Initial Photo Listing Referral

The SSCM will:

1. Develop a profile using the official It's My Turn Now Georgia descriptive summary.
2. Submit an entire packet of professional quality pictures (a minimum of six) of the child to the Adoption Exchange, State Adoption Unit.



The background in the pictures should be plain; holiday or decorative backgrounds limit usefulness and detract from the child.



The Adoption Exchange, State Adoption Unit will receive email notification from It's My Turn Now Georgia following the submission of the photolisting referral.

The Adoption Exchange, State Adoption Unit will:

1. Track the submittal of pictures.
2. Review and approve the written narrative and pictures prior to the child becoming available on the photolisting site within five business days of the submission of the photolisting referral.
3. Record the photolisting referral date in the Georgia SHINES Exchange Child Detail Page.



This will populate the State Recruitment Activities section of the Adoption Information page.

4. Ensure the child's photolisting is current at all times.

Photolisting Annual Update

The SSCM will:

1. Submit an entire packet of new professional pictures (a minimum of six) or email a new picture in JPG Format of the child to the Adoption Exchange, State Adoption Unit.
2. Create a new It's My Turn Now Georgia Descriptive Summary at It's My Turn Now Georgia website marked update.

The Adoption Exchange, State Adoption Unit will:

1. Track the submission of the updated pictures.
2. Review and approve the written narrative and pictures prior to the update becoming available on the photolisting site within five business days of the submission of the updated photolisting referral.
3. Record the updated photolisting referral date in the Georgia SHINES Exchange Child Detail Page.



This will populate the State Recruitment Activities section of the Adoption Information

Notification of Change – Following Child Activation on Photolisting

The Legal County SSCM will:

1. Notify the Adoption Exchange, State Adoption Unit within five business days when any of the following occur:
 - a. The permanency plan changes from adoption to a permanency plan where adoption is no longer a goal.
 - b. A child has emotional, behavioral or medical problems, and it is the recommendation of the treatment resource that adoptive placement would place the child at risk.
 - c. There have been sufficient family evaluations referred to make an appropriate selection.
 - d. A resource has been identified for the child.
 - e. A child is currently on hold status for recruitment and future matching in photolisting, and the hold status needs to be removed.

The Adoption Exchange, State Adoption Unit will:

1. Notify It's My Turn Now Georgia of all status changes.
2. Request that It's My Turn Now Georgia place the child on hold for a maximum of six months.
3. Request a status update from the child's SSCM at the 30, 60 and 90 day intervals before taking a child off hold or withdrawing the child from the photolisting.

Facilitate In-State Inquiry Matching

The Adoption Exchange, State Adoption Unit will:

1. Conduct a Georgia SHNES match for available adoptive families.
2. Send available, approved, and registered family evaluation(s) to the child's SSCM for review.
3. If the family is not selected as an adoptive resource for the child, within five business days of the notification from the County Department, send the Non-Selection Letter to the prospective adoptive family indicating the reason(s) for non-selection.
4. Remove the family from consideration so that the family can be considered for other children, if the County Department does not make a decision within the 15-business day timeframe. Notify the County Department when the family is removed from consideration.

The child's SSCM will:

1. Review the family evaluation(s) to match the specific child's vulnerabilities (age, sibling group, professional diagnoses) with the specific parental capacities needed to parent such child.
2. Make a note of questions or need for additional information and contact the prospective adoptive family's Case Worker to discuss these issues.
3. Discuss with the Social Services Supervisor (SSS) the family who demonstrates the greatest probability of meeting the identified needs of the child.

4. In coordination with the SSS and the County Director/Designee, determine if any of the families are a match for the child.
5. If an adoptive resource is selected:
 - a. Send the Selection Letter and a de-identified circulation copy of the Child Life History to the County Director/Designee or child placing agency (CPA) of the prospective adoptive family (see policy [11.5 Adoption: Child Life History](#)).
 - b. Notify via email the Adoption Exchange, State Adoption Unit and the RAC of the selection by forwarding a copy of the Selection Letter.
 - c. Document the date of the Selection Letter and link the adoptive resource in the Adoption Information section of the child's Adoption Information page(s) in Georgia SHINES.
 - d. Request for the prospective adoptive family's agency to present the de-identified Child Life History to the family in accordance with policy [11.5 Adoption: Child Life History](#).
6. If any family sent for consideration is not selected as an adoptive resource for the child notify the Adoption Exchange, State Adoption Unit and the RAC via email of any unselected family evaluation(s) indicating the non-selection reason for each family.

Facilitate Out-of-State Family Inquiry Matching

The Adoption Exchange, State Adoption Unit will:

1. Review the family evaluation(s) to match the specific child's vulnerabilities (age, sibling group, professional diagnoses) with the specific parental capacities needed to parent such child.
2. If the family is considered a possible match, forward the family evaluation to the child's SSCM for consideration.
3. If the family is not selected as an adoptive resource for the child, within five business days of the notification from the County Department, send the Non-Selection Letter to the prospective adoptive family's out-of-state agency indicating the reason(s) for non-selection and their right to a fair hearing (see policy [17.16 Legal: Fair Hearings](#)).

The child's SSCM will:

1. Review the family evaluation(s) to match the specific child's vulnerabilities (age, sibling group, professional diagnoses) with the specific parental capacities needed to parent such child.
2. Determine if the family is a possible match for the child, in coordination with the SSS and the County Director/Designee.
3. Contact the prospective adoptive family's agency within 15 working days of the inquiry and request a copy of the family's full current family evaluation, if determined to be a possible match for the child,
4. Read the entire family evaluation and continue to match the specific child's vulnerabilities (age, sibling group, professional diagnoses) with the specific parental capacities needed to parent such child.
5. Make a note of questions or need for additional information and contact the prospective adoptive family's Case Worker to discuss these issues.
6. In coordination with the SSS and the County Director/Designee, determine if the prospective

adoptive family continues to be a match for the child.

7. If the family is selected for consideration as an adoptive resource for the child:
 - a. Notify the prospective adoptive family's out-of-state agency of the decision to select the prospective adoptive family by sending the Selection Letter.
 - b. Notify the Adoption Exchange, State Adoption Unit within five business days of the selection by forwarding a copy of the Selection Letter.
 - c. Follow the procedures in policy [11.18 Adoption: Placement of a Georgia Child Into Another State for the Purpose of Adoption](#).
8. Notify the Adoption Exchange, State Adoption Unit and the RAC via email of any unselected family evaluation(s) indicating the non-selection reason for each family, if any family sent for consideration is not selected as an adoptive resource for the child.

Practice Guidance

It is critical when preparing a child for adoption to discuss the purpose of child specific recruitment efforts. The child should be encouraged to participate in adoption events that allow them to meet and interact with waiting adoptive families. Caution should be exercised when featuring children in their home community to prevent any possible psychological trauma to the child as a result of being featured.

Family evaluations are supplied to the County Department from the Adoption Exchange, State Adoption Unit. The Adoption Exchange, State Adoption Unit obtains family evaluations from an in-state matching inquiry process. Family evaluations forwarded to the County Department are vetted to ensure the families reflected in the studies are currently available, approved for adoption and registered. Local County Departments should refrain from seeking or accepting family evaluation directly from agencies to eliminate focusing on inquiries that are not available, approved or registered to adopt. If contacted by a Child Placing Agency (CPA) who indicates that a family is interested in adopting a child, the prospective adoptive family's name, CPA name and the name of the child of interest should be forwarded to the Adoption Exchange, State Adoption Unit. If the prospective adoptive family interested in adopting is available, approved and registered to adopt, the Adoption Exchange, State Adoption Unit will forward the family evaluation to the County Department for review.

Photolisting services utilize state, regional and national adoption exchanges, including electronic exchange systems to facilitate orderly and timely in-state and interstate placements. An out-of-state inquiry is usually the result of the photolisting or other child specific recruitment medium initiated by DFCS. Afford the out-of-state family the same consideration as an in-state family.

DFCS allows for a purchase of service payment in the amount of \$5,000 per child to out of state licensed private agencies for adoptive placement of a special needs child. Purchase of services can be used when DFCS has no suitable adoptive placement resource for a child or when an out-of-state private agency resource better meets the needs of the child. DFCS resources should be explored but may be considered concurrently with private agency resources. Purchase of services funds may again be requested for a child if the adoptive placement disrupts and another resource has been identified through an out-of-state private agency. Adoptive placements identified through the out-of-state private agency are subject to the ICPC process described in this section (see Field Fiscal Services Costar Manual section [3004: Adoptions Programs: ICPC Foster to Adopt/Adoptive Home Study](#))

and Out of State Adoption Home Study UAS 515), for the procedures to request funds and process purchase of service payments). Placement activities should not begin until the funding request has been approved by the County Department.

In the selection process, reasonable efforts should be made to place siblings in the same adoptive home due to the children’s attachment to siblings and the consequences of separation (see policy [10.20 Foster Care: Preserving Sibling Connections](#) for guidance on maintaining sibling connections). Selection of a particular prospective adoptive family indicates the child’s County Department has obtained sufficient information to move forward with a request for the prospective adoptive family’s agency to present the Child Life History to the family. Selection represents a commitment by the child’s County Department to proceed with placement planning with one prospective adoptive family. The Selection Letter and the Child Life History should only be sent to one prospective adoptive family. Staffing should occur with only one prospective adoptive family. If, for any reason, the decision is made that the placement will not proceed and all parties are properly notified, selection of another prospective adoptive family may proceed as outlined in the above policy and procedures.

Fair Hearing

A hearing that is granted in extraordinary situations where the normal judicial process would be inadequate to secure due process because the person would be harmed or denied his/her rights before a judicial remedy became available (as in deportation or loss of welfare benefits).

Family Evaluation

A comprehensive evaluation of a family for the purpose of determining the suitability of the family as a prospective foster or adoptive resource.

Forms and Tools

[AdoptUSKids](#)

[Child Specific Recruitment Plan](#)


[Creating Effective Narratives for Children Waiting to be Adopted](#)

[It’s My Turn Now Georgia](#)

[Non-Selection Letter](#)

[Selection Letter](#)

11.8 Adoption Pre-Placement Staffing & Visitation

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(11) Adoption		
	Policy Title:	Adoption Pre-Placement Staffing & Visitation		
	Policy Number:	11.8	Previous Policy Number(s):	105.2, 105.5, 105.7, 106.1 - 106.4
	Effective Date:	April 2024	Manual Transmittal:	2024-04

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Conduct an adoption pre-placement staffing to share information with the identified prospective adoptive family to assist in making an informed decision regarding their interest in becoming an adoptive parent to the child.
2. Conduct the adoption pre-placement staffing within ten business days of the prospective adoptive family's decision to become an adoptive resource for the child following the child life history presentation.
3. The staffing shall include the following participants:
 - a. Child's Social Services Case Manager (SSCM)
 - b. Family's SSCM
 - c. Appropriate supervisors from each county/private agency
 - d. Foster parent(s) or child care institution (CCI) staff
 - e. Adoptive parent(s)
 - f. Regional Adoption Coordinator (RAC)
 - g. Child's therapist, when appropriate



The pre-placement staffing may be combined with the Child Life History presentation if the current foster parent(s) who has been caring for the child in their home for the past 12 months has elected to adopt the child (see policy [11.5 Adoption: Child Life History](#)).

4. Initiate the pre-placement visitation with the child and their prospective adoptive family, if the decision is made to proceed with the adoptive placement:
 - a. Determine when the child is sufficiently comfortable with his/her knowledge of the adoptive family to have the first pre-placement visit.
 - b. Ensure that the child's first pre-placement visit with the prospective adoptive family will take place in a location where the child is familiar and comfortable.
 - c. Determine the number, length and timing of the pre-placement visits by the readiness of the child to move into the prospective adoptive family's home. This will have been discussed at the adoption pre-placement staffing but can only be finalized during the actual placement period.
 - d. Ensure a minimum of two, preferably more, pre-placements visits occur for any child above two months of age.
 - e. Do not allow a child to spend the night with the prospective adoptive family on the first pre-placement visit.
 - f. Do not place an infant, under two months of age with a prospective family immediately following the first pre-placement visit; at least 24 hours is required to confirm their decision

regarding adoption of the child.



Any change in this requirement must be thoroughly reviewed by the County Director/Designee and a waiver granted in writing (the waiver must be included in the placement narrative).

- g. Schedule at least one overnight visit when placing an older child.
 - h. When siblings are being placed together, allow each child to have at least one individual visit to get to know the adoptive family.
 - i. When siblings are being placed separately, allow for a visit to occur between the siblings and their respective caregivers if continued contact between the siblings has been identified as a need of the child being placed (see policy [10.20 Foster Care: Preserving Sibling Connections](#)).
 - j. Discuss any variation from the planned schedule with the Supervisors and the County Directors/Designees.
 - k. Ensure the child has a clear understanding of any changes to the pre-placement plan.
 - l. Determine when it may be appropriate for the prospective adoptive parent(s) to be involved in the child's ongoing services, such as therapy appointments, school conferences/events, etc. prior to placement.
5. Engage the foster parent(s) in the adoption planning process for a child in their home and ensure the child has ample opportunity to say goodbye before the final move into the pre-adoptive family's home.

Procedures

Adoption Pre-Placement Staffing

The SSCM will:

1. Discuss and/or review the following items thoroughly during the adoption pre-placement staffing:
 - a. The Child Life History and the family evaluation in terms of the following areas:
 - i. Child vulnerabilities (current and future);
 - ii. Parental capacities of the adoptive resource and the willingness of the prospective adoptive family to accept and meet the child's needs;
 - iii. Supports needed by the child and family during the post placement period:
 1. Medical (Who, if any, are the medical providers, including specialists, physical and occupational therapists, medical equipment providers, etc.? What is the frequency of medical/therapy appointments? Will special medical training be required?)
 2. Educational (What is the child's school placement? Will supportive services be needed? If school transfer is necessary, will transfer information be provided prior to placement?)
 3. Emotional (Who are the therapeutic providers? What are the ongoing therapeutic needs of the child? Will respite and community support services be accessible to the

family if needed?)

4. Social (What are the current faith-based practices of the child? Will there be a continuing need for involvement in the community? What extracurricular activities are important to the child?)
 5. Parent groups (What support groups are available in the family's area?)
 6. Financial (What resources are available to meet the child's needs, such as supplemental security income (SSI) or Retirement, Survivors or Disability Insurance (RSDI)? Does the child qualify for adoption assistance benefits? Do the prospective adoptive parent(s) require adoption assistance payments to adopt the child? How soon after adoptive placement will adoption assistance benefits begin? Does the child have any specific needs prior to placement (e.g., clothing, medical equipment, etc.)?)
- b. Need for the child's continued contact with siblings, other birth relatives, foster parents and significant others;
 - c. Provide the pre-adoptive parent(s) with information and guidelines about the possibility of Post Adoption Contact Agreement (see policy [11.15 Adoption: Post Adoption Contact Agreement](#)).
 - d. Any other questions around Child Life History or family evaluation;
 - e. Child's readiness to make the move and/or the length of time needed to prepare the child;
 - f. Any questions the adoptive family may have, ensuring all have been answered fully and accurately;
 - g. If the decision is made to proceed with placement:
 - i. Discuss and develop a calendar of tentative dates for pre-placement visitation depending on the time needed to prepare the child.
 - ii. Discuss the length and anticipated number of visits needed. If a sibling placement waiver was granted, visits with siblings and their caretakers should be a part of the pre-placement visits.
 - iii. Discuss the need for overnight visit(s) in the adoptive home prior to final placement.
 - iv. Discuss the need for a meeting and visit in the foster home.
 - v. Discuss the need for a goodbye time with the foster family prior to the final move.
 - vi. Develop a preliminary plan for ongoing contact with siblings and significant others following placement.
 - vii. Discuss and write out a calendar of events for the placement. Make sure everyone knows that this will be shared with the child and as few changes as possible should be made after that time.
 - viii. The child's SSCM should receive family pictures at this time to use to prepare the child for this specific prospective adoptive family.
 - ix. The family's SSCM should set a time to discuss any additional questions that the family might think of after the staffing.
 - x. Make sure everyone knows what they are expected to do and their time frames. It is important for the family's SSCM to get to know the child and the child to get to know the

“new” SSCM during the placement process.

2. Document the pre-placement staffing in Georgia SHINES within three business days:
 - a. Add the date of the adoption pre-placement staffing to the Adoption Information page;
 - b. Record the discussion and the decision. If the decision is made not to proceed, include the specific reasons. If the decision is made to proceed, include the date for placement.
 - c. Send copies of the documentation to the prospective adoptive family’s SSCM, County Directors/Designees or Child Placing Agency (CPA) Director. Also, send a copy to the Adoption Exchange, State Adoption Unit, if the decision is made not to proceed with the placement.
3. If the decision is made to proceed with the adoptive placement:
 - a. Provide a copy of the placement schedule to all Case Managers, the prospective adoptive parent(s) and foster parents.
 - b. Negotiate the adoption assistance rate if the child was determined by the Social Services Administration Unit (SSAU) to be eligible for adoption assistance payments (see policy [12.5 Adoption Assistance: Negotiating the Adoption Assistance Agreement](#)).
4. If the decision is made not to proceed with the placement, request the prospective adoptive family return the de-identified Child Life History.

The County Director/Designee will:

1. Notify the Adoption Exchange, State Adoption Unit if the adoptive placement cannot be successfully executed within 90 days of placing the child on adoptive status with the Adoption Exchange, State Adoption Unit.

Preparing the Child for the Selected Adoptive Family


The SSCM will:

1. Move the preparation from general discussion and work around adoption to the specifics concerning the prospective adoptive family selected.
2. Take responsibility for selecting the family.
3. Use the Life Book to discuss the reasons for the adoptive placement.
4. Share pictures of prospective adoptive family and talk about each individual family member, including close extended family and pets.
5. Make numerous visits and have several discussions with the child as necessary.
6. Share the calendar of visiting plans for the child in order that he/she can understand the process and time frames. Explain that there may be some minor changes in the plans but assure him/her that he/she will be involved and informed at all times.
7. Involve the foster parent(s) in the actual adoptive placement:
 - a. Share enough general information about the prospective adoptive family to enable the foster parent(s) to talk with or reassure the child and reinforce the SSCM’s preparation discussions.
 - b. Involve the foster parent(s) in the adoption pre-placement staffing.

- c. Discuss child's reactions with foster parents on a frequent basis during this period.
- d. Discuss thoroughly the planned meetings between the foster and prospective adoptive family.
- e. Remain aware of the foster parent(s)' possible feelings of guilt for not adopting the child and support them in their decision.
- f. Acknowledge the foster parents' feelings around separation and grief in facing the reality that the child is moving and assist them in dealing with these feelings.

Adoption Pre-Placement Visitation

The SSCM will:

1. Make numerous visits with the child and with the foster parent(s) until sufficient preparation has been conducted;
2. Arrange with the prospective adoptive family's Case Worker the date and time of the first pre-placement visit (this should have been tentatively set at the adoption pre-placement staffing);
 -  The pre-placement visit should be scheduled for no more than a few hours, depending on the age of the child as it is an emotionally charged time.
3. Review with the prospective adoptive family the plans, purpose and schedule of the pre-placement visitation which was tentatively set at the adoption pre-placement staffing;
4. Arrange for the prospective adoptive family to arrive in time for the child's SSCM to answer any new questions; and
5. Inform the prospective adoptive parent(s) that the first pre-placement visit should be limited to the prospective adoptive parent(s) and not include any other children or relatives from their family.
6. Make sure that the foster family is comfortable with the visit occurring in their home and that they are supportive of the adoption;
7. Ensure that the prospective adoptive family is comfortable with the plans;
8. Prepare the foster family to show their support of the placement visitation during this first visit as this gives the child permission to begin to relate to the prospective adoptive family;
9. Make arrangements to remain until all parties are comfortable;
10. Prepare and coach the foster family to gradually withdraw from the visit as the child becomes more comfortable with the prospective adoptive family to allow them to have some time alone; and
11. Have the prospective adoptive family share with the child the plans and timeframes for the next visit using the child's placement calendar.
12. If the first pre-placement visit must occur in the office:
 - a. Ensure the child is familiar with the room and comfortable in the setting.
 - b. Make staff aware that the first pre-placement visit is an emotionally charged time for the child and advise them to go about their duties without making a big deal over the child meeting the prospective adoptive family for the first time.

- c. Have another staff person with whom the child is familiar in attendance to be with him/her while the Social Services Case Manager is alone with the prospective adoptive family. If this is not possible, the Social Services Case Manager should meet with the prospective adoptive family at the office and then go to the foster home to get the child.
- d. Ensure the area in the office is comfortable enough for the prospective adoptive family and the child to interact with one another for a period of time.
- e. Stay in the room until the child is comfortable with being left alone with the prospective adoptive family.
- f. Prepare for the prospective adoptive family and child to go outside or to a nearby park to play when the child is ready, if the visiting room is small.
- g. The prospective adoptive family should share with the child the plans and timeframes for the next visit using the child's placement calendar.

Following the Pre-Placement Visit

The family's Case Worker will:

1. Discuss the pre-placement visit with the prospective adoptive family after the pre-placement visit and confirm plans for the next visit.
2. Document the observation and feedback received from the prospective adoptive parent(s).

The child's SSCM will:

1. Maintain close contact with the foster parent(s) after the pre-placement visit to help gauge the child's reaction to the visits.
2. Discuss with the child any feelings or concerns related to the visit.
3. Document the observation and feedback received from the prospective adoptive parent(s), foster parent(s) and child.
4. Assist the child with saying goodbye, once the move date has been set, by:
 - a. Ensuring the child has at least one night with the foster family to say goodbye. Recommend that foster parent(s) include:
 - i. A special time of sharing sad/happy feelings with the foster family and close friends; and
 - ii. Any extended members of the foster family that the child is close to.
 - b. Arranging for the child to say goodbye to friends and teachers if the child is in school and will be changing schools;
 - c. Allowing special time with biological sibling(s) for their good-byes including information on how they are to keep in touch after the move;
 - d. Making time to spend with the child to say special good-byes, and letting the child know he/she is pleased with the adoption placement and feels this is a good move.
 - e. Arranging for the foster family to assist on moving day by helping the pre-adoptive family pack the child's belongings in the car, signifying their approval of the move.

Practice Guidance

The adoption pre-placement staffing is used when the adoptive resource is not the current foster parent(s) who has had the child in their home and usually follows the foster parent(s) declining the option to be considered as an adoptive resource for the child. The adoption pre-placement staffing shall be scheduled by the child's SSCM for the purpose of sharing information with the identified adoptive placement resource to assist the prospective adoptive family in making an informed decision regarding their interest in becoming an adoptive parent to the child. It is important that all involved parties are in attendance to ensure that a viable pre-placement plan is created for the child. Prior to the adoption pre-placement staffing, the SSCM and Social Services Supervisor should discuss the meeting format and decide which segment(s) of the meeting is appropriate (if not all) to have the foster parent(s) in attendance. When making the decision, it should be considered that the foster parent(s) has a lot of information about the child that could be useful.

Pre-placement is the period of time during which the child and prospective adoptive family visit together through the Adoption Placement Signing. Significant holidays must be taken into consideration when scheduling pre-placement visits as holidays are not a good time to plan a move. In the ideal situation, the first pre-placement visit should occur in the foster home. The child needs time between visits to process the experience and deal with the idea of the move. After each visit, adequate time shall be given for discussing what occurred with the child and listening to his/her impressions and feelings. Adequate time shall also be given to review and explore the adoptive family's impressions and to allow for planning of the next visit. Pre-placement visits should not extend beyond two months. The SSCM should consult with the RAC if the pre-placement visitation is going to exceed two months.

The foster parents can be a great help in facilitating a child's move into the adoptive family. The foster parent is a rich resource for the adoptive parent(s) and can provide information that would not be seen by a SSCM who is not in the home with the child. The foster parent(s) can provide information about the child's schedule, eating and sleeping routines, fears, functioning in the family, reaction to situations, etc. The foster parent(s) can also give information on techniques that they have found effective in managing the child's behaviors.

It is important that the SSCM partner with the foster parent during this process. If the foster parent(s) views adoption as a positive move for the child, they will be able to help the child separate from them and easily transition into an adoptive family. Conversely, if the foster parent(s) do not view the adoption as positive, the child may have feelings of guilt over and feel anger toward the adoptive parents/DFCS for taking them away.

The policy and practice discussed in this section are related to an adoptive placement other than the current foster parent(s). A foster parent(s) who has had a child in his/her home for a period of at least 12 months has the option of being considered as an adoptive resource for the child (see [policy 11.6 Adoption: Foster Parent Adoption Consideration Evaluation](#)).

Adoptive Status

Adoptive status is the point when a child is legally free to be adopted, an adoptive resource has been identified, physical adoptive placement has occurred, and the adoptive resource has committed to be the child's adoptive parent(s) by signing the placement agreement(s). Placing a child on adoptive status signals recruitment procedures should be halted as a potential adoptive resource

has been located for the child.

Child Care Institution (CCI)

Child care institutions provide care, supervision and oversight in a residential setting, including neighborhood-based group homes, campus-based arrangements and self-contained facilities.


Child Placing Agency (CPA)

A CPA is an agency that places children in foster and adoptive resource homes for individualized care, supervision and oversight. Child placing agencies are responsible for assessing the placement regarding the appropriateness of the room, board and watchful oversight that the prospective foster and adoptive families will provide. The CPA's employees and their foster and adoptive parents work as a team to provide a stabilizing and nurturing environment that promotes safety, well-being and permanency.

Forms and Tools

N/A

11.9 Adoption Placement Signing

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	Adoption		
	Policy Title:	Adoption Placement Signing		
	Policy Number:	11.9	Previous Policy Number(s):	103.25, 103.31, 106.5 - 106.12
	Effective Date:	September 2018	Manual Transmittal:	2018-09

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Verify the following items are completed prior to the Adoption Placement Signing:
 - a. The completion of the termination of parental rights (TPR) and verification that there is no pending appeal by the parent(s) contesting the TPR;
 - b. The execution of the voluntary surrender of parental rights and verification that the revocation period has expired;
 - c. The Child Life History registration; and
 - d. The adoption assistance eligibility determination.
2. Complete the Adoption Placement Signing which symbolizes the pre-adoptive family's commit-


ment to the child.

3. Obtain written commitment from the identified adoptive resource for a child via the Placement Agreement at the point of placing a child in a pre-adoptive home; and
4. Place the child on adoptive status with the Adoption Exchange, State Adoption Unit following the Adoption Placement Signing.


Procedures

Social Services Case Manager

1. Verify the status of the TPR appeal, if applicable:
 - a. Contact the Clerk of the Juvenile Court to verify:
 - i. More than 30 days has elapsed since the entry of the TPR order on each parent; and
 - ii. The court record does not contain a notice of appeal.
 - b. Document in Georgia SHINES the date(s) and results of all inquiries with the Juvenile Court Clerk pertaining to this requirement.

 The Adoption Placement Signing will not be executed if an appeal has been filed.

2. Verify the date the voluntary surrender of parental rights was signed to ensure the revocation period has expired (see policy [17.12 Legal: Voluntary Surrender of Parental Rights](#));
3. Verify the adoption assistance eligibility determination was rendered by the Social Services Administration Unit (SSAU) in Georgia SHINES (see policy [12.2 Adoption Assistance: Adoption Assistance Application](#)).
4. Verify the registration of the Child Life History with the Adoption Exchange, State Adoption Unit in Georgia SHINES (see policy [11.5 Adoption: Child Life History](#)).
5. Execute the Adoption Placement Signing:
 - a. Discuss, complete and sign the Affidavit of Disclosure for Adoption and the Placement Agreement with the adoptive family and the child.

 Complete and sign the Affidavit of Disclosure for Adoption prior to the signing of the Placement Agreement.

- b. Review the Caregiver Child Safety Agreement with the pre-adoptive family.
- c. Review and sign the adoption assistance agreement, if applicable (see policy [12.6 Adoption Assistance: Reviewing and Signing the Adoption Assistance Agreement](#) for procedures outlining the process for reviewing and signing the adoption assistance agreement).
- d. Provide the pre-adoptive parent(s) the following documentation:
 - i. A copy of the Placement Agreement;
 - ii. A copy of the Affidavit of Disclosure for Adoption;
 - iii. A copy of the Caregiver Child Safety Agreement;
 - iv. A copy of the Birth Family Background Information for Child with names and addresses

- deleted (see policy [11.1 Adoption: Adoption Preparation](#));
- v. A copy of the Child Life History narrative from which identifying information has been deleted;
 - vi. The Life Book should go with the child, and the family should understand the importance of the book and maintaining it;
 - vii. Copies of all medical information, including immunization, specialists and psychological reports;
 - viii. School records, if appropriate, or knowledge of how the child's school will be transferred;
 - ix. A letter which states the child's birth has been verified and the birth certificate is in a state confidential file pending revision. It should include a statement that the child is to be known by the pre-adoptive family's name from the date of the letter;
 - x. Whereabouts of siblings if separated, and a copy of the plan for ongoing contact with siblings and significant others; and
 - xi. A copy of the Post Adoption Services/Adoption Assistance Benefits Handout Information about post adoption services.
- e. Have the pre-adoptive parent(s) sign the Verification of Receipt of Information Packet Regarding Post Adoption Services/Adoption Assistance Benefits.
 - f. End the foster care placement in SHINES.
 - g. Enter the adoption placement in SHINES.
 - h. Send copies of the Placement Agreement following documents to the family's county or Child Placing Agency Case Worker.
 - i. Upload into Georgia SHINES External Documentation the Placement Agreement and the Affidavit of Disclosure for Adoption in the child's record.
 - j. Document the Adoption Placement Signing in Georgia SHINES, and send a copy to the pre-adoptive family's Case Manager within ten business days.

Practice Guidance

The Adoption Placement Signing is executed after pre-placement visits are concluded and at the point of physical placement of the child in the adoptive resource home. Signing the Placement Agreement symbolizes the pre-adoptive family's commitment to parent this child. The child signing the Placement Agreement gives tangible evidence of his/her understanding that this is now his/her family. The child needs to hear that the family wants him/her and also needs to verbalize he/she wants the family. The SSCM needs to know ahead of time that a positive statement will be given about the placement by both the child and the pre-adoptive family. The SSCM will be prepared to answer any questions the pre-adoptive family has concerning the child's history. At the request of the pre-adoptive family, the SSCM will allow the pre-adoptive family to review any of the information they cannot recall.

Although permanent custody remains with DFCS until the adoption is finalized, signing the Placement Agreement gives the pre-adoptive family certain responsibilities:

1. May include the child as a dependent on income tax.
2. May include the child on health insurance policies.
3. Must provide for the health, safety and well-being of the child.
4. Must assume all responsibilities for parenting the child.
5. Must notify DFCS in case of serious illness or hospitalization.

Placing a child on adoptive status with the Adoption Exchange, State Adoption Unit signals that the recruitment procedures should be halted as the county department has located a potential adoptive resource for the child. The Adoption Placement Signing will occur regardless of the adoptive parent(s) previous status (i.e., foster parent, relative, etc.).

Adoption Assistance Agreement

This is a legal and binding agreement between the agency and the adoptive parent(s) regarding adoption assistance benefits. It establishes types, duration and amount(s) of benefits, and other agreed upon stipulations. A fully-executed adoption assistance agreement refers to an adoption assistance agreement that was negotiated with the adoptive parent(s), reviewed and discussed with the adoptive parent(s); and all required signatures (adoptive parent(s) and dates.

Termination of Parental Rights

Termination of Parental Rights is the process for severing all legal rights between a child and his/her parent, except the right of the child to receive child support from his/her parent and inherit from and through his/her parent until a final order of adoption is entered. The child shall maintain the right to pursue any civil actions against his/her parent. The relationship between the child and his/her siblings and extended family remain intact until terminated by final order of adoption. Court orders terminating parental rights shall be without limit as to duration.

Forms and Tools

[Affidavit of Disclosure for Adoption](#)

[Affidavit of Disclosure for Adoption - Spanish](#)

[Caregiver Child Safety Agreement](#)

[Caregiver Child Safety Agreement - Spanish](#)

[Placement Agreement \(Single Child\)](#)

[Placement Agreement \(Single Child\) - Spanish Placement Agreement \(Sibling\)](#)

[Placement Agreement \(Sibling\) - Spanish](#)


[Post Adoption Services/Adoption Assistance Benefits Handout](#)

[Post Adoption Services/Adoption Assistance Benefits Handout - Spanish](#)

[Verification of Receipt of Information Packet Regarding Post Adoption Services/Adoption Assistance Benefits](#)

[Verification of Receipt of Information Packet Regarding Post Adoption Services/Adoption Assistance Benefits - Spanish](#)

11.10 Post-Placement Supervision

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(11) Adoption		
	Policy Title:	Post-Placement Supervision		
	Policy Number:	11.10	Previous Policy Number(s):	107.1, 107.3, 107.4
	Effective Date:	August 2015	Manual Transmittal:	2015-07

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Have contact with the pre-adoptive family and the child on the day following the Adoption Placement Signing.



If contact with the pre-adoptive family and the child the day following the Adoption Placement Signing was by telephone, make face-to-face contact with the pre-adoptive family and the child within the first week following the Adoptive Placement Signing.

2. Conduct monthly face-to-face visits with the child until the adoption is finalized.
3. Conduct all of the monthly visits in the adoptive home to allow for the best assessment of the adjustment of the family as a whole.
4. Determine the effect the change in family composition poses to the child when there is a change to the family composition (births, other additions/subtractions to the family, death, divorce, separation or marriage) during the post-placement period:
 - a. Inform Resource Development and the Adoption Exchange, State Adoption Unit of any change in family composition in writing within five business days DFCS being aware of the family composition change;
 - b. Consult with the Adoption Exchange, State Adoption Unit within 10 business days of DFCS being aware of the family composition change; and
 - c. Complete a family evaluation addendum.
5. Set a tentative time limit with the pre-adoptive family for the length of the post-placement period.
6. Make no new placements in the pre-adoptive family's home during the post-placement period.




New placements are permitted if it is to facilitate the placement of a sibling of a child with the same pre-adoptive family.

7. Obtain written approval from the State Adoption Unit to release for adoption a child who has been in a pre-adoptive home for less than four months.

Procedures

Resource Development Social Services Case Manager or Pre-Adoptive Family's Child Placing Agency's Case Worker

1. The *day following* the adoptive placement:
 - a. Have face-to-face contact with the pre-adoptive family and the child; or
 - b. Make telephone contact with the pre-adoptive family and the child.

 Make face-to-face contact with the pre-adoptive family and the child within the first week following the adoptive placement if the day after contact was by telephone.
2. Have monthly face-to-face visits with the child (see policy [10.18 Foster Care: Purposeful Contacts In Foster Care](#)).
3. Have the entire pre-adoptive family present for at least three visits during each six months of the post-placement period.
4. Enter all documentation from monthly visits into Georgia SHINES.
5. Ensure that the family understands that the SSCM or Case Worker is available to assist as needed.
6. Provide supportive services to assist in the adjustment of the new family.
7. Complete a family evaluation addendum or the foster parent adoption consideration evaluation when there is a change to the family composition, during the post-placement period in accordance with policy [14.14 Resource Development: Family Evaluation Addendums](#) or [11.6 Adoption: Foster Parent Adoption Consideration Evaluation](#) which includes but is not limited to:
 - a. A home visit is to gather input from the adoptive parent(s), interview new adult household members (if applicable), observe the family interactions and dynamics, etc.;
 - b. The impact the family composition change will have on the adoption;
 - c. A recommendation as to what action will be in the best interest of the child; and
 - d. Submit a copy of the family evaluation addendum to the Adoption Exchange, State Adoption Unit.
8. If the post-placement period needs to extend beyond six months:
 - a. Complete a summary of supervision that includes:
 - i. A summary of events that have occurred over the six-month period of supervision;
 - ii. Identify barriers or other issues that have prevented the family from proceeding with finalization;
 - iii. Identify reasons the supervising agency is not ready to recommend finalization;
 - iv. Determine a plan for resolving the barriers/issues identified, and identify services that will be implemented during the extension period which have not previously been provided; and
 - v. A similar summary must be submitted each six months until the recommendation for finalization is made.

- b. Send a copy to the Adoption Exchange, State Adoption Unit, and the County Director/Designee of the child's legal county.

Child's Social Services Case Manager

1. Have monthly face-to-face visits with a child during the post-placement period until the adoption is finalized (see policy [10.18 Foster Care: Purposeful Contacts In Foster Care](#)).
2. Conduct all visits in the adoptive placement.
3. When there is a change to the family composition, during the post-placement period:
 - a. Notify Resource Development and the Adoption Exchange, State Adoption Unit of the change to the family composition
 - b. Consult with the Adoption Exchange, State Adoption Unit within 10 business days of DFCS being aware of the family composition change.
 - c. Review the family evaluation addendum to determine whether another recommendation for the child(ren) will need to be made based on the new family composition.

Adoption Exchange, State Adoption Unit

Within five business days:

1. Review the summary of supervision.
2. Determine if further action or guidance is necessary.

Practice Guidance

Post-placement is the period of time between the signing of the placement agreement and the legal finalization of the adoption. During the post-placement period, it is important that all visits occur in the home to allow for the best assessment of the adjustment of the family as a whole. During the visits, the SSCM shall continuously evaluate the family and interaction as to the following circumstances:

1. The emergence of factors not previously identified (e.g., critical information not recognized by SSCM or family).
2. Inaccurate assessment of family or child (e.g., capability or readiness of family or child to make an adoptive attachment, type of child family can parent).
3. The emergence of unpredictable circumstances.
4. Lack of preparation for placement of either child, family or both.

It is the responsibility of the SSCM during the post-placement period to assist the pre-adoptive family as follows:

1. Help the family cope with their new interactions within the home and community.
2. Refer to resources in the community (see policy [11.13 Adoption: Support Services: Post Adoptive Placement & Post Adoption](#) for a list of available resources).
3. Make a referral to agency resources and/or initiate wraparound services.

4. Assist with ongoing separation and attachment issues.
5. Assist the family with maintaining connections with siblings, other birth relatives, foster parents and significant others.
6. Help the family recognize, accept and manage the needs of the particular child(ren) in the placement.
7. Assist the family to balance the needs of the child versus the needs of the parents.
8. Help the family understand that attachment will not occur immediately.
9. Help the child express and manage unarticulated fears.
10. Help the family members learn to handle questions from extended family, neighbors, friends or community members, including development of a cover story if needed.
11. Assist the family with methods of discipline for the child
12. Help the family use and maintain the Life Book.
13. Help the parents to learn to separate adoption-related issues from normal issues relating to age and development.
14. Encourage families to participate in ongoing training.

Changes to a family's composition can affect the adoption in various ways. It is imperative that family composition changes are reported. The family's evaluation will have to be re-evaluated to determine the effect the change in family composition poses to the child and whether another recommendation will need to be made based on the new family composition. In most circumstances, the SSCM who is making routine child visits in the home is the first to be made aware of the changes and should immediately report it to the Resource Development unit. Once a child is placed on adoptive status, no new placements should be made unless it is to facilitate the placement of a sibling of a child in the home.

The length of time a family spends in the post-placement phase varies depending upon the child involved. The length of the post-placement period can be renegotiated at any point as necessary. The usual length of time is six months; however, the length of time will depend on a number of factors, including:

1. Age of the child
2. Issues/concerns identified pre-placement
3. Needs of the child
4. Adjustment concerns during post-placement

The post-placement supervision for an infant that does not have any physical, psychological or developmental needs can be considerably shorter as long as at least two monthly visits are made. Prior to the finalization of the adoption, it is important that the pre-adoptive family inform the agency of any problems that occur.


If a petition seeking adoption of the child is not filed within six months, the court shall then, and at least semi-annually thereafter as long as the child remains unadopted, review the circumstances of the child to determine what efforts have been made to assure that the child will be adopted (see policy [17.2 Legal: Case Review/Permanency Plan Hearings](#) for information on permanency

reviews). The court may then enter such orders as it deems necessary to further the adoption including, but not limited to, another placement.

Forms and Tools

[Creating and Using Life Books](#)

11.11 Family Moves to Another State Prior to Finalization

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(11) Adoption		
	Policy Title:	Family Moves to Another State Prior to Finalization		
	Policy Number:	11.11	Previous Policy Number(s):	110.7, 110.8
	Effective Date:	August 2015	Manual Transmittal:	2015-07

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Within five business days of learning of an adoptive family’s planned move to another state:
 - a. Consult with the Regional Adoption Coordinator (RAC) and the ICPC Administrator; and
 - b. Initiate the Interstate Compact on the Placement of Children (ICPC) process for the placement of a Georgia child into another state for the purpose of adoption.
2. Expedite finalizing the adoption following learning of an adoptive family’s planned move to another state if all of the following circumstances apply:
 - a. The adoptive family’s move is at the conclusion of the post placement period;
 - b. DFCS is prepared to recommend that the child be released to the adoptive family for adoption finalization; and
 - c. Sufficient time exists to complete the adoption finalization process.

Procedures

Family’s Move - At End of Post Placement Period – Case Manager Prepared to Recommend Finalization

If the supervising Social Services Case Manager (SSCM) is prepared to recommend that the child be released to the adoptive family for adoption finalization, the supervising SSCM will:

1. Assist the family in filing the petition before they move to prevent the necessity of meeting a residency requirement in another state; and
2. Submit the required documents to the child's legal county as outlined in policy [11.14 Adoption: Finalizing the Adoption](#).

The child's legal county will:

1. Expedite processing the request for release and consent to adopt (see policy [11.14 Adoption: Finalizing the Adoption](#) for the procedures on releasing a child to an adoptive family for adoption); and
2. Immediately notify the supervising Case Manager that the documents are ready and the pre-adoptive family can contact their attorney.



In most counties, the family and child can meet with the Superior Court Judge at the time the petition to adopt is filed which will allow their attorney to be the only person required to be present at the final hearing over 60 days later. If the above is possible, there will be no need to initiate the ICPC process.

Family Moves - Case Manager Not Prepared to Recommend Finalization

The SSCM will:

1. Have a consultation with the Regional Adoption Coordinator (RAC) and the ICPC Administrator;
2. If the department received custody of the child by means of voluntary surrender of parental rights by either parent, contact the ICPC Administrator to determine if the state the family is moving to requires a confirming court order. Several states do not recognize voluntary surrenders, so it may be necessary to obtain a confirming court order from the Superior Court in the child's original county of residence (see policy [11.18 Adoption: Placement of Georgia Child Into Another State for the Purpose of Adoption](#) and [17.12 Legal: Voluntary Surrender of Parental Rights](#));
3. Upload to Georgia SHINES External Documentation for the ICPC Administrator:
 - a. The Child Life History (see policy [11.5 Adoption: Child Life History](#));
 - b. The family evaluation (see policy [14.10 Resource Development: Initial Family Evaluation](#)); and
 - c. Narratives of the post placement visits to date.
4. Submit the Interstate Compact on the Placement of Children Request to the ICPC Administrator within five business days of the pre-adoptive family's planned move using the procedures outlined in policy [11.18 Adoption: Placement of Georgia Child Into Another State for Adoption Purposes](#).



ICPC approval is required before the family moves.

Practice Guidance


When DFCS has already completed an adoptive family's evaluation, the family may obtain a copy of the family evaluation (see policy [2.10 Information Management: J.J. v. Ledbetter Parent or Guardian](#)

Request for Information for procedures and practice guidance on sharing information with parents). If the family moves to another county in Georgia, see policy [14.24 Resource Development: Inter-County and Inter-Agency Partnerships](#).

Forms and Tools

N/A

11.12 Adoption Placement Disruptions

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(11) Adoption		
	Policy Title:	Adoption Placement Disruptions		
	Policy Number:	11.12	Previous Policy Number(s):	107.9 - 107.17, 107.21
	Effective Date:	August 2015	Manual Transmittal:	2015-07

Codes/References

Fostering Connections to Success and Increasing Adoptions Act of 2008

Requirements

The Division of Family and Children Services (DFCS) will:

1. Immediately notify the Adoption Exchange, State Permanency Unit any time an actual or suspected family conflict arises that may threaten the adoptive placement.
2. When problems arise, careful assessment and preventive work are required prior to a decision to disrupt the placement.
3. If the decision is made to disrupt the adoptive placement, with the exception of an emergency or a concern regarding the child's safety, a staffing to determine which placement resource can best meet the child's needs is required prior to the removal of a child from the pre-adoptive placement. Staffing participants should include:
 - a. Social Services Case Managers;
 - b. Social Services Supervisors for the child and pre-adoptive family;
 - c. Respective Directors/Designees;
 - d. Regional Adoption Coordinator; and
 - e. Adoption Exchange, State Permanency Unit.
4. Work together with the family to prepare the child for the move.
5. Provide constant support to the child during and after the disruption.
6. Provide support and understanding to the family throughout the disruption.
7. Provide support to the Social Services Case Manager from the local and state level throughout

the disruption to increase effectiveness and lessen emotional turmoil.



The Special Assistant Attorney General (SAAG) shall file a withdrawal of consent to the adoption, indicating the reason(s) for the withdrawal and a motion to dismiss the adoption petition (if one has been filed). The county department will contact the Office of General Counsel to coordinate efforts with the SAAG.

Procedures

Adoptive Placement Conflict

When actual or suspected family conflict arises that may threaten the placement, the Social Services Case Manager will:

1. Staff the case with the Social Services Supervisor and the County Director/Designee.
2. Notify the Adoption Exchange, State Permanency Unit in writing.
3. Request consultation with the Adoption Exchange, State Permanency Unit, if needed.
4. Inform the child's Social Services Case Manager of the concerns/problems.
5. Arrange for the use of any needed and available agency and community resources. If services are unavailable through wrap-around, crisis intervention services are available through the Adoption Exchange, State Permanency Unit (see policy [11.13 Adoption: Support Services: Post Placement and Post Adoption](#)).
6. Discuss and determine, along with the family and the child, which needs are not being met.
7. Identify and support the family's positive coping mechanisms.
8. Along with the adoptive family and the child, identify and prioritize problems and issues:
 - a. Address problems separately to avoid overwhelming anyone; and
 - b. Expectations should be realistic for each individual's capabilities and for desired results.
9. Report allegations of abuse and neglect to Child Protection Services (see policy [3.24 Intake: Mandated Reporters](#) and [14.21 Resource Development: Actions During Special Investigations](#) for procedures and practice guidance).

Adoptive Placement Disruption

If it is determined that it would be in the best interest of the child and/or family that the child is removed from the adoptive home (disruption) the Social Services Case Manager will:

1. Notify the Adoptions Exchange, State Permanency Unit in writing of the disruption. If the situation is such that immediate removal of the child from the home is necessary, the initial notification shall be by phone to the Adoption Exchange, State Permanency Unit, with a follow-up in writing.
2. Request a consultation with the Adoptions Exchange, State Permanency Unit.

In the event of a possible disruption or disruption where the Affidavit of Consent to Adopt has been sent, the supervising agency will:

1. Notify the child's legal county, which will have the SAAG for the child's legal county to immediately prepare and file:
 - a. A withdrawal of consent to the adoption, indicating the reasons for the withdrawal; and
 - b. A motion to dismiss the adoption petition (if one has been filed).
2. Notify the Office of General Counsel of the agency's request to the SAAG to withdraw the consent to adoption and prepare a motion to dismiss the adoption petition. The Office of General Counsel will coordinate efforts with the SAAG.



If the disruption involves an ICPC child, see policy [11.20 Adoption: Disruption of Interstate Compact on the Placement of Children \(ICPC\) Child](#).

Practice Guidance

The Social Services Case Manager should be aware that the following patterns can be observed as they occur in a family moving toward a disruption:

1. The sense of discomfort experienced at the time of placement does not diminish, but heightens.
2. The family over exaggerates the child's behavior or the excessive care he/she requires.
3. There is an increasing sense of frustration and diffused anger.
4. Scapegoating occurs as the family's anger focuses on the adoptive child(ren).
5. Family system does not incorporate the adopted child as anticipated by the family or Social Services Case Manager.

It is usually best for the family to tell the child about the disruption. The Social Services Case Manager must help the family understand and prepare for the discussion with the child. The Social Services Case Manager should be present when the child is told of the disruption. The child and families must be dissuaded from placing blame (this may need to be emphasized several times by the Social Services Case Manager). The child needs to be able to express his/her feelings about the disruption and move. The child should be told that the family and Social Services Case Manager also feel sad, disappointed and often angry. The child may have feelings of relief and should be helped not to feel guilty, if this is the case.

Placement of choice, after disruption, is usually another pre-adoptive home; however, an alternate choice would be to use an adoption legal risk home where the child may not have to move more than once. Reasonable efforts should be made to place siblings in the same foster or adoptive home due to the children's attachment to siblings and the consequences of separation (see policy [11.3 Adoption: Placement with Siblings](#) for guidance on maintaining sibling connections).

The child may need daily contact from the Social Services Case Manager for a period of time following the disruption. The Social Services Case Manager must ensure that the child does not feel abandoned. Depending on the circumstances, it may be advisable for the child to enter therapy at this time.

The pre-adoptive family may deny negative or sad feelings once the child leaves and needs to face and deal with their feelings of failure. The Social Services Case Manager must help the family recognize that a disruption is a traumatic experience for everyone involved. The pre-adoptive family

must be able to deal with the reality of the disruption. Disruptions do not automatically make a family ineligible for consideration for other children in the future.


Adoption Legal Risk Home

An adoptive resource registered with the Adoption Exchange, State Adoption Unit for placement consideration of children whose parental rights have not yet been terminated or the termination is under appeal. The child’s permanency plan and comprehensive family assessment serve as one of the bases for decision making when placing a child into a legal risk home.

Forms and Tools

N/A

11.13 Support Services: Post Adoptive Placement & Post Adoption

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(11) Adoption		
	Policy Title:	Support Services: Post Adoptive Placement & Post Adoption		
	Policy Number:	11.13	Previous Policy Number(s):	107.4, 108.3 – 108.5, 111.1
	Effective Date:	August 2015	Manual Transmittal:	2015-07

Codes/References

Child Abuse Prevention and Treatment Act, As Amended by Public Law 111-320

Requirements

The Division of Family and Children Services (DFCS) will:

1. Provide supportive services to preserve an adoptive placement, to assist in the adjustment of the new family and/or to prevent post adoption disruptions; and
2. Inform all families adopting a child through DFCS of the availability of post adoption services.

Procedures

Georgia Center for Resources and Support: Serving Adoptive and Foster Families

The Georgia Center for Resources and Support is available to assist adoptive and foster families in locating resources. Services are available statewide; agency and self-referrals are accepted. The following services are available to adoptive and foster families:

1. Training on adoption and foster care issues;
2. Support groups;

3. Resource listing;
4. Lending library of books and publications related to adoption and foster care issues; and
5. Website that provides current information on resources and training events.

Georgia Center
1105 West Peachtree St. NE
Atlanta, Georgia 303
1-866-A-PARENT or 404-929-0401
www.gacrs.org

The Social Services Case Manager will:

1. Encourage foster and adoptive parents to visit the Georgia Center in person to access its lending library and other resources.
2. Refer pre-adoptive, post adoptive and/or foster families to the Georgia Center for Resources and Support to assist with locating resources.

Adopted Teen Empowerment and Mentoring Program (ATEAM)

The ATEAM is an outlet for adopted teens to address many of their concerns in a supportive group environment among their peers. This mentoring program is designed to provide adopted teens in grades 6th - 12th opportunities for mutual support and self-expression through group interactions with other adopted teens in ATEAM sites across the state. Parent support meetings are also provided. Agency and self-referrals are accepted.

Parents are required to pre-register their youth for the program since each site is limited to 30 participants. For more information on the ATEAM program, contact:

Family Matters Consulting, Inc.
Phone: 770-965-9336

The Social Services Case Manager will;

1. Refer teens in grades 6th – 12th and their pre-adoptive and post adoptive parent(s) to the ATEAM.
2. Inform the referred family that:
 - a. Transportation to and from the program is their responsibility;
 - b. They are required to pre-register their youth for the program as it each site is limited to 30 participants; and
 - c. Parent support meetings are also provided

Crisis Intervention Team

The most stressful times for families are those when family members are being gained or lost. It is reasonable to expect stress early in the adoptive placement and as finalization approaches. Since adoption is a life-long process, crisis can occur after finalization occurs. The Social Services Administration Unit contracts with a private agency whose goal is to preserve adoptive placements by providing crisis intervention services to families with a potential for disruption or dissolution of an

adoptive placement or finalization. A team of skilled individuals work with families to assess and connect them to needed community resources. The services provided by the contract agency are short-term and are not meant to replace community services. Their function is to help families navigate these systems during challenging and stressful times. Referrals are accepted statewide.

The Social Services Case Manager (in a non-finalized adoption) or the adoption assistance Social Services Case Manager (in a finalized adoption) will

1. Initiate crisis intervention services for a family in a pre-adoptive or post adoptive stage by:
 - a. Completing and forwarding the Crisis Intervention Team referral information to the Social Services Administration Unit for processing;
 - b. Securing the appropriate release of information form prior to the contract agency's initial contact with the family;
 - c. Providing copies of psychological and/or psychiatric evaluations and the Child Life History at the time of referral to the contract agency;
 - d. Informing the family that the contract agency may be traveling substantial distances, and it is important that all family members be present for the initial home visit;
 - e. Advising the family to take necessary steps to minimize disruptions during the initial home visit (e.g., eat dinner and complete homework beforehand; allow the answering machine to pick up phone calls, etc.); and
 - f. Exercising his/her own judgment in determining if the family would benefit from his/her presence at the initial home visit.
2. Consult with the State Office as needed.

Practice Guidance

Adoption is a lifelong commitment by both the adoptive parent(s) and the adoptee. At all stages throughout his/her life, the adoptee and the adoptive family may have reoccurring issues around the adoption. It is vital that the agency be available to them whenever needed. The Regional Adoption Coordinator should be engaged in an exploration of availability of post-adoption services and resources when families call with a crisis or need.

Forms and Tools


[Crisis Intervention Team Referral Form](#)

[Georgia Center For Resources & Support](#)

[Post Adoption Services/Adoption Assistance Benefits Handout](#)

[Post Adoption Services/Adoption Assistance Benefits Handout - Spanish](#)

11.14 Finalizing the Adoption

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(11) Adoption		
	Policy Title:	Finalizing the Adoption		
	Policy Number:	11.14	Previous Policy Number(s):	107.18 - 107.20, 107.22 - 107.26
	Effective Date:	August 2015	Manual Transmittal:	2015-07

Codes/References

O.C.G.A §19-8-2 Jurisdiction and Venue of Adoption Proceedings

Requirements

The Division of Family and Children Services (DFCS) will:

1. Prepare and forward the legal documents for finalization to the family's attorney at a time mutually decided upon by the supervising agency and the adoptive family;
2. Make the family aware they must inform the supervising agency when finalization has occurred; and
3. Prepare a Georgia SHINES adoption case record within 30 days following adoption finalization.

Procedures

Child's Social Services Case Manager

1. Have the family complete the Name of Child Following Adoption.
2. Prepare a summary report of the post placement period to include:
 - a. Dates of contacts and person(s) present;
 - b. Adjustment of child and family, including problems experienced and how they were resolved; and
 - c. Recommendation for finalization.
3. Submit the summary report and the Name Change Following Adoption to the County Director/Designee of the child's legal county.

County Director/Designee of the Child's Legal County

1. Review the summary report and supporting documents.
2. Make an approval determination.

Supervising Resource Development Social Services Case Manager or the CPA Case Worker

1. Notify the family and instruct them to contact their attorney and instruct him/her to write the child's legal DFCS county to request the following documents prior to filing the petition to adopt:
 - a. The Affidavit of Consent to Adoption;

- b. Birth Family Background Information for Child; and
 - c. The original legal documents.
2. Inform the child's legal county of the scheduled finalization date.
 3. Prepare the Georgia SHINES adoption case record to be retained, sealed and locked within 30 days of the finalized adoption (see policy [2.2 Information Management: Adoption Case Record](#)).

Child's Legal County Social Services Case Manager

1. Draft a letter to the adoptive family's attorney and prepare the following legal documents for adoptive finalization to be included with the letter to the attorney:
 - a. Affidavit of Consent to Adoption;
 - b. The certified copy (long form) of the child's birth certificate (see policy [11.2 Adoption: Putative Father Registry & Birth Certificates](#));
 - c. The original copies of any voluntary surrenders/denials (see policy [17.12 Legal: Voluntary Surrender of Parental Rights](#));
 - d. A certified copy of the following court orders (see policy [17.11 Legal: Termination of Parental Rights \(TPR\)](#)):
 - i. Termination of parental rights (TPR) court order; and
 - ii. Order of permanent custody (if separate from TPR); and
 - iii. A certified copy of any amendments to the TPR order (if applicable).
 - e. A certified copy of any parental death certificates (if applicable);
 - f. Putative father registry certificate (see policy [11.2 Adoption: Putative Father Registry & Birth Certificates](#));
 - g. Copy of Birth Family Background Information for Child; and
 - h. Attorney Instructions.
2. Forward the letter and the legal documents to the adoptive family's attorney by certified mail return receipt, within ten business days of receipt of the written request from the attorney.
3. Record the date the letter and legal documents were sent to the adoptive family's attorney on the child's Adoption Information page in the ADO stage of Georgia SHINES.
4. Update the legal status to reflect the adoption finalization.



Updating the legal status in Georgia SHINES will notify the Adoption Exchange, State Adoption Unit by a system generated alert.

5. Complete the Adoption Assistance Memorandum within 10 business days of the adoption finalization indicating the date the adoption was finalized and the child's new name:
 - a. Obtain the Social Services Supervisor's signature of approval.
 - b. Forward the approved Adoption Assistance Memorandum to:
 - i. Rev Max;
 - ii. Regional Accounting; and

iii. SSAU.

6. Prepare the Georgia SHINES adoption case record to be retained, sealed and locked within 30 days of finalizing the adoption (see policy [2.2 Information Management: Adoption Case Record](#)).

Practice Guidance

Careful work must be done with the adopting family to help them understand the importance of a child's given name. Adopting parents should retain the child's original first and middle names. A family's acceptance of a child's given name symbolically demonstrates acceptance of the child's birth history and identity; therefore, special consideration must be given to changing a child's name at the point of finalization. There are instances where the adoptive family will retain the child's first birth name and opt to give the child a family middle name in an effort to retain the child's original identity and also bond the child with the new family.

A copy of the petition to adopt will be sent to the Social Services Administrative Unit by the Superior Court. If the adoption petition is received by the County Department, it shall be forwarded to the Adoption Exchange, State Adoption Unit. The Superior Court will send a copy of the final disposition on the petition to the Adoption Exchange, State Adoption Unit.

The SSCM will be sure the family is aware they must inform the supervising agency when the finalization has occurred. The supervising agency will inform the child's county of the finalization date.

Forms and Tools

[Affidavit of Consent to Adoption \(Affidavit 1\)](#)


[Affidavit of Consent to Adoption \(Affidavit 2\)](#)

[Affidavit of Consent to Adoption and Other Finalization Documents – Example](#)

[Name of Child Following Adoption](#)

[Name of Child Following Adoption - Spanish](#)

11.15 Post Adoption Contact Agreement

			
Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(11) Adoptions		
Policy Title:	Post Adoption Contact Agreement		
Policy Number:	11.15	Previous Policy Number(s):	N/A
Effective Date:	September 2018	Manual Transmittal:	2018-09

Codes/References

O.C.G.A. § 19-8-27 Postadoption Contact Agreements; Definitions; Procedure; Jurisdiction; Warnings; Enforcement, Termination, or Modification; Expenses of Litigation

Requirements

The Division of Family and Children Services (DFCS) will:

1. Inform all parties involved in an adoption of the option of entering into a Post Adoption Contact Agreement to permit continued contact between the birth relative(s) and the child, this shall include but is not limited to the:

- a. Birth parent(s)
- b. Birth relatives



Birth relative is defined as the biological father who is not the legal father, grandparent, brother, sister, half-brother or half-sister, related by blood or marriage to the child being adopted or who has been adopted. Also, a grandparent, brother, sister, half-brother or half-sister, related by adoption to a child who is being adopted or who has been adopted.

- c. Pre-adoptive parent(s)
 - d. Child, who is at least 14 years of age
2. Discuss the Post Adoption Contact Agreement with the parties involved to include the following:
 - a. The agreement is voluntary.
 - b. The child must also consent to the agreement if the involved child is 14 years of age or older.
 - c. The agreement must be in writing and signed by all parties (including the child if 14 years of age or older) for it to be enforceable.
 - d. The Post Adoption Contact Agreement can be enforced, modified and/or terminated by the court that granted the petition for adoption.
 - e. The original agreement must be filed with the court that has or had jurisdiction of the matter. If any of the parties want to enforce the Post Adoption Contact Agreement.
 - f. The court will only enforce the Post Adoption Contact Agreement when it is in the best interest of the child.
 - g. Lack of adherence to the agreement, on the part of any party, does not vacate the adoption.
 - h. Their attorney should be consulted for additional direction if a Post Adoption Contact Agreement is desired.

Procedures

Social Services Case Manager

1. Inform the following parties of the option of entering into a Post Adoption Contact agreement with the birth parents/relatives, pre-adoptive or adoptive parent(s), and the child (if age appropriate):
 - a. The birth parent(s) and/or birth relatives when executing a voluntary surrender of parental rights to DFCS or during the adoption preparation phase following termination of parental rights (TPR):

- i. Answer any questions the birth family may have regarding the agreement;
 - ii. Discuss the benefits and challenges of entering into such agreement; and
 - iii. Gather a response whether the birth family would like to consider this option.
 - b. The child (if age appropriate) during the adoption preparation phase and gather a response whether the child would like to consider this option.
 - c. The pre-adoptive parent(s) during the Pre-Placement Staffing (see policy [11.8 Adoption: Adoption Pre-Placement Staffing & Visitation](#)):
 - i. Discuss the benefits and challenges of entering into such agreement; and
 - ii. Inform the pre-adoptive parent(s) of the birth parent(s), or birth relative(s), and the child's wishes regarding entering into a Post Adoption Contact Agreement.
 - iii. Gather a response whether the pre-adoptive parents would like to consider this option.
2. Included the following when discussing the Post Adoption Contact Agreement with the pre-adoptive parent(s), adoptive parent(s), birth parent(s), birth relative(s), and child (if age appropriate):
 - a. The agreement is voluntary.
 - b. The child must also consent to the agreement if the involved child is 14 years of age or older.
 - c. The agreement must be in writing and signed by all parties (including the child if 14 years of age or older) for it to be enforceable.
 - d. The Post Adoption Contact Agreement can be enforced, modified and/or terminated by the court that granted the petition for adoption.
 - e. The original agreement must be filed with the court that has or had jurisdiction of the matter. If any of the parties want to enforce the Post Adoption Contact Agreement.
 - f. The court will only enforce the Post Adoption Contact Agreement when it is in the best interest of the child.
 - g. Lack of adherence to the agreement, on the part of any party, does not vacate the adoption.
 - h. Contact their attorney for additional direction if a Post Adoption Contact Agreement is desired.
3. The in Georgia SHINES each discussion with the pre-adoptive parent(s), adoptive parent(s), birth parent(s), birth relative(s), and child (if age appropriate) about the post adoption contact agreement.

Practice Guidance

A post adoption contact agreement is a voluntary written agreement between the pre-adoptive or adoptive parent(s) and birth relative(s) to permit continuing contact between the birth relative(s) and the child. If the adopted or to-be-adopted child is 14 years of age or older, the child is required to be a party to the post adoption contact agreement. The agreement can include, but is not limited to, provisions about birth relative(s) visitation with the child, sharing of information about the child or sharing of information about the birth relative(s). The post adoption agreement is not exclusive to the birth parent(s) but can include other biological relatives. A biological father, who is/was not also a legal father, and his relative(s), can also enter into a post adoption contact agreement. The

post adoption contact agreement can be enforced, modified and/or terminated by the court that granted the petition for adoption. DFCS doesn't have the authority to enforce a post adoption contact agreement. If the birth relative(s) and/or the pre-adoptive or adoptive parent(s) desire to enter into a post adoption contact agreement, it is their responsibility to contact their attorney for further guidance.

During adoption pre-placement staffing, the SSCM and the pre-adoptive parent(s) should thoroughly go over the benefits and challenges of entering into such an agreement (see policy [11.8 Adoption: Adoption Pre-Placement Staffing & Visitation](#)). The SSCM should provide any answers that the pre-adoptive family may have about the birth family, ensuring only to disclose information permitted by HIPAA. The pre-adoptive parent(s) should be provided the opportunity to discuss this matter separately from DFCS and provide a decision to DFCS prior to the finalization of the adoption. While preparing the birth family for adoption, the SSCM should discuss the post adoption contact agreement with the birth parent(s). The SSCM should support the birth family in making their decision by answering any questions and creating a benefit and challenge list. The birth parent(s) and relatives should make the decision separate from the SSCM; however, they should inform the SSCM of their decision.


Occasionally, when adoption is not voluntary on behalf of the birth parent(s), the birth relative(s) may direct their feelings of anger toward the adoptive parent(s). Not only are these feelings misplaced, it could diminish the possibility of entering into a post adoption contact agreement with the adoptive parent(s) or have an adverse impact on the parameters of the agreement. Besides the obvious benefits to the child, this is just one more reason birth relative(s) and adoptive parent(s) should develop a partnership. The SSCM should support and encourage this supportive relationship by setting up positive interactions between both parties whenever possible.

While children are in foster care, the SSCM is also responsible for fostering the bond between siblings through visitation, discussion and other means. However, often times, after the adoption is finalized, the adoptive parent(s) doesn't sustain the same level of commitment for various reasons. The post adoption contact agreement can be a very powerful tool in maintaining sibling connections, as it can be developed to support contact between siblings' post adoption.

Forms and Tools

N/A

11.16 Child Re-Enters Foster Care Following Adoption Finalization

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(11) Adoption		
	Policy Title:	Child Re-Enters Foster Care Following Adoption Finalization		
	Policy Number:	11.16	Previous Policy Number(s):	111.3, 111.4
	Effective Date:	August 2015	Manual Transmittal:	2015-07

Codes/References

O.C.G.A. §19-8-23 Where Records of Adoption Kept; Examination by Parties and Attorneys; Use of Information by Agency and Department

Requirements

The Division of Family and Children Services (DFCS) will:

1. Respond to all adoptive parent(s) who wish to relinquish custody of a child whom he/she previously adopted in the same manner as any Child Protection Services (CPS) intake on a birth parent wishing to relinquish a child.
2. Access sealed adoption records when a child re-enters foster care following a finalized adoption when such records are required for the purpose of permanency for the child (see policy [2.2 Information Management: Adoption Case Records](#)).

Procedures

Social Services Case Manager

1. Thoroughly assess the family's situation.
2. Report allegations of abuse and neglect to CPS (see policy [3.24 Intake: Mandated Reporters](#) for procedures and practice guidance).
3. Determine in consultation with the Social Services Supervisor (SSS) and/or County Director/Designee if the situation is appropriate for crisis intervention services and/or support services enabling the adoption to continue.
4. Make a referral for crisis intervention services and/or support services in accordance with policy [11.13 Adoption: Support Services - Post Adoptive Placement and Post Adoption](#)), if applicable.
5. Determine if voluntary surrender of parental rights is in the best interest of the child as outlined in policy [17.12 Legal: Voluntary Surrender of Parental Rights](#), if the adoptive parent(s) continues to wish to surrender their parental rights of a child whom he/she adopted.
6. Follow the procedures outlined in policy [17.12 Legal: Voluntary Surrender of Parental Rights](#), if the assessment results in a decision to accept the adoptive parent(s) voluntary surrender of parental rights.
7. Refer the adoptive parent(s) to the local Juvenile Court where they may file a dependency petition indicating their unwillingness or inability to care for a child who he/she adopted, if determined that voluntary surrender of parental rights is not in the best interest of the child and the adoptive parent(s) continues to wish to surrender their parental rights.
8. Renegotiate the Title IV-E or state-funded adoption assistance rate with the adoptive parents following the child's re-enter into foster care (pre-adoption or post adoption) as outlined in policy [12.9 Adoption Assistance: Continuation, Renegotiating or Termination of Adoption Assistance Benefits](#).

Re-Entry – Temporary Custody of DFCS

The SSCM will:

1. Enter the previous adoption information in the Adoption Section in the Person Characteristics section on the Person Detail page in Georgia SHINES;
2. If the permanency goal is non-reunification, request a copy of the original Child Life History with all supporting documents from the adoptive parent(s); and
3. If unable to obtain a copy of the Child Life History from the adoptive parent(s), send a request for the Child Life History with a copy of the current case plan to the Adoption Exchange, State Adoption Unit (see policy [11.5 Adoption: Child Life History](#)).

Re-Entry – Permanent Custody of DFCS

The SSCM will:

1. Gather and enter the previous adoption information in the Adoption Section of the Person Characteristics section on the Person Detail page in Georgia SHINES.
2. Request a copy of the original Child Life History with all supporting documents from the adoptive parent(s).
3. Submit a written request for a copy of the Child Life History maintained in the sealed record, with a copy of the termination order or voluntary surrenders, to the Adoption Exchange, State Adoption Unit, If unable to obtain a copy of the Child Life History from the adoptive parent(s).
4. Prepare a new Child Life History using the information from the original history as the basis (see policy [11.5 Adoption: Child Life History](#)).
5. Register the Child Life History with the Adoption Exchange, State Adoption Unit under his/her legal name given by the adoptive parent(s) (see policy [11.5 Adoption: Child Life History](#)).
6. Discontinue adoption assistance benefits following adoption dissolution. See policy [12.9 Adoption Assistance: Continuation, Renegotiation or Termination of Adoption Assistance Benefits](#) for guidelines on terminating adoption assistance payments following dissolution of an adoption.

Practice Guidance

When it is necessary for an adopted child to enter care, it is best that only temporary custody be given to the county department to allow for a thorough evaluation of the situation and the establishment of an appropriate case plan to attempt to keep the adoption from dissolving.


Adoption dissolution is the surrender or termination of parental rights of the adoptive parents of a child on whom an adoption has been finalized in court. The dissolution of an adoption is a very serious matter. DFCS shall not accept a voluntary surrender from the adoptive family unless there is reasonable knowledge that the child will be placed again into an adoptive home. Adoptive parents are legal parents once the adoption has been finalized. The agency does not retain any legal responsibility for the child once the adoption is finalized. Dissolution will renew separation, loss and rejection issues for the child. The child often blames him/herself for the dissolution, which, may or may not be valid. The child may be relieved that the adoption dissolved and feel guilty about these feelings. It would be unusual for the child not to need therapy following dissolution. The adoptive family may express feelings of anger toward the agency and be unwilling to work in

partnership with the agency towards resolution of problems. The adoptive family usually has great feelings of guilt that the adoption did not work and that they feel relieved it is over.

Forms and Tools

N/A

11.17 Adoption Reunion Registry

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(11) Adoption		
	Policy Title:	Adoption Reunion Registry		
	Policy Number:	11.17	Previous Policy Number(s):	111.5 – 111.10
	Effective Date:	April 2024	Manual Transmittal:	2024-04

Codes/References

O.C.G.A. §19-8-23 Where Records of Adoption Kept; Examination by Parties and Attorneys; Use of Information by Agency and Department

Requirements

The Division of Family and Children Services (DFCS) will:

1. Inform the biological parent(s) about the provisions of the adoption reunion registry.
2. Through the adoption reunion registry, accept in writing from a parent whose parental rights have been voluntarily surrendered or terminated at any time following the voluntary surrender of parental rights or termination of parental rights (TPR):
 - a. A consent to disclose their identity to the adoptee; or
 - b. An objection to the release of their information to the adoptee.
3. Report any pertinent information received following the adoption finalization to the State Adoption Unit.
4. Maintain a copy and a registry for the recording of:
 - a. Requests by adoptees for the name of their biological parent;
 - b. The written consent or the written objections of any biological parent to the release of his/her identity to an adoptee upon the adoptee’s request; and
 - c. Requests by adoptees for non-identifying information regarding any biological parent.



DFCS may charge a reasonable fee for the cost of conducting any search

5. Only be responsible for disclosing information which is kept by DFCS in its normal course of business operations relating to adoption.

Non-Identifying Information - Biological Parent Search Request

DFCS will provide, through the adoption reunion registry:

1. Non-identifying information from the sealed adoption file regarding the biological parent(s) and information regarding the adopted person's birth, upon receiving a written search request from:
 - a. The adoptive parent(s) on behalf of the adoptee not yet 18 years of age; or
 - b. An adult adoptee who has reached the age of 18.



Such information may include the date and place of birth of the adoptee and the genetic, social, and health history of the biological parent. Information released with the non-identifying request shall not include the name or address of either biological parent or the name or address of any relative by birth or marriage of either biological parent.

Identifying Information - Biological Parent Search Request

DFCS will, through the adoption reunion registry:

1. Release to the adoptee upon receiving a written search request from an adoptee who has reached 18 years of age the following:
 - a. The name of his/her biological parent; and
 - b. A detailed summary of all information DFCS has concerning the adoptee's birth, foster care, adoption placement, and adoption finalization if:
 - i. The biological parent, whose name is to be released, has submitted written permission, using the Consent to Contact form, to the adoption reunion registry for the release of his/her name to the adoptee; and
 - ii. The biological parent, whose name is to be released, has not subsequently filed an Affidavit of Non-Disclosure with the adoption reunion registry; and
 - iii. The adoption reunion registry has records pertaining to the finalized adoption and the biological parent whose name is to be released.



A deceased adoptee's child, who has reached 18 years of age, may also initiate a search in place of his/her parent.

2. Make reasonable efforts to notify each biological parent identified in the original adoption proceedings or in DFCS' records within six months of receiving a written request from an adoptee who is at least 18 years of age, if the biological parent has not filed either of the following with the adoption reunion registry:
 - a. Written consent to disclose via the Consent to Contact form, to disclose their identity to the adoptee; or
 - b. Written objection to prevent the release of their information via the Affidavit of Non-Disclosure of their information to the adoptee.
3. Have a personal and confidential contact with each biological parent to notify him/her of the:
 - a. Nature of the information requested by the adoptee;

- b. Date of the request;
- c. Right of each biological parent to file the Affidavit of Non-Disclosure with the adoption reunion registry to prevent the disclosure of his/her identity to the adoptee;



If within 60 days of the adoption reunion registry notifying the biological parent of the written search request the biological parent files with the adoption reunion registry an Affidavit of Non-Disclosure, information regarding that biological parent cannot be released.

- d. Right of each biological parent to file the Consent to Contact, allowing the adoption reunion registry to disclose his/her information to the adoptee; and



If during the contact with the biological parent(s) he/she consents to the disclosure in writing, the adoption reunion registry shall release that biological parent's name to the adoptee with a detailed summary of all information DFCS has concerning the adoptee's birth, foster care, adoption placement, and adoption finalization

- e. Consequences of failing to file with the adoption reunion registry in writing either their consent to disclose or an objection to the release of their information to the adoptee.

- 4. If at least six months has passed since the written request was received by the adoption reunion registry, and the adoption reunion registry is unable to notify the biological parent or able to notify a biological parent(s), but has not obtained a Consent to Contact or an [Affidavit of Non-Disclosure](#) then the adoption reunion registry shall only disclose the identity of the biological parent(s) if:

- a. The adoptee petitions the Superior Court for the release of information and the court grants that request; or
- b. It is verified that the biological parent of the adoptee is deceased.



DFCS will release the place of burial of the deceased biological parent (if known) and a detailed summary of all information DFCS has concerning the adoptee's birth, foster care, adoption placement, and adoption finalization.

Sibling Search Request

DFCS will, through the adoption reunion registry:

- 1. Upon receiving a written search request for information on his/her siblings from an adoptee who is 18 years of age or older or an adoptee's sibling who is 18 years of age or older, attempt to notify the sibling(s), if that sibling is at least 18 years of age. Upon locating the sibling, notify the sibling:

- a. Of the inquiry; and
- b. With written consent, provide the requesting sibling's name and address.



With further written consent from the sibling, the adoption reunion registry shall provide the requesting sibling with the name and address of the sibling.

- 2. Notify the requesting sibling of the circumstances but shall not disclose any names or other

information which could identify the sibling, if unable to identify or locate the sibling.

3. Provide the requesting sibling the following information if the sibling is deceased:
 - a. Name; and
 - b. If known, place of burial of the deceased sibling.
4. If at least six months has passed since the written search request was received by the adoption reunion registry, and the adoption reunion registry is unable to notify one or more of the requesting siblings or able to notify a sibling, but has not obtained a consent to disclosure from the notified sibling, then the adoption reunion registry shall only disclose the identity of the sibling(s) if:
 - a. The adoptee or adoptee's sibling petitions the Superior Court for the release of information; and
 - b. The court grants that request.



A deceased adoptee's child who has reached 18 years of age may also initiate a search for the sibling(s) of his/her deceased parent in the same manner as the deceased adopted sibling.

Adoptee Search Request

DFCS will, through the adoption reunion registry:

1. Attempt to notify the adoptee upon receiving a written search request from the biological parent of an adoptee who is at least 18 years of age. Upon locating the adoptee, the adoption reunion registry shall notify the adoptee:
 - a. Of the inquiry; and
 - b. With written consent from the adoptee, provide the biological mother's name and address to the adoptee and a detailed summary of all information DFCS has concerning the adoptee's birth, foster care, adoption placement, and adoption finalization; and
 - c. With an additional written consent from the adoptee, provide the biological parent the adoptee's name and address.
2. Provide the biological parent the adoptee's name, and if known, place of burial if the adoptee is deceased.
3. If at least six months has passed since the written search request was received by the adoption reunion registry, and the adoption reunion registry is unable to notify the adopted person or able to notify the adopted person, but has not obtained a consent to disclosure, then the identity of the adoptee may only be disclosed if:
 - a. The biological mother petitions the Superior Court for the release of information; and
 - b. The court grants the request.




If the biological parent is deceased, a parent or sibling of the deceased biological parent or both may also initiate a search for the adoptee.

Medical Information Search Request

DFCS will:

1. Access sealed DFCS records on finalized adoptions, upon receipt of request from a party of interest (adoptee, adoptive parents, health care agent of the adoptee, or a provider of medical services to a party of interest) when the information would assist in the medical care, a medical emergency, or medical diagnosis/treatment of the adoptee:
 - a. DFCS records prior to the adoption to release non-identifying medical and health history on the adoptee, biological parent or relatives of the biological parent(s); and
 - b. DFCS records on finalized adoptions to obtain medical information received following the adoption.

 Medical information obtained following adoption finalization shall be added to the sealed adoption record.
2. Upon receipt of medical information relevant to the adoptee, use reasonable efforts to contact the adoptive parent(s) if the adoptee is under 18 years of age, or the adoptee if the adoptee is 18 years of age or older to provide the documented medical information.

Procedures

Social Services Case Manager

1. As part of the planning for the adoption process:
 - a. Inform each biological parent(s) of the provisions of the adoption reunion registry.
 - b. Provide each biological parent with the information needed to register his/her willingness to have future contact with the adoptee by filing a Consent to Contact.
 - c. Provide each biological parent with the information necessary to file an Affidavit of Non-Disclosure if he/she does not wish to have future contact with the adoptee.
 - d. Ensure the biological parent is aware that he/she may change his/her mind at any time and is informed of the procedures to update the information.
 - e. Inform each biological parent the adoption reunion registry forms may be obtained from the Georgia Adoption Reunion Registry at www.ga-adoptionreunion.com.
2. Following the voluntary surrender of parental rights or TPR by court order refer each biological parent who contacts DFCS to the adoption reunion registry for the purpose of the following:
 - a. Completing a Consent to Contact to allow the release of his/her identifying information to the adoptee; or
 - b. Completing the Affidavit of Non-disclosure if he/she does not wish to have future contact with the adoptee; or
 - c. Updating the file due to a change in consent or non-consent status.
3. Refer to the adoption reunion registry any adoptee who contacts DFCS for the purpose of obtaining information on his/her biological parents.
4. Refer to the adoption reunion registry any sibling of the adoptee who contacts DFCS for the purpose of obtaining information on his/her siblings.
5. Refer to the adoption reunion registry any adoptive parent who contacts DFCS for the purpose of obtaining information on the biological parent(s), on behalf of the adoptee.

6. Refer to the State Adoption Unit any medical information regarding the biological family that is relevant to an adoptee to the adoption reunion registry.
7. Refer to the State Adoption Unit any party of interest (adoptee, adoptive parent, health care agent of the adoptee, or a provider of medical services to a party of interest) who contacts the agency for the purpose of obtaining medical information on the biological parent(s) to assist with medical care, a medical emergency, or medical diagnosis/treatment of the adoptee.
8. Forward any updated pertinent information received to the State Adoption Unit to be added to the sealed adoption record, such as:
 - a. Date and circumstances of the death of an adoptee
 - b. Date and circumstances of the death of a biological parent
 - c. Date and circumstances of a sibling of an adoptee
 - d. Medical Information relevant to an adoptee

Adoption Reunion Registry

1. Accept from a biological parent, following the biological parent's parental rights being terminated either voluntarily or through court order and after verifying the biological parent's identity, a:
 - a. Written consent to disclose his/her identity to the adoptee (by use of Consent to Contact form); or
 - b. Written objection to the release of his/her information to the adoptee (by use of the Affidavit of Non-Disclosure form).



Each biological parent shall complete a separate form for each child where parental rights were surrendered or terminated.

2. Enter the consent to disclose or non-disclosure into the adoption reunion registry.
3. Inform the biological parent(s) that they may revoke either their consent to disclose or non-disclosure at any time by re-contacting the adoption reunion registry and completing the required form(s).

Practice Guidance

Adoption Reunion Registry

The Georgia Adoption Reunion Registry respond to request from birth parents, adopted individuals, adoptive parents and siblings to obtain non-identifying or identifying information from the sealed adoption record in accordance with Georgia Code 19-8-23. The contact information for the Adoption Reunion Registry is:

Georgia Adoption Reunion Registry
47 Trinity Ave. S.W., 2nd Floor
Atlanta, GA 30334
Telephone # 470-834-0538
Toll Free # 1-800-615-7976

Social Services Administration Unit

Social Services Administration Unit (SSAU) is responsible sealing adoption records in accordance with policy [2.2 Information Management: Adoption Case Records](#) following adoption finalization and adding subsequently obtained information to the sealed adoption record.

Social Services Administration Unit

47 Trinity Ave. S.W. 1st Floor
Atlanta, GA 30334

Non-Identifying Information

Information regarding the adoptee's birth, which shall include,

1. Date and place of birth of the adoptee
2. Genetic, social and health history of the biological parents.

Forms and Tools


Affidavit of Non-Disclosure

Consent to Contact

[Georgia Adoption Reunion Registry](#)

Registration

11.18 Placement of a Georgia Child Into Another State for the Purpose of Adoption

 Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(11) Adoption		
Policy Title:	Placement of a Georgia Child Into Another State for the Purpose of Adoption		
Policy Number:	11.18	Previous Policy Number(s):	110.5, 110.16
Effective Date:	August 2015	Manual Transmittal:	2015-07

Codes/References

Title IV-E of the Social Security Act, Section 471(a)(25) & (26)

Safe and Timely Interstate Placement of Foster Children Act of 2006, P.L. 109-239

Requirements

The Division of Family and Children Services (DFCS) will:

1. Ensure the following prior to preparing and submitting the Interstate Compact on the Place-

ment of Children (ICPC) adoption packet for placing a child in DFCS custody into another state for the purpose of adoption:

- a. Parental rights of both parents were terminated or surrendered;
 - b. The Child Life History has been registered with the Adoption Exchange, State Permanency Unit (see policy [11.5 Adoption: Child Life History](#));
 - c. An out-of-state family has been selected; and
 - d. If the parental rights of at least one of the parents of the child being placed out-of-state were severed through a voluntary surrender and the receiving state does not acknowledge voluntary surrenders, a confirming court order needs to be obtained.
2. Assist the Juvenile Court with the ICPC process, when custody is being given by the Juvenile Court Judge to relatives who reside out of the state of Georgia for the purpose of adoption.



The Juvenile Court shall be considered the sending agency

3. *Treat any such report that is received from another State or Tribe (or from a private agency under contract with another State/Tribe) as meeting any requirements imposed by the State or Tribe for the completion of a home study before placing a child in the home, unless, within 14 days after receipt of the report, DFCS determines, based on grounds that are specific to the content of the report, that making a decision in reliance on the report would be contrary to the welfare of the child; and*
4. *Not impose any restriction on the ability of an agency administering, or supervising the administration of, a State or Tribal program operated under a plan approved under this part to contract with a private agency for the conduct of such a home study.*

Procedures

ICPC Adoption Placement Request

The Social Services Case Manager will:

1. Select the out-of-state family.
2. If the parental rights were severed through voluntary surrender on at least one of the parents of the child being placed out-of-state and the receiving state does not acknowledge voluntary surrenders, a court order confirming the voluntary surrender(s) is necessary (see policy [17.12 Legal: Voluntary Surrender of Parental Rights](#)):
 - a. Consult with the Special Assistant to Attorney General (SAAG);
 - b. Request that the SAAG file the petition, with copies of the voluntary surrender documents attached, in Superior or Juvenile Court, asking for a hearing as soon as possible;
 - c. This is not a termination action; therefore, there is no one to be served and it should be possible to have the hearing in a timely manner; and
 - d. The court order will confirm that all parental rights are terminated based on voluntary surrender(s) being signed and not revoked within the 10-day period.
3. Ensure the adoption assistance funding source determination is made by the Revenue Maximization Unit (Rev Max) and documented in Georgia SHINES (see policy [12.2 Adoption Assis-](#)

tance: [Adoption Assistance Application](#)).

4. Prepare and/or upload the following documents in Georgia SHINES External Documentation (for each document uploaded, review the External Documentation Detail Page in Georgia SHINES, associate each document with the relevant person(s) by selecting the person's name in the Person's section, check the ICPC document box and clearly indicate the type of document):

a. Interstate Compact on the Placement of Children Request (ICPC 100A) in Georgia SHINES and link to External Documentation;



In the case where the Juvenile Court has given custody to relatives who reside out of the state for the purpose of adoption, the Juvenile Court Judge/Designee will sign the Interstate Compact on the Placement of Children Request (ICPC 100A) prior to the child leaving the state of Georgia.

b. Statement of Case Manager/Potential Placement/Party Under ICPC Regulation 2;

c. Interstate Compact on the Placement of Children (ICPC) Financial and Medical Plan;

d. Verification that parental rights were severed on both parents:

i. TPR court order (see policy [17.11 Legal: Termination of Parental Rights](#)); or

ii. Voluntary surrender documents (see policy [17.12 Legal: Voluntary Surrender of Parental Rights](#)); and

iii. TPR court order confirming voluntary surrender (if applicable).

e. Death certificate, if one or both parents are deceased.

f. Comprehensive Child and Family Assessment (CCFA) prepared within the last year (see policy [10.10 Foster Care: Comprehensive Child and Family Assessment](#)); If the CCFA was prepared over a year ago, a social summary must be completed for the child. The social summary will be prepared in narrative format on agency letter head and include:

i. Reason(s) the child entered care

ii. Permanency plan

iii. Current situation

iv. Brief child history (including medical, psychological and educational)

g. Copy of the case plan/case review, including the individualized needs for each child and family member;



The case plan will be, at a minimum, signed by the Social Services Case Manager.

h. Copy of the child's social security card;

i. Copy of the child's birth certificate/verification;

j. Trauma assessment and/or psychological (if completed) on the child;

k. Medical, dental and immunization records.

l. Cover letter which will include the following:

i. How the family was identified for the child;

ii. The reasons the family is the most appropriate placement for the child;

- iii. The child’s eligibility for adoption assistance and how the prospective family can apply if applicable (Title IV-E or Title IV-B);
 - iv. The tentative plans that have been made for placement visits and telephone staffing;
 - v. Any additional information, explanations or clarifications that are necessary; and
 - vi. Signatures of SSCM, SSS and County Director/Designee.
5. Notify the Social Services Supervisor that the ICPC packet is ready for review and provide the completed cover letter to the SSS for approval.



Please adhere to the procedures outlined in the Georgia SHINES Job Aide “Documenting ICPC Cases in Georgia SHINES (Georgia is the Sending State)” for completing the ICPC request.

The Social Services Supervisor will:

1. Review Georgia SHINES External Documentation for the required documents’ completeness, quality and accuracy of the ICPC information.
2. Review, make an approval decision and sign the Cover Letter.
3. Obtain the County Directors/Designee’s approval and signature on the Cover Letter.
4. Upload the Cover Letter to Georgia SHINES External Documentation.
5. Prepare and send an email to icpc@dhs.ga.gov notifying the ICPC Unit of the ICPC request with the subject line “New ICPC Request.”

The ICPC Administrator will:

1. Locate the required information in Georgia SHINES.
2. Review for quality and completeness.
3. Request missing information or clarification needed from the county department with a deadline. Failure to meet the deadline will result in a denial of the request.
4. Submit a request for a child specific addendum to the ICPC family evaluation to the receiving state’s ICPC Administrator.
5. Sign the Interstate Compact on the Placement of Children Request (ICPC 100A).
6. Prepare the packet for the receiving state.
7. Forward the packet to the ICPC Administrator in the adoptive family’s state.

Approval Decision for Placement

If The Receiving State Approved Placement

The ICPC Administrator will:

1. Upload the following documents in Georgia SHINES External Documentation:
 - a. The child-specific family evaluation addendum (see policy [14.14 Resource Development: Family Evaluation Addendums](#));
 - b. The signed Interstate Compact on the Placement of Children Request (ICPC 100A) from the

receiving state's ICPC Administrator indicating the approval of the placement; and

- c. The travel waiver allocating funding for the child to be placed out of state (see policy [15.7 Interstate Compact on the Placement of Children: ICPC Related Travel Expenses](#)).
2. Notify the Social Services Case Manager and County Director/Designee that permission was granted and placement can proceed.

The Social Services Case Manager will:

1. Proceed with placement planning and present the Child Life History to the adoptive family (see policy [11.5 Adoption: Child Life History](#)).
2. Within five business days of the adoptive placement:
 - a. Complete the Interstate Compact Report on Child's Placement Status (ICPC 100B) in Georgia SHINES.



The receiving state will not begin post placement services until the Interstate Compact Report on Child's Placement Status (ICPC 100B) is received.

- b. Upload in Georgia SHINES External Documentation any current/updated information (i.e., court orders, medical, psychological, etc.) for the child. For each document uploaded, review the External Documentation Detail Page in Georgia SHINES, associate each document with the relevant person(s) by selecting the person's name in the Person's section, check the ICPC document box and clearly indicate the type of document.
3. Notify the assigned ICPC Administrator via email (icpc@dhs.ga.gov) of the adoptive placement and ensure the information has been uploaded in Georgia SHINES External Documentation. In addition, a manual case alert may be added in Georgia SHINES from the Case-To-Do List page.



When the receiving state has approved a prospective adoptive resource, the sending state makes the final decision whether to use the approved prospective adoptive resource. The ICPC approval by the receiving state is valid for six months from the date the Interstate Compact Report on Child's Placement Status (ICPC 100B) was signed by the receiving state.

If the Receiving State Denied Placement

The ICPC Administrator will:

1. Upload in Georgia SHINES External Documentation the signed Interstate Compact on the Placement of Children Request (ICPC 100A) obtained from the receiving state indicating the denial of the placement and reason(s) for denial.
2. Notify the Social Services Case Manager and County Director/Designee that the prospective adoptive placement resource was denied by the receiving state and placement cannot proceed.

The Social Services Case Manager will:

1. Consult with the Social Services Supervisor and the County Director/Designee to determine if reconsideration of the denial by the receiving state is appropriate, and if so, which of the following options to use:
 - a. Request that the receiving state reconsider the denial of the adoptive placement without a

new family evaluation. The Social Services Case Manager will send any clarifying information that would be useful in making a decision to Georgia's ICPC Administrator who will forward it to the sending state's ICPC Administrator; or

i If the receiving state's ICPC office chooses to overturn the denial it can be based on review of the evidence presented by DFCS and any other new information deemed appropriate; or

- b. Request a new family evaluation to re-examine the reason(s) for the original denial of the prospective adoptive placement if the reason(s) for the denial has been corrected (i.e., moved to a new residence with adequate bedrooms).

i The receiving state is not obligated to accept the new family evaluation request, but it may agree to proceed with a new family evaluation if it believes the reason(s) for denial has been corrected.

i DFCS may request a reconsideration of the denial of the prospective adoptive placement within 90 days from the date the Interstate Compact on the Placement of Children Request was signed by the receiving state. After 90, days there is nothing that precludes DFCS from requesting a new family evaluation.

Post Placement Reports

The ICPC Adoption Administrator will:

1. Upload to Georgia SHINES External Documentation the post placement reports upon receipt from the receiving agency in the pre-adoptive family's state.
2. Notify the Social Services Case Manager of receipt of the post placement reports by sending a Georgia SHINES alert.

The Social Services Case Manager will:

1. Obtain the post placement reports from Georgia SHINES External Documentation and review for accuracy.

i A mandatory minimum of six months post placement period is required.

Recommendation for Release and Consent to Adopt

The Social Services Case Manager will:

1. Request the recommendation to release the child to the pre-adoptive family for adoption from the receiving state's Case Manager after at least six months of post placement supervision.

i The recommendation will be sent by the receiving state's Case Manager to their ICPC Administrator who will forward it to Georgia's ICPC Administrator. Georgia's ICPC Administrator will receive and upload to Georgia SHINES External Documentation and notify the Social Services Case Manager.

2. Upon receipt of the recommendation of consent to adopt from the ICPC Administrator, the Social Services Case Manager will provide the following documents to the ICPC Administrator:

- a. Cover letter (identifying the prospective adoptive family’s attorney’s name, address and phone number)
- b. Name Change Following Adoption (see policy [11.14 Adoption: Finalizing the Adoption](#))
- c. Certified birth certificate (see policy [11.2 Adoption: Putative Father Registry & Birth Certificates](#))
- d. Placement Agreement (see policy [11.9 Adoption: Adoption Placement Signing](#))
- e. Adoption Assistance Agreement (see policy [12.6 Adoption Assistance: Reviewing and Signing the Adoption Assistance Agreement](#))
- f. Affidavit of Disclosure for Adoption (see policy [11.9 Adoption: Adoption Placement Signing](#))
- g. Putative father registry certificate (see policy [11.2 Adoption: Putative Father Registry & Birth Certificates](#))
- h. Birth Family Background Information for Child (see policy [11.1 Adoption: Adoption Preparation](#))

The ICPC Administrator will:

1. Upon receipt of the recommendation for the child to be released to the pre-adoptive family for adoption finalization, contact Social Services Case Manager for concurrence.
2. Upon notification of concurrence from the Social Services Case Manager:
 - a. Prepare the Affidavit of Consent to Adoption and forward it to the agency in the pre-adoptive family’s state or directly to the pre-adoptive family’s attorney; and
 - b. Send a copy of the cover letter to the receiving state’s ICPC Administrator, Case Manager and the County Director/Designee.



The pre-adoptive family’s agency will send the legal papers to the pre-adoptive family’s attorney in order for the adoption petition to be filed. Occasionally, agencies in other states send legal papers directly to the county department. Forward any papers received to Georgia’s ICPC Unit for processing.

If Adoption Finalization Occurs In the Receiving State

Following finalization of the adoption, the ICPC Administrator will:


1. Obtain from the receiving state’s ICPC Administrator:
 - a. A certified copy of the final decree of adoption; and
 - b. Interstate Compact on the Placement of Children Report on Child’s Placement Status (ICPC 100B) indicating that the adoption has been finalized in the receiving state and ICPC services are terminated; and
2. Notify the Social Services Case Manager and the County Director/Designee that the adoption is final.

The Social Services Case Manager will:

1. Update the legal status to reflect the adoption finalization.

 Updating the legal status in Georgia SHINES will notify the Adoption Exchange/State Permanency Unit by a system generate alert.


2. Within ten business days of the adoption finalization, complete and sign the Adoption Assistance Memorandum indicating adoption finalization and obtain the Social Services Supervisors signature of approval.

 The Adoption Assistance Memorandum should indicate the date of adoption finalization and the child's new name as it should appear on the Medicaid card.

3. Forward the signed and approved Adoption Assistance Memorandum to:

- a. Rev Max;
- b. Regional Accounting; and
- c. Social Services Administrative Unit.

4. Prepare and submit the record for sealing and retention (see policy [2.3 Information Management: Adoption Case Record](#) for the procedures for preparing an adoption record for permanent retention and to be sealed).

 When Juvenile Court is the sending agency, the county department will submit a copy of the final decree of adoption along with a copy of the Interstate Compact on the Placement of Children Report on Child's Placement Status to the Juvenile Court. Juvenile Court will notify the county department of the termination of jurisdiction.

Practice Guidance

Georgia's ICPC Unit is the county department's point of contact in the ICPC process. The ICPC Unit utilizes Georgia SHINES to gather information for the packet. For each document included in the ICPC adoption packet on the Georgia SHINES External Documentation Detail Page, clearly identify the type of document, check the ICPC document box and associate the document with the relevant person. When communicating with the Georgia ICPC Unit, ensure to include the child's full name, adoptive placement resource name and Georgia SHINES/ICPC case number. Georgia's DFCS staff is restricted from communicating with the receiving state's child welfare agency/child placing agency (CPA) until the adoptive placement is approved through the ICPC process.

When a child is already placed with an approved ICPC pre-adoptive family in another state on foster care status at the point the child becomes legally free for adoption, an ICPC adoption packet shall be submitted to the Georgia ICPC Administrator. The ICPC Administrator will request from the receiving state an updated home study, which would reflect information surrounding the adoption. At that point, authorization can be provided to the other state to proceed with the Adoption Placement Signing (see policy [11.9 Adoption: Adoption Placement Signing](#)).

Following are a few key ICPC points to take into consideration when submitting an ICPC request:

1. All states do not recognize degrees of familial relations beyond the first degree.
2. All states may not accept IMPACT certification.
3. Proof of paternity (legitimation order, DNA results or child support court order) is required for all requests on fathers or paternal relatives.

When custody has been given by a Juvenile Court Judge to relatives who reside out of the state of Georgia for the purpose of adoption, there has usually been ICPC correspondence to secure a family evaluation. The county department will usually know prior to the hearing that the relatives are recommended and that it is probable that custody will be granted. The county department may assist the court by completing the Interstate Compact on the Placement of Children Request and have it available for the Juvenile Court Judge to sign.

DFCS allows for a purchase of service payment in the amount of \$5,000 per child to a licensed CPA agency for adoptive placement of a special needs child. Purchase of services can be used when DFCS has no suitable adoptive placement resource for a child or when an out-of-state CPA resource better meets the needs of the child. DFCS' resources should be explored but may be considered concurrently with CPA's resources. Purchase of services funds may again be requested for a child if the placement disrupts and adoption dissolution occurs and another resource has been identified through an out-of-state CPA. Adoptive placements identified through an out-of-state CPA are subject to the ICPC process described in this section. See [Field Fiscal Services Costar Manual section 3004 Adoptions Programs: ICPC Foster to Adopt/Adoptive Home Study and Out of State Adoption Home Study](#), for the procedures to request funds and process purchase of service payments. Placement activities should not begin until the funding request has been approved by the county department.

Adoption Assistance

Adoption Assistance is funding used to facilitate the adoption of children with special needs who might otherwise not be adopted. Adoption assistance is assistance provided on behalf of an eligible child to offset the costs associated with adopting and meeting the ongoing needs of the child. Adoption assistance can be provided in the form of payments, medical coverage and reimbursement of non-recurring expenses.

Child Placing Agency (CPA)

A CPA is an agency that places children in foster and adoptive resource homes for individualized care, supervision and oversight. CPAs are responsible for assessing the placement regarding the appropriateness of the room, board and watchful oversight that the prospective foster and adoptive families will provide. The CPA's employees and their foster and adoptive parents work as a team to provide a stabilizing and nurturing environment that promotes safety, well-being and permanency.

Pre-Adoptive Family

Pre-adoptive family means the permanent placement of a child in an adoptive resource placement for the purpose of adoption but adoption has not occurred.

Receiving State

A receiving state is the state to which a child is sent, brought, or caused to be sent or brought, whether by public authorities or private persons or agencies and whether for placement with private agencies or persons.

Sending Agency

A member state, officer or employee thereof; a subdivision of a member state, or officer or employee thereof; a court of a member state; a person, corporation, association, charitable agency

or other entity having legal authority over a child who sends, brings, or causes to be sent or brought any child to another state.

Forms and Tools

[Affidavit of Consent to Adoption \(Affidavit 1\)](#)

[Affidavit of Consent to Adoption \(Affidavit 2\)](#)

[Association of Administration of the Interstate Compact on the Placement of Children](#)

[ICPC Cover Letter – Sample](#)

[Interstate Compact on the Placement of Children \(ICPC\) Financial and Medical Plan](#)

[Interstate Compact on the Placement of Children \(ICPC\) Financial and Medical Plan - Instructions](#)

[Interstate Compact Report on Child’s Placement Status \(ICPC 100B\)](#)

[Interstate Compact Report on Child’s Placement Status - Instructions \(ICPC 100B-I\)](#)


[Interstate Compact Placement Request \(ICPC 100A\)](#)

[Interstate Compact Placement Request – Instructions \(ICPC 100A-I\)](#)

[Purchase of Adoption Service Agreement Placement of a DFCS Child in an Out-of-state Adoptive Home](#)

[Statement of Case Manager/Potential Placement/Party Under ICPC Regulation 2](#)

11.19 Placement of a Child From Another State Into Georgia for the Purpose of Adoption

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(11) Adoption		
	Policy Title:	Placement of a Child From Another State Into Georgia for the Purpose of Adoption		
	Policy Number:	11.19	Previous Policy Number(s):	110.6, 110.9 - 110.10
	Effective Date:	August 2015	Manual Transmittal:	2015-07

Codes/References

Title IV-E of the Social Security Act, Section 471(a)(25)&(26)

Safe and Timely Interstate Placement of Foster Children Act of 2006, P.L. 109-239

Requirements

The Division of Family and Children Services (DFCS) will:

1. *Have in effect procedures for the orderly and timely interstate placement of children which provides that within 60 days after DFCS receives from another State or Tribe a request to conduct a study of a home environment for purposes of assessing the safety and suitability of placing a child in the home, DFCS shall, directly or by contract:*
 - a. *Conduct and complete the family evaluation; and*
 - b. *Return to the other State or Tribe a report on the results of the study which shall address the*

extent to which placement in the home would meet the needs of the child.



DFCS is not required to complete within the applicable time period the parts of the family evaluation involving the education and training of the prospective foster or adoptive parents.

2. Review all requests for an interstate adoption placement into Georgia through the Interstate Compact on the Placement of Children (ICPC) Administrator.
3. Initiate a family evaluation for the adoptive placement of an out-of-state child following verification that the parental rights of both parents have been terminated or surrendered.

Procedures

ICPC Adoption Placement Request

The ICPC Administrator will:

1. Review the packet to determine if all necessary information and legal documents are included and request any missing information when a referral is received by the ICPC Unit.
2. Input the ICPC request into Georgia SHINES within two business days by (see [Forms and Tools: Entering Intakes - Georgia SHINES Job Aide](#)):
 - a. Completing a non-incident Child Protection Services (CPS) Intake, type ICPC;
 - b. Stage progress the CPS Intake to a foster care child (FCC) stage, establishing the case in the name of the oldest child subject to the request.
3. Upload all documents received from the sending state into Georgia SHINES External Documentation.
4. If the sending state is requesting that an adoptive family evaluation be completed by the receiving state for a public agency child:
 - a. Forward the referral information to the agency under contract with the state; or
 - b. Contact the DFCS county ICPC liaison to identify the Social Services Case Manager assigned to complete the family evaluation; and
 - c. Assign the identified Social Services Case Manager as the primary worker and the ICPC Administrator as secondary worker.
5. Upon receipt of the completed family evaluation, review for completeness.



If the agency under contract with the state was used to complete the family evaluation, the ICPC Administrator will input the information into the FAD stage in Georgia SHINES upon receipt of the family evaluation from the contract agency.

6. Send the completed family evaluation within 60 days after the state receives the request to the sending state's ICPC Administrator.



The education and training of foster parents does not need to be completed within the 60-day timeframe.

The Social Services Case Manager will:

1. Initiate the family evaluation only after the official request from the Georgia ICPC Unit.
2. Complete the family evaluation in the FAD stage in Georgia SHINES within 45 calendar days using the procedures outlined in policy [14.10 Resource Development: Initial Family Evaluation](#).
3. At the completion of the family evaluation, upload the following to Georgia SHINES External Documentation:
 - a. ICPC Cover letter; and
 - b. The completed and approved family evaluation and associated documents.
4. Send an email to icpc@dhs.ga.gov providing notification to the ICPC unit of the completed family evaluation; the email subject line should read “ICPC Complete Family Evaluation.”

Approval Decision for Placement

The ICPC Administrator will:

1. Sign the Interstate Compact on the Placement of Children Request (ICPC 100A) giving/denying permission for the placement to occur.
2. Forward the signed Interstate Compact on the Placement of Children Request (ICPC 100A) along with two copies of the family evaluation to the sending state’s ICPC Administrator.
3. Send a copy of the signed Interstate Compact on the Placement of Children Request (ICPC 100A) to the contract agency (if applicable).

Post Placement Supervision and Reports

The ICPC Administrator will:

1. Upon receipt of the Interstate Compact on the Placement of Children Report on Child’s Placement Status (ICPC 100B) indicating the placement has occurred, input the ICPC supervision request in Georgia SHINES within two business days of being notified of the placement by:
 - a. Completing a non-incident Child Protection Services (CPS) Intake, type ICPC;
 - b. Stage progressing the CPS Intake to the FCC stage;
 - c. Uploading to Georgia SHINES External Documentation Interstate Compact on the Placement of Children Report on Child’s Placement Status (ICPC 100B) indicating the placement has occurred.
2. Contact the DFCS county ICPC liaison to identify the Social Services Case Manager assigned to provide the post-placement supervision.
3. Assign the identified Social Services Case Manager as the secondary worker.
4. On a quarterly basis, retrieve from Georgia SHINES External Documentation post placement supervision report completed by the Social Services Case Manager and forward to the sending state’s ICPC Administrator.



The sending state makes the final determination of whether to use the approved prospective adoptive resource. Only if the sending state decides to use the approved placement will the ICPC Administrator receive the Interstate Compact on the Placement of Children Report on Child’s Placement Status (ICPC100B). The ICPC approval is valid for six months from the date

the Interstate Compact Report on Child's Placement Status (ICPC 100B) was signed by the receiving state.

The Social Services Case Manager will

1. Make and document in Georgia SHINES purposeful monthly contact with the child (see policy [10.18 Foster Care: Purposeful in Foster Care](#) for practice guidance on purposeful contact); and
2. Refer to policy [15.5 Interstate Compact on the Placement of Children \(ICPC\): ICPC Placement Supervision](#) for guidelines on supervision and supervision reports for children placed into Georgia.

Recommendation for Release and Consent to Adopt

The Social Services Case Manager will:

1. At the appropriate time, make the recommendation that the child be released by the sending agency to the pre-adoptive family for adoption finalization.
2. Upload to Georgia SHINES External Documentation the recommendation that the child be released by the sending agency to the pre-adoptive family for adoption finalization.
3. Send an email to the assigned ICPC Administrator to notify of the ICPC Administrator of the recommendation and inform it has been uploaded to Georgia SHINES External Documentation.

The ICPC Administrator will:

1. Forward the recommendation to the sending state's ICPC Administrator.
2. Request that the sending agency send the Interstate Compact on the Placement of Children Report on Child's Placement Status and final adoption decree.



If these documents are received in the county office, they should immediately be sent to the ICPC Administrator.

Finalization, Closing and Submitting the File

The ICPC Administrator will:

1. Upon receipt of the following documents from the sending state ICPC Administrator, upload to Georgia SHINES External Documentation:
 - a. The final documents and adoption decree; and
 - b. Interstate Compact on the Placement of Children Report on Child's Placement Status indicating that the adoption has been finalized and the ICPC services are terminated.
2. Notify the Social Services Case Manager and the County Director/Designee of receipt of the information.

The Social Services Case Manager will:

1. Prepare the Georgia SHINES case record to be retained, sealed and locked within 30 days of finalizing the adoption (see policy [2.2 Information Management: Adoption Case Record](#)).

Practice Guidance

If a request from an out-of-state agency comes directly to the county, it should be immediately forwarded to the ICPC Administrator with no other action taken. If a family approaches the county requesting that an adoptive family evaluation be completed for an out-of-state agency, inform the family that evaluations for out-of-state children are done by the county department and/or a private agency under contract with the state. The contract agency will only complete family evaluations if a specific child is identified and the complete ICPC packet has been submitted by the out-of-state agency holding legal custody of the child. The ICPC packet must contain evidence that the rights of both parents have been terminated or surrendered. If there is no specific child identified, refer the family to the Office of Regulatory Services (404) 657-5562 for a list of current licensed private adoption agencies who can complete the required family evaluation.

The receiving state is required to complete and return the results of a family evaluation within 60 days after the state receives the request. The education and training of foster parents is not required to be completed within the 60-day timeframe.

If DFCS receives a request for an adoptive family evaluation and the out-of-state child is already in the home by means of an approved relative or foster care ICPC placement and DFCS is already supervising the placement, the Social Services Case Manager will continue to supervise that placement until notified by the ICPC Administrator that adoption is final and supervision can discontinue.

When a pre-adoptive family moves to Georgia prior to finalizing the adoption and the child is in their home, DFCS will adhere to the ICPC process. If the family was working with a private agency in their former state, they will usually be referred to a private agency in Georgia to complete the adoption process. If the family was working with the state agency in their former state, DFCS will usually be asked to complete the process. Depending on the point in the adoption process at which the move occurs, the family may or may not be returning to their former state to finalize the adoption.

Forms and Tools

[ICPC Cover Letter – Sample](#)


[Interstate Compact Report on Child’s Placement Status \(ICPC 100B\)](#)

[Interstate Compact Report on Child’s Placement Status - Instructions \(ICPC 100B-I\)](#)

[Interstate Compact Placement Request \(ICPC 100A\)](#)

[Interstate Compact Placement Request – Instructions \(ICPC 100A-I\)](#)

11.20 Disruption of an Interstate Compact on the Placement of Children (ICPC) Child

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(11) Adoption		
	Policy Title:	Disruption of an Interstate Compact on the Placement of Children (ICPC) Child		
	Policy Number:	11.20	Previous Policy Number(s):	110.11
	Effective Date:	August 2015	Manual Transmittal:	2015-07

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Be responsible for arranging for the return of the child when an Interstate Compact on the Placement of Children (ICPC) placement disrupts, if DFCS is the sending state; and conversely
2. Return the child to Georgia within five business days following the request from the receiving state.

Following approval and placement of the child, if the receiving state ICPC Administrator determines that the adoptive placement no longer meets the individual needs of the child, including the child's safety, permanency, health, well-being, and mental, emotional, and physical development, then the receiving state ICPC Administrator may request that the sending state arrange for the return of the child as soon as possible or propose an alternative placement in the receiving state. That alternative placement resource must be approved by the receiving state before placement is made. Return of the child shall occur within five business days from the date of notice for removal unless otherwise agreed upon between the sending and receiving state ICPC offices. The receiving state request for removal may be withdrawn if the sending state arranges services to resolve the reason for the requested removal and the receiving and the sending state ICPC Administrators mutually agree to the plan.

Procedures

Receiving Agency

1. Notify their ICPC Administrator as soon as the disruption is apparent.
2. Keep the ICPC Administrator informed at each step along the way.
3. Submit a complete narrative regarding the circumstances of the disruption.
4. Submit the Interstate Compact Report on Child's Placement Status (ICPC 100B) indicating the child returned to the sending state and ICPC services terminated.

i When the disruption involves a child from Georgia placed in another state, the Interstate Compact Report on Child's Placement Status (ICPC 100B) will be completed in Georgia SHINES.

- Send a copy of the child protection services (CPS) investigation to the ICPC Administrator, if applicable.

Sending Agency

- Provide for the cost of transportation for returning the child to the sending state unless the receiving agency indicates that the pre-adoptive family will do so.

i In a case where there is the potential of risk of harm to the child, the receiving state must follow the existing CPS protocol for the state regarding the protection of the child until he/she can be returned to the sending state.

Practice Guidance

The two local agencies may already have discussed the possibility of disruption. It should be unusual for a disruption to take everyone by surprise unless it was a case of abuse and/or neglect.

Receiving State

The state to which a child is sent, brought, or caused to be sent or brought, whether by public authorities or private persons or agencies and whether for placement with private agencies or persons.

Sending Agency


A member state, officer or employee thereof; a subdivision of a member state, or officer or employee thereof; a court of a member state; a person, corporation, association, charitable agency or other entity having legal authority over a child who sends, brings, or causes to be sent or brought any child to another state.

Forms and Tools

[Interstate Compact Report on Child's Placement Status \(ICPC 100B\)](#)

[Interstate Compact Report on Child's Placement Status - Instructions \(ICPC 100B-I\)](#)

11.21 Interstate Compact on the Placement of Children (ICPC) Private or Independent Adoption - Georgia Is Sending State

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(11) Adoption		
	Policy Title:	Interstate Compact on the Placement of Children (ICPC) Private or Independent Adoption - Georgia Is Sending State		
	Policy Number:	11.21	Previous Policy Number(s):	110.12 - 110.13
	Effective Date:	August 2015	Manual Transmittal:	2015-07

Codes/References

Article VII of the Interstate Compact on the Placement of Children

Requirements

The Division of Family and Children Services (DFCS) will:

1. Refer individuals who contact DFCS regarding an out-of-state adoptive placement for a private or independent adoption to the Interstate Compact on the Placement of Children (ICPC) Unit; and
2. Comply with ICPC requirements for processing of private or independent adoptions across state lines.

Procedures

Georgia ICPC Administrator

1. Review the ICPC request and packet received from the sending private agency/attorney for quality and completeness and request any missing information.



The approval process does not begin until the ICPC packet is complete.

2. Within two business days of the completion of the ICPC packet, input the ICPC request into Georgia SHINES (see procedures outlined in the Georgia SHINES Job Aide “Entering Intakes”):
 - a. Complete the non-incident Child Protection Services (CPS) Intake, type ICPC;
 - b. Stage progress the CPS Intake to a foster care child (FCC) stage;
 - c. Stage progress the FCC stage to the Adoption (ADO stage); and
 - d. Upload the complete ICPC packet received from the sending private agency into Georgia SHINES External Documentation.
3. Sign the Interstate Compact on the Placement of Children Request (ICPC 100A) and forward it along with the packet to the ICPC Administrator in the prospective adoptive family’s state.
4. Upon receipt from the receiving state’s ICPC Administrator the Interstate Compact on the Placement of Children Report Request (ICPC 100A) indicating the placement approval decision and the adoptive family evaluation:
 - a. Forward to the sending private agency/attorney; and
 - b. Upload to Georgia SHINES External documentation.
5. If the sending ICPC Administrator approved the placement, upon receipt from the sending private agency/attorney, the Interstate Compact on the Placement of Children Report on Child’s Placement Status (ICPC 100B) confirming placement or placement request is withdrawn, forward to the ICPC Administrator in the receiving state.
6. Upon receipt of the post-placement reports from the receiving state’s ICPC Administrator:
 - a. Review for completeness;
 - b. Upload to Georgia SHINES External Documentation; and


c. Forward to the sending private agency/attorney.

7. Following adoption finalization:

- a. Obtain from the sending agency a copy of the final decree of adoption and an Interstate Compact on the Placement of Children Report on Child's Placement Status (ICPC 100B) indicating the adoption has been finalized and ICPC services are terminated and forward to the receiving state ICPC Administrator. If the sending agency is a private adoption agency, forward to the receiving state ICPC Administrator within 30 days of adoption finalization.
- b. Prepare the Georgia SHINES case record to be sealed within 30 days of the adoption finalization (see policy [2.2 Information Management: Adoption Case Records](#)).

Agency/Attorney Responsible for the Proposed Placement

1. Prepare an ICPC packet in compliance with Georgia law and ICPC regulations:

 Each ICPC packet will consist of three copies of all documents (separated and collated); identical information should be in each packet. If siblings are being placed, there must be a separate Interstate Compact on the Placement of Children Report Request (ICPC 100A) and ICPC packet for each child.

- a. The Interstate Compact on the Placement of Children Report Request (ICPC 100A) (four copies - the original plus three copies) should include:
 - i. Child's name (consistent with the name on birth records or explanation or proof of why name is different);
 - ii. Child's date of birth (consistent with birth records);
 - iii. If the birth mother has already voluntarily surrendered her parental rights to an agency, the signature of the sending agency.
 - iv. The signature, as required by some states, of the attorney next to the signature of the birth parent as the responsible party in the event the placement were to disrupt and he/she would be responsible for the care of the newborn until the child was placed either back with the birth mother or an agency, depending on the language in the voluntary surrender;
 - v. Prospective adoptive parent(s) name, address, phone number and email address;
 - vi. Where the adoption will be finalized; and
 - vii. The sending agency's complete address, phone number and email address.
- b. Cover Letter (a request for approval) should include:
 - i. Identification of the child, birth parent(s) and the prospective adoptive parent(s);
 - ii. A statement of how the match was made;
 - iii. Name and contact information (phone and email address) of the private agency or attorney handling the adoption;
 - iv. Name, address and contact information (phone and email address) of the supervision agency; and
 - v. Signature of the attorney or private agency requesting approval.

c. Voluntary surrender documents should include:

i. Voluntary surrender(s) and supporting documents (one or both parents).



If the birth parent(s) is permitted and elects to follow the voluntary surrender or consents laws of the receiving state, he/she should specifically waive in writing the laws of Georgia and acknowledge that he/she has a right to sign a voluntary surrender or consent under the laws of Georgia. The waiver should outline the revocation periods for both states and document that the birth parent(s) is/are electing to follow the laws of the receiving state.

ii. Acknowledgement of the voluntary surrender(s) indicating he/she understands his/her rights and freely, voluntarily, and of his/her own free will is voluntarily surrendering the child for adoption.



The language can be contained in the voluntary surrender document or other legal document.

iii. An affidavit signed by the biological mother stating:

1. The identity of the biological father; or
2. The biological father's identity is unknown; or
3. If permissible, she declines to disclose the identity of the biological father.

iv. If the biological father has not signed voluntary surrender documents, a detailed cover letter explaining the attorney's efforts to contact the biological and/or legal father and the attorney's plans to terminate his/their parental rights to the child or, if applicable, a copy of the putative father submission or registry form.



Georgia law requires that the rights of all fathers (legal, biological, known or unknown) be terminated.

v. Affidavit(s) of Petitioners Representative stating the parents' rights were explained, they understood their rights, and in the opinion of the representative the biological parents surrendered the child voluntarily and without duress.

vi. Certification by a licensed attorney or authorized agent of a private adoption agency or independent entity that the consent or relinquishment is in compliance with the applicable laws of the sending state or, where requested, the laws of the receiving state.

d. If applicable, verification of compliance with the Indian Child Welfare Act (ICWA). Evidence the tribe was contacted and documentation on how the Indian clearances will be handled either through a confirmation letter or by the courts.



If clearance has not been obtained, legal risk must be signed by the adoptive parent(s).

e. Legal risk acknowledgment signed by the prospective adoptive parent(s) that clearly indicates the risk, including removal of the child from the prospective adoptive home, if any of the following circumstances apply:

- i. Applicable voluntary surrender revocation period has not expired; or
- ii. The biological and/or legal father's parental rights have not been terminated or he/they

- has/have not signed surrender documents; or
- iii. Indian heritage tribal clearance has not been obtained.
- f. Court order(s) (i.e., TPR, guardianship), if applicable.
- g. Custodial and social history of the child:
 - i. Chronology of court involvement;
 - ii. Social dynamics;
 - iii. Education information, if applicable; and
 - iv. Description of any special needs of the child.



If the child is an infant, a copy of the medical records of the birth and hospital discharge summary for the child, at a minimum, should be included. If the child was previously adopted, the adoptive parent(s) shall provide the information for the biological parents, if available.

- h. A legible copy of child's birth certificate and updated medical records. If the child is an infant, the newborn record from hospital with name of child, date of birth, name of hospital and health information is valid.
- i. Social history, medical history and ethnic background of the biological parent(s):
 - i. Interview with biological parent(s) by court, licensed agency or licensed social worker/caseworker who will/did not also take the voluntary surrender/consents, relinquishments, etc.; and
 - ii. Narrative report that includes the reason(s) for adoption placement, how the biological parent(s) learned of the prospective adoptive family, how the prospective adoptive family was selected, his/her/their understanding of voluntary surrender of parental rights and the discussion with the biological parent(s) that the decision to place his/her/their child for adoption is voluntary and should be entered into freely and without duress.
 - iii. Explore the biological parent's family history for Indian heritage and have each parent sign a statement whether or not there is Indian ancestry (see policy [1.6 Administration: Indian Child Welfare Act and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).
 - iv. The completed Background Information on a Non-State Agency Child or a comparable form required by the receiving state.



If the biological father does not complete the social/medical background information, the birth mother must provide whatever information she has about the biological father, including a physical description.

- j. If the receiving state prospective adoptive resource previously lived in the sending state and that state has required licensure, certification or approval, a copy of the most recent license, certificate or approval of the qualification of the placement resource(s) and/or their home showing the status of the placement resource as a qualified placement resource, if available. If the receiving state placement resource was previously licensed, certified or approved as a foster or adoptive parent in the sending state and such license, certificate or approval was

involuntarily revoked, a statement of when such revocation occurred and the reasons for such revocation;

- k. The most recent adoption family evaluation of the prospective adoptive family:
 - i. Approved within the preceding 12 months from the date the interstate packet was submitted;
 - ii. In accordance with the law of the receiving state;
 - iii. Verification of compliance with federal and state background clearances, including FBI fingerprint and Child Abuse/Neglect clearances and Sex Offender Registry clearance;
 - iv. Include the age, sex, health and racial background of the child proposed to adopt; and
 - v. Copy of agency's license that completed the adoptive family evaluation.



Individual states may have additional requirements. Check with an attorney in the receiving state, preferably before legal surrenders are signed.

- l. An acknowledgement signed by the prospective adoptive parents that he/she/they received background information and child's records.
 - m. A written statement from the agency providing post-placement supervision acknowledging the obligation to provide post-placement supervision.
 - n. Authority for the prospective adoptive parents to provide medical care, if applicable.
2. Upon receipt of the Interstate Compact on the Placement of Children Report Request (ICPC 100A) from the Georgia ICPC Administrator approving the adoptive placement, submit to the Georgia ICPC Administrator a completed Interstate Compact on the Placement of Children Report on Child's Placement Status (ICPC 100B):
- a. Confirming placement occurred, within five business days of the adoptive placement; or
 - b. If the adoptive placement does not occur, indicating the request for placement is withdrawn.
3. Upon finalization of the adoption:
- a. If the sending agency is a private adoption agency, provide to the Georgia ICPC Administrator a copy of the final judgment of adoption and the Interstate Compact on the Placement of Children Report on Child's Placement Status (ICPC 100B) for closure, which will be sent to the receiving state ICPC Administrator within 30 days of adoption finalization.
 - b. If it is an independent adoption, the sending agency or attorney shall provide a copy of the final judgment of adoption and the Interstate Compact on the Placement of Children Report on Child's Placement Status (ICPC 100B) form indicating closure within 30 business days of the finalized adoption to the Georgia ICPC Administrator.

Practice Guidance

ICPC requirements for the processing of private agency or independent adoptions exist to ensure protection and services to children and families involved in executing adoptions across state lines and to ensure that the placement is in compliance with all applicable requirements. These requirements apply to children being placed for private adoption or independent adoption whether being placed by a private agency or by an Independent Adoption. All requests regarding a proposed inde-

pendent adoption of a child in Georgia or expected to be born in Georgia by a family residing in another state, or of a child in another state or expected to be born in another state by a family residing in Georgia, must be made directly to the ICPC Unit. If the request is made directly to the county department, the person shall be referred to the ICPC Unit.

For placement of a child by a private agency for independent adoption, the private agency shall be legally responsible for the child, including return of the child to the sending state if the adoption does not occur during the period of placement. The private agency shall also be legally and financially responsible for the child absent a contractual agreement to the contrary or a statement by the prospective adoptive parent(s) or parents that they will assume financial responsibility.

ICPC does not apply to an adoption by a stepparent, grandparent, adult brother or sister, uncle, aunt or guardian of a child when the child is placed directly by the parent(s).

If the adoptive placement is legal risk, some states will only approve it if petition to terminate has been filed and included with the packet. Individual states may have additional requirements. Check with an attorney in the receiving state, preferably before legal surrenders are signed.

The ICPC request packet for approval will be sent to the receiving state by first class USPS mail, unless the attorney or private agency includes a pre-paid envelope/package (FedEx and UPS) completed in full with billing number or an attorney can make arrangements for a courier service to pick up the ICPC packet for delivery to the receiving state’s ICPC office. Placement may not occur until the sending and receiving state ICPC Administrators have both approved.

Forms and Tools

[Background Information on a Non-State Agency Child](#)


[Interstate Compact Report on Child’s Placement Status \(ICPC 100B\)](#)

[Interstate Compact Report on Child’s Placement Status - Instructions \(ICPC 100B-I\)](#)

[Interstate Compact Placement Request \(ICPC 100A\)](#)

[Interstate Compact Placement Request – Instructions \(ICPC 100A-I\)](#)

11.22 Interstate Compact on the Placement of Children (ICPC) Private or Independent Adoption - Georgia Is Receiving State

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(11) Adoption		
	Policy Title:	Interstate Compact on the Placement of Children (ICPC) Private or Independent Adoption - Georgia Is Receiving State		
	Policy Number:	11.22	Previous Policy Number(s):	110.14, 110.15
Effective Date:	August 2015	Manual Transmittal:	2015-07	

Codes/References

Article VII of the Interstate Compact on the Placement of Children

Requirements

The Division of Family and Children Services (DFCS) will:

1. Refer individuals who contact DFCS regarding an out-of-state adoptive placement for a private or independent adoption to the Interstate Compact on the Placement of Children (ICPC) Unit; and
2. Comply with ICPC requirements for processing of private or independent adoptions across state lines.

Procedures

ICPC Requests Received From Other States

1. Upon receipt from the sending state's ICPC Administrator the approved Interstate Compact on the Placement of Children Request (ICPC 100A) and the ICPC packet review for quality and completeness and request any missing information.



If siblings are being placed there must be a separate Interstate Compact on the Placement of Children Request (ICPC 100A) and ICPC packet for each child.

- a. The Interstate Compact on the Placement of Children Request (ICPC 100A) (one original plus three copies) should include:
 - i. Child's name (consistent with the name on birth records or explanation or proof of why name is different);
 - ii. Child's date of birth (consistent with birth records);
 - iii. If the birth mother has already voluntarily surrendered her parental rights to an agency, the signature of the agency as the sending agency.
 - iv. The signature, as required by some states, of the attorney next to the signature of the birth parent as the responsible party in the event the placement were to disrupt and he/she would be responsible for the care of the newborn until the child was placed either back with the birth mother or an agency, depending on the language in the voluntary surrender;
 - v. Prospective adoptive parent(s) name, address, phone number and email address;
 - vi. Where the adoption will be finalized; and
 - vii. The sending agency's complete address, phone number and email address.
- b. Surrender Documents should include:
 - i. Voluntary surrender(s) and supporting documents.



If the birth parent(s) is permitted and elects to follow the voluntary surrender or consents laws of the receiving state he/she should specifically waive, in writing the

laws of the sending state and acknowledge that he/she has a right to sign a voluntary surrender or consent under the laws of the sending state. The waiver should outline the revocation periods for both states and document that the birth parent(s) is/are electing to follow the laws of the receiving state.

- ii. Acknowledgement of the voluntary surrender(s) indicating he/she understand his/her rights and freely, voluntarily, and of his/her own free will is voluntarily surrendering child for adoption.



The language can be contained in voluntary surrender document or other legal document.

- iii. An affidavit signed by the biological mother stating:

- 1. The identity of the biological father; or
- 2. The biological father's identity is unknown; or
- 3. If permissible, she declines to disclose the identity of the biological father.

- iv. If the biological father has not signed voluntary surrender documents, a detailed cover letter explaining the attorney's efforts to contact the biological and/or legal father and the attorney's plans to terminate his/their parental rights to the child.



Georgia law requires that the rights of all fathers (legal, biological, known or unknown) be terminated.

- v. Affidavit(s) of Petitioners Representative stating the parents' rights were explained, they understood their rights, and in the opinion of the representative the biological parents surrendered the child voluntarily and without duress.

- vi. Certification by a licensed attorney or authorized agent of a private adoption agency or independent entity that the consent or relinquishment is in compliance with the applicable laws of the sending state, or where requested, the laws of the receiving state.

- c. If applicable, verification of compliance with the Indian Child Welfare Act (ICWA). Evidence the tribe was contacted and documentation on how the Indian clearances will be handled either through a confirmation letter or by the courts.



If clearance has not been obtained, legal risk must be signed by the adoptive parent(s).

- d. Legal risk acknowledgment signed by the prospective adoptive parent(s) that clearly indicates the risk, including removal of the child from the prospective adoptive home, if any of the following circumstances apply:

- i. Applicable voluntary surrender revocation period has not expired; or
- ii. The biological and/or legal father's parental rights have not been terminated or he/they has/have not signed surrender documents; or
- iii. Indian heritage tribal clearance has not been obtained.

- e. Court order(s) (i.e., TPR, guardianship), if applicable.

- f. Custodial and social history of the child:

- i. Chronology of court involvement;
- ii. Social dynamics;
- iii. Education information, if applicable; and
- iv. Description of any special needs of the child.

i If the child is an infant, a copy of the medical records of the birth and hospital discharge summary for the child, at a minimum, should be included. If the child was previously adopted, the adoptive parent(s) shall provide the information for the biological parents, if available.

- g. A legible copy of child's birth certificate and updated medical records. If the child is an infant, the newborn record from hospital with name of child, date of birth, name of hospital and health information is valid.
- h. Social history, medical history and ethnic background of the biological parent(s) which include:
 - i. Interview with biological parent(s) by court, licensed agency or licensed social worker/caseworker who will/did not also take the voluntary surrender/consents, relinquishments, etc.; and
 - ii. Narrative report that includes the reason(s) for adoption placement, how the biological parent(s) learned of the prospective adoptive family, how the prospective adoptive family was selected, his/her/their understanding of voluntary surrender of parental rights and the discussion with the biological parent(s) that the decision to place his/her/their child for adoption is voluntary and should be entered into freely and without duress.
 - iii. Explore the biological parent's family history for Indian heritage and have each parent sign a statement whether or not there is Indian ancestry (see policy [1.6 Administration: Indian Child Welfare Act and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).
 - iv. The completed Background Information on a Non-State Agency Child or comparable form required by the receiving state.

i If the biological father does not complete the social/medical background information, the birth mother must provide whatever information she has about the biological father, including a physical description.

- i. If the receiving state prospective adoptive resource previously lived in the sending state and that state has required licensure, certification or approval, a copy of the most recent license, certificate or approval of the qualification of the placement resource(s) and/or their home showing the status of the placement resource as a qualified placement resource, if available. If the receiving state placement resource was previously licensed, certified or approved as a foster or adoptive parent in the sending state and such license, certificate or approval was involuntarily revoked, a statement of when such revocation occurred and the reasons for such revocation;
- j. The most recent adoption family evaluation of the prospective adoptive family approved within the preceding 12 months from the date the ICPC packet was submitted to the Georgia ICPC Unit that is in accordance with Georgia law and policy [11.24 Adoption: Independent](#)

Adoption – Family Evaluation for Adoption by a Third Party and a copy of agency’s license that completed the adoptive family evaluation.



If the adoptive family evaluation is not included with the ICPC request and packet, the receiving private agency/attorney has 60 days from the date the completed ICPC request and packet was received by the Georgia ICPC Unit to submit the completed adoptive family evaluation for an approval decision.

- k. An acknowledgement signed by the prospective adoptive parent(s) that he/she/they received background information and newborn records.
 - l. A written statement from the agency providing post-placement supervision acknowledging the obligation to provide post-placement supervision.
 - m. Authority for the prospective adoptive parents to provide medical care, if applicable.
2. Once the ICPC packet is complete:
 - a. Forward the Interstate Compact on the Placement of Children Request (ICPC 100A) to the receiving private agency/attorney.
 - b. Within two business days, input the ICPC request into Georgia SHINES (see procedures outlined in the Georgia SHINES Job Aide “Entering Intakes”):
 - i. Complete a non-incident Child Protection Services (CPS) Intake, type ICPC;
 - ii. Stage progress the CPS Intake to a foster care child (FCC) stage;
 - iii. Manually stage progress the case to Adoption (ADO) stage; and
 - iv. Upload the complete ICPC packet received from the sending ICPC Administrator into Georgia SHINES External Documentation.
 - c. Within three business days, make a placement approval decision:
 - i. Indicate the approval decision in the ADO stage in Georgia SHINES;
 - ii. Complete the Interstate Compact on the Placement of Children Request (ICPC 100A) approving/denying the adoptive placement; and
 - iii. Forward the completed Interstate Compact on the Placement of Children Request (ICPC 100A) and two copies of the adoptive family evaluation to the sending state ICPC Administrator.
 - iv. If approved, add a resource (non-incident private adoption) in Georgia SHINES.
 3. Upon receipt from the sending state’s ICPC Administrator the Interstate Compact on the Placement of Children Report on Child’s Placement Status (ICPC 100B) indicating placement has occurred or is withdrawn, forward a copy to the receiving private agency/attorney.
 4. Upon receipt of the post-placement reports from the receiving private agency/attorney:
 - a. Review for completeness;
 - b. Upload to Georgia SHINES External Documentation in the FCC Stage; and
 - c. Forward to the sending state ICPC Administrator.
 5. Upon receipt of the recommendation from the receiving private agency/attorney that the child be released by the sending private agency to the pre-adoptive family for adoption finalization,

forward the recommendation to the sending state ICPC Administrator.

6. Upon receipt of the following documents from the sending state ICPC Administrator, forward to the receiving private agency/attorney:
 - a. The Interstate Compact on the Placement of Children Report on Child's Placement Status (ICPC 100B) indicating the adoption has been finalized and ICPC services are terminated; and
 - b. A Copy of the final adoption decree.
7. Prepare the Georgia SHINES case record to be sealed within 30 days of the adoption finalizing (see policy [2.2 Information Management: Adoption Case Record](#)).

The receiving private agency/attorney will:

1. Upon receipt of the approved Interstate Compact on the Placement of Children Request (ICPC 100A) and the ICPC packet from Georgia ICPC Administrator, review for compliance and request any missing information.
2. Prepare a written adoptive family evaluation on the prospective adoptive family in accordance with policy [11.24 Adoption: Independent Adoption - Family Evaluation for the Purpose of Adoption by a Third Party](#).
3. Submit three copies of the completed adoptive family evaluation that has been approved within 12 months from the date the interstate packet was submitted to the Georgia ICPC Administrator for an approval decision. If the adoptive family evaluation was not included with the ICPC request, the adoptive family evaluation must be submitted within 60 days from the date the completed ICPC request was received by the Georgia ICPC Unit.
4. Upon receipt of the Interstate Compact on the Placement of Children Report on Child's Placement Status (ICPC 100B) indicating the placement has occurred, begin conducting purposeful visits with the child and pre-adoptive family.



Post-placement supervision will continue until receipt from the Georgia ICPC Administrator the Interstate Compact on the Placement of Children Report on Child's Placement Status (ICPC 100B) terminating services.

5. Submit the Interstate Compact on the Placement of Children Report on Child's Placement Status (ICPC 100B) and post-placement supervision reports to the Georgia ICPC Administrator.
6. At the appropriate time, make the recommendation to the Georgia ICPC Administrator that the child be released by the sending private agency to the pre-adoptive family for adoption.
7. Discontinue post-placement supervision upon receipt from the Georgia ICPC Administration the Interstate Compact on the Placement of Children Report on Child's Placement Status (ICPC 100B) indicating the adoption has been finalized and ICPC services are terminated and a copy of the final adoption decree.

ICPC Independent Adoption – Disruption of Placement

In the case of an adoption disruption of a child placed for an Independent Adoption through ICPC, the sending agency shall be notified immediately.

Practice Guidance

ICPC requirements for the processing of private agency or independent adoptions exist to ensure protection and services to children and families involved in executing adoptions across state lines and to ensure that the placement is in compliance with all applicable requirements. These requirements apply to children being placed for private adoption or independent adoption whether being placed by a private agency or by an Independent Adoption.

For placement of a child by a private agency for independent adoption, the private agency shall be legally responsible for the child, including return of the child to the sending state if the adoption does not occur during the period of placement. The private agency shall also be legally financially responsible for the child absent a contractual agreement to the contrary or a statement by the prospective adoptive parent(s) or parents that they will assume financial responsibility.

Independent Adoption

An adoption arranged by a birth parent or other person or entity to take custody of and to place children for adoption.

Private Agency

A licensed or state approved agency whether domestic or international that has been given legal authority to place a child for adoption.

Forms and Tools

[Background Information on a Non-State Agency Child](#)


[Interstate Compact Report on Child's Placement Status \(ICPC 100B\)](#)

[Interstate Compact Report on Child's Placement Status - Instructions \(ICPC 100B-I\)](#)

[Interstate Compact Placement Request \(ICPC 100A\)](#)

[Interstate Compact Placement Request – Instructions \(ICPC 100A-I\)](#)

11.23 Independent Adoption Investigations - Appointed by the Court

 Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(11) Adoption		
Policy Title:	Independent Adoption Investigations - Appointed by the Court		
Policy Number:	11.23	Previous Policy Number(s):	112.0 - 112.15
Effective Date:	July 2021	Manual Transmittal:	2021-03

Codes/References

O.C.G.A §19-8-1 Definitions

O.C.G.A §19-8-2 Jurisdiction and Venue of Adoption Proceedings

O.C.G.A §19-8-5 Third Party Adoption by Party Who Is Not Stepparent or Relative of Child
O.C.G.A §19-8-6 Stepparent Adoption
O.C.G.A §19-8-8 Adoption Based Upon Foreign Decrees and Valid Visa
O.C.G.A §19-8-14 Timing of Adoption Hearing; Record Retention; Clerk's Duties
O.C.G.A §19-8-16 Investigation by Child Placing Agency or Other Agent
O.C.G.A §19-8-17 Report and Findings of Investigating Agent; Dismissal of Petition;
Appointment of Guardian Ad Litem
O.C.G.A §19-8-18 Hearing; District Attorney to be Directed to Review Inducement Violations; Decree of Adoption; Factors Considered in Determining Best Interests of Child; Disposition of Child on Denial of Petition
O.C.G.A §19-8-20 Forwarding of Decree, Report, and Subsequent Orders to Department; Issuance of Adoption Certificate; Use as Evidence
O.C.G.A §19-8-23 Where Records of Adoption Kept; Examination by Parties and Attorneys; Use of Information by Agency and Department
O.C.G.A §19-8-26 Forms

Requirements

The Division of Family and Children Services (DFCS) will:

1. Conduct an investigation upon court appointment, to verify allegations in a petition for an independent adoption by a stepparent, relative or third party that includes:
 - a. Reviewing the adoption petition prior to initiating the investigation to ensure it meets all legal requirements, including any specific issue the court requests to be investigated;
 - b. Verifying the allegations in the petition for an adoption; and
 - c. Submit the findings and recommendation in writing to the court, which at minimum shall include.
 - i. Verification of allegations contained in the adoption petition;
 - ii. Circumstances under which the child came to be placed for adoption;
 - iii. Whether each prospective adoptive parent is financially, physically, and mentally able to have the permanent custody of the child
 - iv. The physical and mental condition of the child, insofar as this can be determined by the aid of competent medical authority;
 - v. Whether or not the adoption is in the best interests of the child, including his/her general care;
 - vi. Suitability of the home to the child;
 - vii. Whether the identify and location of a biological father who is not the legal father are known or ascertainable and whether proper notice was provided, if applicable. This includes notification via:
 1. Registered or certified mail or statutory overnight delivery, return receipt requested, at his last known address, which notice shall be deemed received upon the date of delivery shown on the return receipt;
 2. Personal service, which notice shall be deemed received when personal service is

perfected; or

3. Publication once a week for three weeks in the official organ of the county where the petition has been filed and of the county of his last known address, which notice shall be deemed received upon the date of the last publication.



If feasible, the methods specified in paragraph (1) or (2) of this subsection shall be used before publication.

- viii. Any other information that might be disclosed by the investigation that in DFCS' opinion would be of value or interest to the court in deciding the case; and
- ix. Any other information that might be disclosed by the investigation in response to any specific issues that the court requested be investigated in its order appointing DFCS as the agent.



The Superior Court will send the copy of the adoption petition to the County Department within 15 days of the adoption petition being filed, appointing DFCS as the agent to conduct the investigation. The investigation may be in addition to the required home evaluation.

2. Notify the Social Services Administration Unit (SSAU) within two business days of the appointment by the court to conduct an investigation to verify the allegations in a petition;
3. Maintain a registry of all the adoption petitions; and
4. Establish the permanent adoption record.
5. Make efforts to locate the biological parents when the biological parents cannot be located when DFCS has been appointed by the court to conduct an investigation to verify a petition for an independent adoption by a stepparent, relative or third party in accordance with policy.



A positive recommendation will not be given, if unable to locate the biological parents.

Procedures

Social Services Case Manager

1. Upon receipt of the copy of the adoption petition from Superior Court:
 - a. Send a copy of the petition to the SSAU within two business days with a statement that the County Department has been named as the investigative agency.



If the received adoption petition is to domesticate a foreign decree, the statement should indicate that no court report is required.

- b. A copy of the petition shall be retained in the County Department file.



If an adoption petition is sent to the County Department when DFCS has not been named as the agent to complete the investigation, send it to the SSAU with a letter stating that the County Department was not named as the investigative agency and should not have received the petition. A copy of the letter should be sent to the Superior Court Clerk.

2. Review the petition to ensure that it meets all legal requirements prior to initiating the investigation:
 - a. Determine if the filing date is within the required 60 days from relinquishment.
 - b. Determine if the time between the filing date and the date of the scheduled hearing does not exceed 120 days. Notify the court if this period is not met.
 - c. Determine if the petition is filed in the county of the petitioner(s) residence, except:
 - i. When the court determines there is good cause and allows the petition to be filed in the court of the county of the child's domicile; in which is located any child placing agency having legal custody of the child; where the child is born if the petition is filed with one year of the child's birth; or in which is located the office of the DFCS having legal custody of the child.
 - ii. Any individual who is a resident of any United States army post or military reservation within Georgia may file the petition in any county adjacent to the U.S. Army post or military reservation.
 - iii. When the child has been placed for adoption with an individual who is a resident of another state in compliance with Interstate Compact on the Placement of Children (ICPC), with an individual who is a resident of another state in which ICPC does not apply or with an individual who is a resident of another country, the petition shall be filed:
 1. In the court of the county where the child was born or resides or was residing at the time of placement;
 2. The court of the county in which is located any child-placing agency having legal custody of the child; or
 3. Superior Court of Fulton County.
 - d. Notify the court of any concerns regarding the petition.
 - e. Check the petition to ascertain if the child came into the state for the purpose of adoption and, if so, if the Interstate Compact on the Placement of Children Request (ICPC 100A) showing compliance with ICPC is attached as required:
 - i. Bring any ICPC non-compliance to the attention of the attorney and the State Adoption Unit;
 - ii. Notify the court of the ICPC violation; and
 - iii. It is sometimes possible to bring the placement under the compact after the placement has been made with the cooperation of the other state.
 - f. Determine that the petition is filed in the names of both, if the petitioners are married:
 - i. Bring any non-compliance to the attention of the attorney; and
 - ii. Notify the court and the attorney of the need for the petition to be amended.
 - g. Verify that the petitioner meets the minimum 21 years of age requirement or is married and living with their spouse, and is at least ten years older than the child, except when the petitioner is a stepparent or relative.
 - h. Check to determine that all necessary documents are attached to the petition:

- i. Voluntary surrenders of parental rights from all biological/legal parents;
 - ii. Affidavits;
 - iii. Acknowledgments of Surrender of Rights by parents;
 - iv. Petitioner's accounting report of disbursements;
 - v. Affidavit of Petitioner's Representative;
 - vi. Birth Family Background of Information for Non-State Agency Child;
 - vii. Any applicable notice of publication;
 - viii. Certificate from the putative father registry;
 - ix. Interstate Compact on the Placement of Children Request (ICPC 100A) signed by both states' ICPC Administrator (if applicable) or a statement that it is not needed; and
 - x. If the child to be adopted is 14 years of age or older, a written consent should be attached.
- i. Notify the attorney of any indications of non-compliance and suggest that a request for continuance be made.



All contacts with the attorney must be in writing or confirmed in writing.

3. Investigate the petition.

- a. Send the prospective adoptive family a letter that:
 - i. Acknowledges receipt of the petition; and
 - ii. Explains the need for a home visit.
- b. Request that the needed additional documents be available:
 - i. Marriage certificate;
 - ii. Divorce decree (if applicable);
 - iii. Death certificate (if applicable);
 - iv. Medical reports on parents, child(ren) and other household members;
 - v. Financial verification;
 - vi. Names, addresses and telephone numbers of two or more references; and
 - vii. Criminal records check (CRC) (see policy [19.8 Case Management: Criminal Record Checks](#)):
 1. The petitioner must submit his/her fingerprints to the Georgia Crime Information Center (GCIC) with the appropriate fee. The GCIC will notify the court in writing of presence or absence of any criminal record. The court is not authorized to share the petitioner's CRC with DFCS, however, the court will determine the acceptability of the petitioner's criminal history.
 2. As part of the family evaluation, if DFCS has the results of the petitioner's CRC that are dated within 12 months of filing of the adoption petition and are included in the family evaluation filed with or otherwise made available to the court, the CRC results can be used to satisfy this requirement.

3. The criminal records check documents may be attached to the petition or the attorney may have sent them to the County Department directly. If the County Department has not received the documents, inform the petitioners of the necessity of the County Department reviewing the criminal records report prior to making the report to the court.



The County Department must not complete the CRC in the case of an Independent Adoption; it is the responsibility of the petitioners to provide this information.

- c. Verify the birth of the child by viewing a copy of the birth certificate.
- d. Conduct a home visit with both parents and the child present:
 - i. Verify the allegations in the petition;
 - ii. Discuss the circumstances of the placement and discuss the report they filed regarding disbursements:
 1. How they came to know about the child; and
 2. What they know about the biological family and what they wish to know.
 - iii. Observe the child and evaluate:
 1. Physical condition;
 2. Mental condition; and
 3. Relationship with petitioners.
 - iv. Review documents required;
 - v. Discuss with the family their employment history and their current employment;
 - vi. Discuss their plans for child care, if both parents work outside the home;
 - vii. Discuss with the family their ideas around parenting a child, how they were disciplined, how they plan to handle discipline with the child and their expectations of the child;
 - viii. Inquire about their outside activities, other interests and commitments; and
 - ix. Discuss with the family the provisions of the adoption reunion registry (see policy [11.17 Adoption: Adoption Reunion Registry](#)).
- e. Contact two or more references, preferably face-to-face and determine:
 - i. How long have they known the family;
 - ii. What type of relationship they have with the family (friend, employer, doctor, minister, etc.);
 - iii. Their opinion of the marital and family relationships;
 - iv. The family's relationships outside the home (neighborhood, church, etc.);
 - v. Their opinion and observations of the petitioners with the child; and
 - vi. Any other areas of concern or anything the reference would like to share.
- f. Contact the biological parents, preferably face-to-face, to determine the circumstances around the placement.
 - i. Determine if they were given copies of the voluntary surrender of parental rights docu-

- ments;
 - ii. Determine if they were under any duress or pressure to surrender the child(ren);
 - iii. Review the Birth Family Background Information for Child, which was attached to the petition, and complete or correct any missing or incorrect information;
 - iv. Discuss the financial arrangements of the placement; and
 - v. Discuss the provisions of the adoption reunion registry (see policy [11.17 Adoption: Adoption Reunion Registry](#)).
- g. Make efforts to locate the biological parent(s) when they cannot be located in accordance with policy [19.21 Case Management: Unable to Locate](#) and document the efforts in the court report. An unfavorable recommendation must be giving if the biological parents cannot be located to
- h. Make an unfavorable recommendation if unable to verify the allegations in the petition when the necessary information to complete the investigation has not been available, even if home may appear suitable.
- i. Complete the following steps, if making an unfavorable recommendation:
- i. Consult with the Social Services Supervisor, County Director/Designee and, if needed, request state office consultation;
 - ii. Inform the petitioner(s) of the reasons the County Department plans to ask for dismissal;
 - iii. Document in the court report the specific reason(s) substantiating the negative report. The report may include a request for continuance or dismissal;
 - iv. Attend the hearing if dismissal is recommended;
 - v. Request the Special Assistant Attorney General's (SAAG) involvement, if the County Department plans to request custody at the hearing. The SAAG may need to file a petition for custody.
 - vi. At the time of the hearing, be prepared to take custody of the child. There needs to be an available foster home in which to place the child.
4. Submit the findings and recommendation in writing to Superior Court via a court report at least one week prior to the date of the hearing to, to include:
- a. Verification of allegations contained in the adoption petition;
 - b. Circumstances under which the child came to be placed for adoption;
 - c. Whether each prospective adoptive parent is financially, physically, and mentally able to have the permanent custody of the child
 - d. The physical and mental condition of the child, insofar as this can be determined by the aid of competent medical authority;
 - e. Whether or not the adoption is in the best interests of the child, including his/her general care;
 - f. Suitability of the home to the child;
 - g. Whether the identify and location of a biological father who is not the legal father are known or ascertainable and whether proper notice was provided as follows:

- i. Registered or certified mail or statutory overnight delivery, return receipt requested, at his last known address, which notice shall be deemed received upon the date of delivery shown on the return receipt;
- ii. Personal service, which notice shall be deemed received when personal service is perfected; or
- iii. Publication once a week for three weeks in the official organ of the county where the petition has been filed and of the county of his last known address, which notice shall be deemed received upon the date of the last publication.



If feasible, the methods specified in paragraph (1) or (2) of this subsection shall be used before publication.

- h. Any other information that might be disclosed by the investigation that in DFCS' opinion would be of value or interest to the court in deciding the case; and
- i. Any other information that might be disclosed by the investigation in response to any specific issues that the court requested be investigated in its order appointing DFCS as the agent.



A court report is not required on an adoption to domesticate a foreign decree.



A positive recommendation is given when all the allegations in the petition were verified and the placement seems satisfactory and in the best interest of the child. A negative recommendation is given when all the allegations in the petition could not be verified, the required participants are able to be interviewed and/or the placement does not appear satisfactory and is not in the best interest of the child.

5. Submit a copy of submitted court report to the SSAU.
6. Prepare and submit the record for permanent retention and to be sealed in accordance with policy [2.2 Information Management: Adoption Records](#).

The SSAU will:

1. Maintain a registry of all adoption petitions.
2. Establish the permanent adoption record.
3. Process the final decree once received from the court.
4. Retain and seal adoption records, per policy [2.2 Information Management: Adoption Records](#).

Practice Guidance

The court is authorized but not required to appoint a child-placing agency or other independent agent to make an investigation in whatever form the court specifies. If an appropriate private child placing agency or independent agent is not available, the court may appoint DFCS to serve as the agent of last resort to conduct the investigation. In such cases, the petitioners are required to reimburse the Department for the cost of the investigation and preparation of the report. This cost must not exceed \$250.00 unless specifically authorized by the court.

When an unfavorable recommendation is given to the court pursuant to conducting to an investiga-

tion to verify allegations in a petition for an independent adoption by a stepparent, relative or third party that includes, the court has the following options:

1. Finalize the adoption;
2. Continue the hearing, asking for further information;
3. Deny the petition and commit the child to DFCS or a licensed child-placing agency;
4. Leave the child in the custody of the petitioners or place the child in the temporary custody of DFCS so that the County Department may determine whether to file a petition for deprivation in the Juvenile Court;
5. Order the stipulation indicated by the birth parent in the surrender, placing custody of the child with DFCS, another child-placing agency or back to the parent;
6. Deny the motion to dismiss and appoint a guardian ad litem:
 - a. The cost of the guardian ad litem is the responsibility of the county.
 - b. The guardian ad litem represents the best interest of the child.
 - c. The guardian ad litem may file an appeal of the judge’s decision.

Forms and Tools

[Birth Family Background Information for Non-State Agency Child](#)


[Checklist for Review of Adoption Petitions](#)

[Independent Adoption Court Report – Sample](#)

[Interstate Compact Placement Request \(ICPC 100A\)](#)

[Interstate Compact Placement Request – Instructions \(ICPC 100A-I\)](#)

11.24 Independent Adoption - Family Evaluation for the Purpose of Adoption by a Third Party

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(11) Adoption		
	Policy Title:	Independent Adoption - Family Evaluation for the Purpose of Adoption by a Third Party		
	Policy Number:	11.24	Previous Policy Number(s):	N/A
	Effective Date:	July 2021	Manual Transmittal:	2021-03

Codes/References

O.C.G.A §19-8-1 Definitions

O.C.G.A §19-8-5 Third Party Adoption by Party Who Is Not Stepparent or Relative of Child

O.C.G.A §19-8-23 Where Records of Adoption Kept; Examination by Parties and Attorneys; Use of Information by Agency and Department

Requirements

The Division of Family and Children Services (DFCS) will complete an independent adoption family evaluation on the prospective adoptive family prior to the placement of a child for the purpose of adoption by a third party when the court selects DFCS as the evaluator.

Procedures

The Social Services Case Manager will complete an independent family evaluation of the prospective adoptive family that includes:

1. At minimum three visits on separate days.
 - a. At least one visit shall be in the home and the prospective adoptive parent(s) and all other family members shall be seen and interviewed.
 - b. Prospective adoptive parent(s) shall be interviewed together as well as separately.
 - c. Dates of these visits and the name of the Social Services Case Manager making the visits shall be documented in the family evaluation.
2. At minimum gather the following information concerning the prospective adoptive family:
 - a. The names, home address, and home phone number of the prospective adoptive family, as well as the work phone number of the prospective adoptive parent(s)
 - b. Motivation to adopt and the family members' attitudes toward childlessness
 - c. Description of each family member, to include:
 - i. Date and place of birth;
 - ii. Physical description;
 - iii. Family background and history;
 - iv. Current relationships with immediate and extended family members;
 - v. Education;
 - vi. Social involvements; and
 - vii. Personal characteristics, such as personality interests and hobbies.
 - d. Copies of birth certificate, naturalization papers, U.S. passport or Permanent Resident Alien Form ("Green Card") for all household members.
 - e. Copy of driver's license and automobile insurance cards for all drivers in the home or state identification.
 - f. Recent pictures of all household members.
 - g. Evaluation of marriages and family life:
 - i. Date and place of marriage(s), if applicable;
 - ii. Copy of marriage certificate(s), if applicable;
 - iii. History and assessment of marital relationship(s);
 - iv. Family patterns;

- v. Previous marriages (verification of divorce(s)), if applicable;
- vi. Copy of divorce decree for any previous marriages, if applicable; and
- vii. Copy of death certificate(s), if any previous marriage(s) ended due to death.



If the individual seeking to adopt the child is married, the petition for adoption shall be filed in the name of both spouses. However, when the child is or was the stepchild of the individual seeking to adopt, the petition shall be filed by the stepparent alone.

- h. Evaluation of parenting practices:
 - i. Description of parenting knowledge, attitudes, and skills;
 - ii. Behavior management practices;
 - iii. Child rearing practices; and
 - iv. Experience with children.
- i. Evaluation of physical and mental health needs and/or supports that may be required from external sources
 - i. Summary of health history and condition of each family member;
 - ii. Documentation of a physical examination via the Prospective Foster or Adoptive Parent Medical Evaluation Report form of the prospective adoptive parent applicants completed by a licensed physician, physician's assistant, registered nurse with advanced training working under the direction of a physician, or the public health department, within 12 months prior to the completion of the family evaluation;
 - iii. A statement via the Other Household Member Medical Evaluation Report form from a licensed physician, physician's assistant, or public health department regarding the general health status of other members of the prospective adoptive family, obtained within the 12 months prior to the completion of the family evaluation;
 - iv. Verification of medical/health insurance coverage; and
 - v. An informal assessment of the emotional and mental health of each member of the prospective adoptive family.
- j. Evaluation of the understanding of and adjustment to adoptive parenting
 - i. The understanding of adoption and how adoption will be handled with the child;
 - ii. Attitude toward birth parent(s);
 - iii. Understanding of how adoptive parenting is different from biological parenting;
 - iv. Attitude toward rearing a child biologically not their own;
 - v. Understanding of the possibility of inherited traits and the influence of genetics vs. environment;
 - vi. Expectations of the adopted child, including intellectual and physical achievement;
 - vii. Understanding of loss in adoption;
 - viii. Attitudes of other children residing in the home and extended family members toward adoption; and
 - ix. The support network in place for the prospective adoptive family, including support sys-

tems for single parent families, if applicable.

- k. Evaluation of the prospective adoptive parent(s)' finances and occupation:
 - i. Employment history of family members;
 - ii. Combined annual income;
 - iii. Ability to provide financially for the family;
 - iv. Projected financial impact of the proposed child to the home;
 - v. Complete the Financial Statement for Resource Parenting;
 - vi. Documentation from current employer verifying date of employment and present salary;
 - vii. Copy of the most recent tax return (summary); and
 - viii. Verification of lease/rental agreement or mortgage.
- l. A description of the home and community:
 - i. Description of the neighborhood;
 - ii. Physical standards of the home, including space, and water supply and sewage disposal systems which, if other than public systems, have been approved by appropriate authorities;
 - iii. If a home is not on county/city water and/or sewage systems, a statement is required confirming that an approved environmental inspection has been completed within the preceding 12 months;
 - iv. Recent pictures of the home;
 - v. Current vet vaccinations or statement from a veterinarian to verify that any domestic pets owned or residing with the family have been inoculated against rabies as required by law;
 - vi. A statement verifying that all firearms owned and in the home are locked away from children;
 - vii. A statement verifying that if a swimming pool is present at the home, it is fenced with a locked gate to prevent unsupervised access and that it meets all applicable community ordinances;
 - viii. A statement that smoke alarms are present and functioning on each level in the home;
 - ix. Verification that gas heaters are vented to avoid fire and health hazards, with any unvented fuel-fired heaters equipped with oxygen depletion safety shut-off systems; and
 - x. Assessment of community resources, including accessibility of schools, religious institutions, recreation and medical facilities.
- m. All household members 18 years and older must complete drug screen as outlined in policy [19.25 Case Management: Drug Screens](#).
- n. A statement regarding the results of a criminal records check – GCIC (GBI) and NCIC (FBI), as required by law, for each prospective adoptive parent (see policy [19.8 Case Management: Criminal Records Checks](#)) and all adults (18 and over) residing in the home (permanently or temporarily) and all release forms associated with the criminal background checks.

- o. A statement of the results of the caregiver safety screenings, for each prospective adoptive parent and their adult household members (18 years of age and older) (see policies [19.9 Case Management: Safety Screenings](#)) and all release forms associated with the caregiver safety screening check.
 - p. Documentation from the local Georgia law enforcement agency of all 911 calls for all addresses where the prospective adoptive family has resided in Georgia for the preceding 5 years.
 - q. A minimum of three character references
 - i. Include both family and non-relative references.
 - ii. At least one reference must be from an extended family member not residing with the prospective adoptive family; and
 - iii. If a prospective adoptive parent(s) has worked with children in the past five years, a reference must be obtained from the former employer(s) for that work experience.
 - r. Description of the child the applicant will consider, including age, sex, ethnicity, and any physical, medical, or emotional parameters.
 - s. Inform prospective adoptive parents of provisions of the adoption reunion registry for adoptions finalized in Georgia (see policy [11.17 Adoption: Adoption Reunion Registry](#)).
 - t. Recommendation regarding approval of the prospective adoptive parent(s), including description of any identified training or resource needs and that the prospective adoptive parents possess the capacity to provide room, board and watchful oversight.
 - u. Date the family evaluation is completed and the name and signature of the person completing the family evaluation.
3. A favorable or unfavorable recommendation regarding placement of the child in the home.
- a. A copy of the family evaluation shall be provided to the court within 60 days of the filing of the adoption petition or there shall be documentation in the record to explain any delay.
 - b. Applicants shall be notified in writing within 10 working days following decision of approval or disapproval of a prospective adoptive family.
 - c. A narrative that clearly indicates the reason(s) a family was not accepted or did not have a child placed shall be included in the record of an unapproved applicant.

Practice Guidance

An independent adoption involves the adoption of a child who is not in state custody or the custody of a licensed adoption agency. This includes adoptions by a non-relative/third party, stepparent, or by a relative. It is required that a family evaluation be completed on the prospective adoptive family by an evaluator prior to placement of a child for the purpose of adoption with a third party, who is neither a stepparent nor a relative, and for such family evaluation to recommend placement. A family evaluation, for purpose of a third party adoption, must assess the petitioner's physical health, emotional maturity, financial circumstances, and family and social background and conform to the rules and regulations established by the DFCS for child-placing agencies for adoption home studies. In cases where DFCS is selected as the evaluator, a fee of \$2,000.00 will be charged to the petitioners.

Adoption Reunion Registry

The Georgia adoption reunion registry provides services to birth parents, adopted persons, adoptive parents and siblings who are attempting to obtain non-identifying or identifying information from the sealed file.

Evaluator

The person or agency that conducts a family evaluation when a child is to be adopted by a (non-relative) third party. An evaluator shall be a licensed child-placing agency, the department, or a licensed professional with at least two years of adoption related professional experience, including a licensed clinical social worker, licensed master social worker, licensed marriage and family therapist, or licensed professional counselor. In instances where none of the foregoing evaluators are available, the court may appoint a guardian ad litem or court appointed special advocate to conduct the family evaluation.

Family Evaluation

A comprehensive evaluation of a family for the purpose of determining the suitability of the family as a prospective foster or adoptive resource.

Independent Adoption

An adoption arranged by a birth parent or other person or entity to take custody of and to place children for adoption.

Private Agency

A licensed or state approved agency whether domestic or international that has been given legal authority to place a child for adoption.

Forms and Tools

[Financial Statement for Resource Parenting](#)

[Financial Statement for Resource Parenting - Spanish](#)

[Rules and Regulations for Child Placing Agencies, Office of Regulatory Services](#)


[Other Household Member Medical Evaluation Report](#)

[Prospective Foster or Adoptive Parent Medical Evaluation Report](#)

[1] Some content from this page was reproduced from Child Welfare Information Gateway

Chapter 12 Adoption Assistance

12.0 Introduction to Adoption Assistance

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(12) Adoption Assistance		
	Policy Title:	Introduction to Adoption Assistance		
	Policy Number:	12.0	Previous Policy Number(s):	109 - 109.1
	Effective Date:	September 2015	Manual Transmittal:	2015-08

Codes/References

Title IV-E of the Social Security Act, Section 473(e)
Adoption and Safe Families Act of 1997
Foster Connections to Success and Increasing Adoptions Act of 2008

Discussion

The Division of Family and Children Services (DFCS) will utilize adoption assistance funding to facilitate the adoption of children with special needs who might otherwise not be adopted. The federal law requires efforts be made to place the child without adoption assistance, except when doing so is not in the child's best interest.

Adoption assistance is provided on behalf of an eligible child to offset the costs associated with adopting and meeting the ongoing needs of the child. Adoption assistance can be provided in the form of payments, medical coverage and reimbursement of non-recurring expenses;


1. Adoption assistance payments are monthly payments made by DFCS to the pre-adoptive family or adoptive family on behalf of an eligible child;
2. Medical coverage is provided through Medicaid, which provides assistance with the costs associated with medical care. Medicaid is a joint federal and state health insurance program; and
3. Non-recurring adoption assistance is a one-time payment up to \$1,500 per child, which DFCS will pay to an adoptive family to assist with the reasonable and necessary adoption fees, court costs, attorney fees and other expenses directly related to the legal adoption of a child with special needs.

Adoption assistance is not intended to replace the legal responsibility of the adoptive parent(s) to support his/her child. Families are responsible for using their personal resources to help them provide for the child's needs. These resources may be considered when determining a family's receipt of adoption assistance.

DFCS shall be eligible for federal adoption incentive funds, if in compliance with the data requirements in section 473A(b)(2) of the Act and DFCS provides health insurance coverage to any child with special needs (as determined under section 473(c)) for whom there is in effect an adoption assistance agree-

ment.

12.1 Eligibility - Adoption Assistance Payments, Medicaid & Non-Recurring

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(12) Adoption Assistance		
	Policy Title:	Eligibility - Adoption Assistance Payments, Medicaid & Non-Recurring		
	Policy Number:	12.1	Previous Policy Number(s):	109.2 - 109.3, 109.20, 109.15 - 109.16
	Effective Date:	August 2018	Manual Transmittal:	2018-08

Codes/References

Title IV-E of the Social Security Act, Section 473

Title IV-E of the Social Security Act, Section 475(8)

Adoption and Safe Families Act of 1997

Adam Walsh Child Protection and Safety Act of 2006

Fostering Connections to Success and Increasing Adoptions Act of 2008

Family First Prevention Services Act of 2018, Part 8, Section 50781

Requirements

The Division of Family and Children Services (DFCS) will make a Title IV-E adoption assistance eligibility determination using the following eligibility criteria:

1. *Eligibility – Applicable Child (effective October 1, 2009)*
 - a. *Beginning in fiscal year 2010, an applicable child is:*
 - i. *a child for whom an adoption assistance agreement is entered into under section 473 during any fiscal year described in 473(e)(1)(B) if the child attained the applicable age pursuant to that paragraph for that fiscal year before the end of that fiscal year; or*
 - ii. *a child of any age on the date on which an adoption assistance agreement is entered into on behalf of the child under section 473 if the child has been in foster care under the responsibility of the State/Tribal agency for at least 60 consecutive months and meets the requirements of paragraph 473(a)(2)(A)(ii); or*
 - iii. *a child of any age on the date on which an adoption assistance agreement is entered into on behalf of the child under this section without regard to whether the child is described in 473(e)(2)(A) if the child:*
 1. *is a sibling of a child who is an applicable child for the fiscal year under paragraphs 473(e)(1) or (2); and*
 2. *is to be placed in the same adoption placement as his/her sibling who is an applicable child for the fiscal year; and*
 3. *meets the requirements of 473 (a)(2)(A)(ii).*

- b. *Adoption assistance payments may be made to parents to adopt a child with special needs. In the case of a child who is an applicable child for a fiscal year as defined in 473(e), the child shall not be considered a child with special needs unless:*
- i. *DFCS has determined, pursuant to established criteria, that the child cannot or should not be returned to the home of his parents; and*
 - ii. *Either:*
 1. *DFCS has determined that there exists with respect to the child a specific factor or condition (such as ethnic background, age, or membership in a minority or sibling group, or the presence of factors such as medical conditions or physical, mental, or emotional handicaps) because of which it is reasonable to conclude that the child cannot be placed with adoptive parents without providing adoption assistance under this section and medical assistance under title XIX; or*
 2. *the child meets all medical or disability requirements of title XVI with respect to eligibility for supplemental security income benefits; and*
 - iii. *DFCS has determined that, except where it would be against the best interests of the child because of such factors as the existence of significant emotional ties with prospective adoptive parents while in the care of the parents as a foster child, a reasonable, but unsuccessful, effort has been made to place the child with appropriate adoptive parents without providing adoption assistance under this section or medical assistance under title XIX.*
- c. *In the case of a child who is an applicable child for the fiscal year as defined in 473(e), adoption assistance payments may be made:*
- i. *if the child has been determined by DFCS pursuant to section 473(c) to be a child with special needs; and*
 - ii. *at the time of initiation of adoption proceedings the child was in the care of a public or licensed private child placement agency or Indian Tribal Organization pursuant to:*
 1. *an involuntary removal of the child from the home in accordance with a judicial determination to the effect that continuation in the home would be contrary to the welfare of the child; or*
 2. *a voluntary placement agreement or voluntary relinquishment; or*
 - iii. *meets all medical or disability requirements of title XVI with respect to eligibility for supplemental security income benefits; or*
 - iv. *was residing in a foster family home or child care institution with the child's minor parent, and the child's minor parent was in such foster family home or child care institution pursuant to:*
 1. *an involuntary removal of the child from the home in accordance with a judicial determination to the effect that continuation in the home would be contrary to the welfare of the child; or*
 2. *a voluntary placement agreement or voluntary relinquishment; and*
 - v. *has been determined by DFCS, pursuant to subsection 473(c)(2), to be a child with special needs.*
- d. *In the case of a child who is an applicable child for the fiscal year as so defined in 473(e), the*

child will be treated as meeting the requirements to receive adoption assistance payments if the child:

- i. meets the requirements of 473(a)(2)(A)(ii)(II); and*
- ii. is determined eligible for adoption assistance payments under this part with respect to a prior adoption (or who would have been determined eligible for such payments had the Adoption and Safe Families Act of 1997 been in effect at the time that such determination would have been made); and*
- iii. is available for adoption because the prior adoption has been dissolved and the parental rights of the adoptive parents have been terminated or because the child's adoptive parents have died.*

2. Eligibility - Non-applicable Child (Currently effective, but beginning October 1, 2009, decreases based on the criteria in 473(e) until July 1, 2024 at which time this authority ends)

a. Adoption assistance payments may be made to parents who adopt a child with special needs. In the case of a child who is not an applicable child, as defined in 473(e), for a fiscal year, the child shall not be considered a child with special needs unless:

- i. DFCS has determined the child cannot or should not be returned to the home of his or her parents; and*
- ii. DFCS has first determined that a specific factor or condition exists with respect to the child (such as ethnic background, age, or membership in a minority or sibling group, or the presence of factors such as medical conditions or physical, mental or emotional disabilities) because of which it is reasonable to conclude that such child cannot be placed for adoption without providing adoption assistance or medical assistance under title XIX; and*
- iii. a reasonable, but unsuccessful, effort has been made to place the child without providing assistance except where it would be against the best interests of the child due to such factors as the existence of significant emotional ties with prospective adoptive parents while in the care of such parents as a foster child.*

b. In the case of a child who is not an applicable child for the fiscal year as defined in 473(e), adoption assistance payments may be made if the child has been determined by DFCS pursuant to section 473(c) to be a child with special needs and:

- i. was removed from the home of a relative specified in section 406(a) of the Act (as in effect on July 16, 1996) and placed in foster care in accordance with a voluntary placement agreement with respect to which federal payments are provided under section 474 (or section 403, as in effect on July 16, 1996), or in accordance with a judicial determination to the effect that continuation in the home would be contrary to the welfare of the child; and*
 - 1. received AFDC, in that relative's home, under the state plan approved under section 402 of the Act (as in effect 7/16/96), or would have received AFDC under such plan had application been made, in or for the month the voluntary placement agreement was entered into or court proceedings leading to the judicial determination referred to in section 473(a)(2)(A)(i) were initiated; or*
 - 2. had been living with a relative specified in section 406(a) of the Act within six months before the month in which a voluntary placement agreement was entered into or court proceedings leading to the judicial determination referred to in section 473(a)(2)(A)(i) were initiated and would have received AFDC in that relative's home under the State*

plan approved under section 402 of the Act for that month, if in that month the child had been living with such relative and application had been made;

- ii. meets all the requirements of Title XVI of the Act with respect to eligibility for supplemental security income benefits; or*
 - iii. is a child whose costs in a foster family home or child-care institution are covered by the foster care maintenance payments being made with respect to the minor parent of the child as provided in section 475(4)(B).*
- c. In the case of a child who is not an applicable child for the fiscal year as defined in 473(e), the child will be treated as meeting the requirements to receive adoption assistance payments:*
- i. if the child meets the requirements of section 473(a)(2)(A)(i)(II); and*
 - ii. is determined eligible for adoption assistance payments under 473 of the Act with respect to a prior adoption; and*
 - iii. is available for adoption because the prior adoption has been dissolved and the parental rights of the adoptive parents have been terminated or because the child's adoptive parents have died; and*
 - iv. fails to meet the requirements of section 473(a)(2)(A)(i) but will meet such requirements if the child is treated as if the child is in the same financial and other circumstances the child was in the last time the child was determined eligible for adoption assistance payments under section 473 of the Act and the prior adoption is treated as never having occurred.*

3. Adoption Assistance Payments

- a. Adoption assistance payments are made to adoptive parents who have entered into an adoption assistance agreement with the Title IV-E agency.*
- b. In determining the eligibility for adoption assistance payments of a child in a legal guardianship arrangement described in section 471(a)(28), the placement of the child with the relative guardian involved and any kinship guardianship assistance payments made on behalf of the child shall be considered never to have been made.*



Georgia DFCS has opted out of the Kinship Guardianship Assistance program and does not offer this form of benefit.

4. Medicaid

- a. For the purposes of Titles XIX and XX, any eligible child for whom there is an adoption assistance agreement in effect under section 473(a)(2) (whether or not adoption assistance payments are being made) is deemed to be a dependent child as defined in 406 of the Act and is deemed to be a recipient of AFDC under part A of title IV of the Act (as in effect 7/16/96) in the State in which such child resides.*
- b. Provides health insurance coverage (through one or more State/Tribal medical assistance programs), with the same type and kind of benefits as those which would be provided for children under title XIX or a comparable medical plan, for any child who has been determined to be a child with special needs, for whom there is in effect an adoption assistance agreement between DFCS and an adoptive parent or parents, and who DFCS has determined cannot be placed with an adoptive parent or parents without medical assistance due to special needs for medical, mental health or rehabilitative care.*

- c. *In the event that DFCS provides such coverage through a State/Tribe medical assistance program other than the program under Title XIX, and the State/Tribe exceeds its funding for services under such other program, any such child is deemed to be receiving aid or assistance under the State/Tribal agency plan under this part for purposes of section 1902(a)(10)(a)(i)(1); and in determining cost-sharing requirements, DFCS will take into consideration the circumstances of the adopting parent or parents and the needs of the child being adopted to the extent coverage is provided through a State/Tribal medical assistance program, consistent with the rules under such program.*


DFCS shall make no Title IV-E payment to parents for a fiscal year with respect to any applicable child year that:

- 1. would be considered a child with special needs under 473(c)(2);*
- 2. is not a citizen or resident of the United States; and*
- 3. was adopted outside of the United States or was brought into the United States for the purpose of being adopted.*

A child that is not a citizen or resident of the U.S. and was adopted outside of the U.S. or brought into the US for the purpose of being adopted may be eligible for adoption assistance payments if the initial adoption of the child by parents is a failure and the child is subsequently placed into foster care.


For the purposes of the Title IV-E adoption assistance program under section 473, the term “child” means:


- 1. an individual who has not attained 18 years of age; or*
- 2. at the option of the State/Tribal agency an individual*
 - a. with respect to whom an adoption assistance agreement is in effect under section 473 if the individual had attained age 16 before the adoption assistance agreement became effective;*
 - b. who has attained the age of 18, but has not attained 19, 20, or 21 years of age, as the Title IV-E agency may elect; and*
 - c. who meets any of the following conditions:*
 - i. the child is completing secondary education or a program leading to an equivalent credential;*
 - ii. the child is enrolled in an institution which provides post-secondary or vocational education;*
 - iii. the child is participating in a program or activity designed to promote, or remove barriers to, employment;*
 - iv. the child is employed for at least 80 hours per month; or*
 - v. the child is incapable of doing any of the above described activities due to a medical condition.*

 DFCS defines a child as an individual who has not yet attained 18 years of age. DFCS does not claim Title IV-E Adoption Assistance for children 18-21 years old. DFCS provides adoption assistance benefits to youth age 18-21 that meet the required eligibility criteria using state funds (see policy [12.10 Adoption Assistance: Adoption Assistance - After Age 18](#)).

DFCS shall make a state-funded adoption assistance eligibility determination using the following eligibility criteria:

1. The child shall be determined to not be eligible for Title IV-E adoption assistance;
2. The child is in the permanent custody of DFCS when placed on adoptive status;
3. The child meets the special needs requirements;
4. The adoptive placement is in accordance with DFCS policy/guidelines;
5. A National Criminal Information Data (NCID) background check and child abuse/neglect history must be conducted on:
 - a. All prospective adoptive parent(s); and
 - b. All other adults living in the adoptive home.

 These must be checked in all states in which the prospective adoptive parent(s) or other adults living in the adoptive home have resided in the last five years.

 Parents who have previously surrendered their parental rights or had their parental rights terminated are not eligible for adoption assistance for the child who was the subject of such action.

Procedures

Determine Eligibility for Adoption Assistance Payments

The Revenue Maximization Unit (Rev Max) and the Social Services Administration Unit (SSAU) will make an adoption assistance payment eligibility determination for a:

1. Child in Permanent Custody of DFCS

Adoption assistance eligibility determination for a child in the permanent custody of DFCS will be completed after one of the following has occurred but *prior* to the finalization of the adoption:

- a. The petition for termination of parental rights (TPR) has been filed with the court; or
- b. A voluntary surrender of paternal rights has been obtained and validated.

The adoption assistance eligibility determination of a child in the permanent custody of DFCS will be based on the following:

- a. Special needs criteria; and
- b. Title IV-E requirements for applicable child or non-applicable child; and if relevant:
- c. State-funded requirements; and
- d. The execution of the adoption assistance agreement prior to adoption finalization.

2. Child Scheduled To Be Transferred Out of DFCS Custody For Adoption

Adoption assistance eligibility determination for a child that is scheduled to be transferred out

of DFCS custody for the purpose of adoption will be conducted after one of the following has occurred but *prior* to the transfer of custody to the specified relative:

- a. The petition of termination for parental rights (TPR) has been filed with the court; or
- b. At least one voluntary surrender of paternal rights has been obtained and validated.

The adoption assistance eligibility determination for a child transferred out of DFCS custody for the purpose of adoption will be based on the following:

- a. Special needs criteria; and
- b. Title IV-E requirements for applicable child or non-applicable child; and



IV-E eligibility for an applicable child is valid for children in this situation as DFCS continues to provide care in the form of support and monitoring to ensure a successful and timely adoption.

- c. The execution of the adoption assistance agreement prior to adoption finalization.

3. Private/Independent Adoption

Adoption assistance eligibility determination for a child involved in a private/independent adoption will be completed after one of the following has occurred but *prior* to finalization of the adoption:

- a. A petition for adoption finalization has been filed; or
- b. A voluntary surrender of paternal rights has been obtained and validated.

The adoption assistance eligibility determination for a private/independent adoption will be based on the following:

- a. Special needs criteria; and
- b. Title IV-E requirements for applicable child or non-applicable child; and
- c. The execution of the adoption assistance agreement prior to adoption finalization.



Private/independent adoptions are not eligible for state-funded adoption assistance.

4. Foreign/International Adoption

Adoption assistance eligibility determination for a child involved in a foreign adoption will be completed after one of the following has occurred but *prior* to finalization of the adoption:

- a. TPR has been granted; or
- b. Verification the child is legally free for adoption.

The adoption assistance eligibility determination will be based on the following:

- a. Special needs criteria; and
- b. Title IV-E requirements for applicable child or non-applicable child; and

c. The execution of the adoption assistance agreement prior to adoption finalization.



Foreign/international adoptions are not eligible for state-funded adoption assistance payments.

Step 1: Determine if a Child is an Applicable or Non-Applicable Child

If the child meets the eligibility criteria of an applicable child, proceed to [step 2A](#).

If the child meets the eligibility criteria of a non-applicable child, proceed to [step 2B](#).

Applicable

To be considered an applicable child the child will meet at least one of the three following requirements:

1. Minimum Age Requirement – The “applicable child” age requirements apply only to children who will be age two or older by the end of the federal fiscal year (FFY) during which DFCS enters into the adoption assistance agreement with the adoptive parents as demonstrated by the table below:

In the Case of Fiscal Year:	The Applicable Age Is:
2010	16
2011	14
2012	12
2013	10
2014	8
2015	6
2016	4
2017 – 2023	2
2024	2
	(or in the case of a child for whom an adoption assistance agreement is entered into under this section on or after July 1, 2024, any age)
2025 or Thereafter	Any Age



The applicable child table is effective as of January 1, 2018.

2. Time in Care Requirement - A child who has been in foster care under the responsibility of DFCS for at least 60 consecutive months; the 60 consecutive months is any 60 consecutive months prior to the finalization of the adoption.



The 60-consecutive-month provision does not include detention facilities or psychiatric hospitals. This includes, but is not limited to, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and pre-adoptive homes. A child is in foster care in accordance with this definition regardless of whether the foster care facility is licensed, and payments are made by DFCS for the care of the child, whether adoption assistance payments are being made prior to the finalization of an adoption, or whether there is federal matching of any pay-

ments that are made. A child must be in foster care for at least one day of a month. A runaway episode will count toward calculating the 60-consecutive-month period if DFCS retained responsibility for custody of the child during the runaway episode because a child in this situation is considered to be in foster care. Since DFCS considers a child who is on a trial home visit to be in foster care, the trial home visit period count towards calculating the 60-consecutive-month period.

3. Sibling Requirement - A child who is a sibling of an applicable child (by virtue of age or time in foster care) and is placed in the same adoption arrangement as his/her sibling.

Non-Applicable

This refers to children who do not meet the criteria for the Applicable Child regarding minimum age, time in care and sibling in care.

Step 2A: Determine If the Child Meets the Title IV-E Requirements for Applicable Child

If the child meets the Title IV-E requirements for applicable child, proceed to [step 4A](#).

If the child does NOT meet the Title IV-E requirements for applicable child, proceed to [step 3](#).

To be considered Title IV-E eligible for an applicable child:

1. The child will meet at least one of the four following Title IV-E applicable eligibility requirements:
 - a. The child, at the time of the initiation of adoption proceedings, was in the care of a public or licensed private child placement agency by either:
 - i. An involuntary removal in accordance with a judicial determination to the effect that it was contrary to the child's welfare to remain in the home; or
 - ii. A voluntary placement agreement or voluntary surrender of parental rights.
 - b. The child meets the medical and disability requirements for Supplemental Security Income (SSI) benefits.
 - c. The child was residing in a foster family home or child care institution (CCI) with his/her minor parent and the minor parent was removed from home either by:
 - i. An involuntary removal in accordance with a judicial determination to the effect that it was contrary to the child's welfare to remain in the home; or
 - ii. A voluntary placement agreement or voluntary surrender of parental rights.
 - d. The child was previously adopted and was determined eligible for Title IV-E adoption assistance in the prior adoption (or would have been found eligible had the Adoption and Safe Families Act of 1997 been in effect at the time of the previous adoption) and is available for adoption based on:
 - i. The prior adoption being dissolved and the parental rights of the adoptive parent(s) have been terminated; or
 - ii. The adoptive parent(s) has died.



In such an instance, the child may retain eligibility for adoption assistance payments in the subsequent adoption. DFCS only needs to determine that the child is

still a child with special needs for the child to be eligible for adoption assistance.

2. The child is a United States citizen or a resident of the United States; and
3. The child was not adopted outside of the United States; or
4. The child was not brought into the United States for the purpose of being adopted; and



A child who is not a citizen or resident of the United States and was adopted outside of the United States or brought into the United States for the purpose of being adopted may be potentially eligible for adoption assistance payments if the initial adoption of the child by parents is a failure and the child is subsequently placed into foster care.

5. A National Criminal Information Data (NCID) background check and child abuse/neglect history was conducted on:
 - a. All prospective adoptive parent(s); and
 - b. All other adults living in the adoptive home.

These must be checked in all states in which the prospective adoptive parent(s) or other adults living in the adoptive home have resided in the last five years.



Title IV-E adoption assistance may not be claimed if the prospective adopted parent(s) has a felony conviction for:

- a. Child abuse or neglect;
- b. Spousal abuse;
- c. Crime against children (including child pornography); or
- d. Crime involving violence (including rape, sexual assault, or homicide, but not including other assault and battery).

In addition, Title IV-E adoption assistance may not be claimed if the prospective adoptive parent has been convicted of the following felonies within the past five years:

- a. Physical assault;
- b. Battery; or
- c. Drug-related offense.

Step 2B: Determine If the Child Meets the Title IV-E Requirements for Non-Applicable Child


If the child meets the Title IV-E requirements for non-applicable child, proceed to [step 4B](#).

If the child does NOT meet Title IV-E requirements for non-applicable child, proceed to [step 3](#).

To be considered Title IV-E eligible for a non-applicable child:

1. The child will meet at least one of the four following Title IV-E non-applicable eligibility requirements:
 - a. The child was removed from the home of a specified relative^[1] (defined as any relation by blood, marriage or adoption who is within the fifth degree of kinship to the child) and


placed in foster care through a voluntary placement agreement and the child was eligible and received Title IV-E foster care maintenance payments or the child was removed from the home pursuant to a judicial determination and the determination indicates that continuation in the home would be contrary to the welfare of the child; and

- i. At the time of the child's removal the child received AFDC^[2]; or
 - ii. At the time of the removal the child would have received (qualified for) AFDC had an application been made in the month or for the month the child was removed from the home; or
 - iii. If the child resided in the home of the specified relative^[3] (defined as any relation by blood, marriage or adoption who is within the fifth degree of kinship to the child) at some point during the six months prior to the removal *and* would have received (qualified for) AFDC in or for the month of the removal (if the child had been living with the parent or legal guardian) and an application for AFDC had been made.
- b. The child meets all the eligibility requirements for SSI, as determined by the Social Security Administration.
-  Only a designated Social Security Administration claims representative can determine SSI eligibility and can provide the appropriate eligibility documentation to DFCS.
- c. The costs for the child in a foster family home or child care institution are covered by Title IV-E foster care maintenance payments being made on behalf of the minor parent of the child.
- d. The child was previously adopted and was determined eligible for Title IV-E adoption assistance in the prior adoption and is available for adoption based on:
- i. The prior adoption has been dissolved (parental rights of the adoptive parents have been terminated or relinquished); or
 - ii. The child's adoptive parents have died; and
 - iii. The child fails to meet the Title IV-E criteria of a non-applicable child but would meet such requirements if the child is treated as if the child was in the same financial and other circumstances the child was in the last time the child was determined eligible for adoption assistance payments and the prior adoption is treated as never having occurred.

2. A National Criminal Information Data (NCID) background check and child abuse/neglect history was conducted on:

- a. All prospective adoptive parent(s); and
- b. All other adults living in the adoptive home.

These must be checked in all states in which the prospective adoptive parent(s) or other adults living in the adoptive home have resided in the last five years.

 Title IV-E adoption assistance may not be claimed if the prospective adopted parent(s) has a felony conviction for:

- a. Child abuse or neglect;

- b. Spousal abuse;
- c. Crime against children (including child pornography); or
- d. Crime involving violence (including rape, sexual assault, or homicide, but not including other assault and battery).

In addition, Title IV-E adoption assistance may not be claimed if the prospective adoptive parent has been convicted of the following felonies within the past five years:

- a. Physical assault;
- b. Battery; or
- c. Drug-related offense.

Step 3: Determine if the Child Meets the Eligibility Criteria for State Funded Adoption Assistance

If the child meets the eligibility criteria for state funded, proceed to [step 4A](#) for an applicable child and [4B](#) for a non-applicable child.

If the child does NOT meet the eligibility criteria for state funded, child is not eligible for adoption assistance.

To be considered eligible for state-funded adoption assistance, the child will meet the following eligibility criteria:

1. The child shall be determined to not be eligible for Title IV-E adoption assistance; and
2. The child is in the permanent custody of DFCS when placed on adoptive status; and
3. The adoptive placement is in accordance with DFCS policy/guidelines.
4. A National Criminal Information Data (NCID) background check and child abuse/neglect history must be conducted on:
 - a. All prospective adoptive parent(s); and
 - b. All other adults living in the adoptive home.

These must be checked in all states in which the prospective adoptive parent(s) or other adults living in the adoptive home have resided in the last five years.



State funded adoption assistance may not be claimed if the prospective adopted parent has a felony conviction for:

- a. Child abuse or neglect;
- b. Spousal abuse;
- c. Crime against children (including child pornography); or
- d. Crime involving violence (including rape, sexual assault, or homicide, but not including other assault and battery).

In addition, state-funded adoption assistance may not be claimed if the prospective adoptive parent(s) has been convicted of the following felonies within the past five years:

- a. Physical assault;
- b. Battery; or
- c. Drug-related offense.

Step 4A: Determine Whether an Applicable Child Meets Special Needs Criteria

If the applicable child meets the criteria for special needs, the child is eligible for adoption assistance.

If the applicable child does NOT meet criteria for special needs, the child is NOT eligible for adoption assistance.

To be considered a child with special needs, the child will meet the following special needs criteria:

1. The child cannot or should not be returned to the home of his/her parent(s). This decision is based on the following:
 - a. An order from a court of competent jurisdiction terminating parental rights;
 - b. The existence of a petition for termination of parental rights;
 - c. A voluntary surrender of parental rights for a child; or
 - d. In the case of an orphan, verification of the death of the parent(s).
2. A reasonable, but unsuccessful, effort has been made by DFCS to place the child with adoptive parent(s) without providing adoption assistance or medical assistance.



Unless such an effort is not in the best interest of the child for reasons *including* the placement with a relative or another person with whom the child has established significant emotional ties.


3. The child has at least one of the factors or conditions listed below which makes it reasonable to conclude that the child cannot be placed with adoptive parent(s) without providing adoption assistance:
 - a. The child has been in the care of a public or private agency or individual other than the legal or biological parent for more than 24 consecutive months.



The 24 consecutive months is calculated by counting backwards from the date of the special needs determination request to the date of the child's most recent removal/departure from the legal/biological parent(s) care. If the number of consecutive months that the child was not in the care of the legal/biological parent(s) meets or exceeds 24 months and can be verified, the criterion is met. The criterion can be met even if the child spent time in different custody or placement types during that time (noncustodial relative/individual, custodial relative/individual, DHS custody, etc.) as long as the child did not return to the legal/biological parent(s) care during the consecutive (24-month period).

- b. The child has a physical, mental or emotional disability, as validated by a licensed physician or psychologist.
- c. The child is a member of a sibling group of two or more placed in the same home. To meet the sibling group criterion, members of the sibling group will be:

- i. Placed for purpose of adoption by signing Placement Agreement(s); or
- ii. Transferred out of DHS permanent or temporary custody into the permanent custody of a relative/individual for the purpose of adoption by court order; or
- iii. Adopted in a private/independent adoption, where the adoption has been finalized.

 Siblings are not required to be placed for adoption at the same time. A second sibling may be placed into the same home as a previously placed sibling and thus meet the above special needs criteria. However, if the previously placed sibling was not determined to meet special needs criteria; he/she would not become eligible based on the second sibling being placed in the same home at a later time. He/she would remain non-special needs. Siblings who are in a placement type other than an adoptive placement type (i.e., guardian/relative care) do not meet the requirements of this criterion.

- d. The child meets the medical or disability requirements for Supplemental Security Income (SSI).

Step 4B: Determine Whether a Non-Applicable Child Meets Special Needs Criteria

If the non-applicable child meets the criteria for special needs, the child is eligible for adoption assistance.

If the non-applicable child does NOT meet criteria for special needs, the child is NOT eligible for adoption assistance.


To be considered a child with special needs, the child will meet the following special needs criteria:

1. The child cannot or should not be returned to the home of his parent(s). This decision is based on the following:
 - a. An order from a court of competent jurisdiction terminating parental rights;
 - b. The existence of a petition for termination of parental rights;
 - c. A voluntary surrender of parental rights for a child; or
 - d. In the case of an orphan, verification of the death of the parent(s).
2. A reasonable, but unsuccessful, effort has been made by DFCS to place the child with adoptive parent(s) without providing adoption assistance or medical assistance.



Unless such an effort is not in the best interest of the child for reasons *including* the placement with a relative or another person with whom the child has an established significant emotional ties.

3. The child has at least one of the factors or conditions listed below which makes it reasonable to conclude that the child cannot be placed with adoptive parent(s) without providing adoption assistance:
 - a. The child has been in the care of a public or private agency or individual other than the legal or biological parent for more than 24 consecutive months.

 The 24 consecutive months is calculated by counting backwards from the date of the special needs determination request to the date of the child's most recent removal/departure from the legal/biological parent(s). If the number of consecutive

months that the child was not in the care of the legal/biological parent(s) meets or exceeds 24 months and can be verified, the criterion is met. The criterion can be met even if the child spent time in different custody or placement types (noncustodial relative/individual, custodial relative/individual, DHS custody, etc.) during that time as long as the child did not return to the legal/biological parent(s) during the consecutive 24-month period.

- b. The child has a physical, mental or emotional disability, as validated by a licensed physician or psychologist.
- c. The child is a member of a sibling group of two or more placed in the same home. To meet the sibling group criterion members of the sibling group will be:
 - i. Placed for purpose of adoption by signing Placement Agreement(s); or
 - ii. Transferred out of DHS permanent or temporary custody into the permanent custody of a relative/individual for the purpose of adoption by court order; or
 - iii. Adopted in a private/independent adoption, where the adoption has been finalized.



Siblings are not required to be placed for adoption at the same time. A second sibling may be placed into the same home as a previously placed sibling and thus meet the above special needs criteria. However, if the previously placed sibling was not determined to meet special needs criteria; he/she would not become eligible based on the second sibling being placed in the same home at a later time. He/she would remain non-special needs. Siblings who are in a placement type other than an adoptive placement type (i.e., guardian/relative care) do not meet the requirements of this criterion.



If it is determined a child does not meet the special needs criteria but has identified background factors, a deferred application/agreement can be completed, which will allow for a future request for state-funded adoption assistance benefits should the child develop a physical, mental, and/or emotional disability, as validated by a licensed physician or psychologist. Only DFCS involved adoptions are eligible for deferred applications/agreements (see policy [12.8 Adoption Assistance: Subsequent Determinations - Deferred Adoption Assistance Agreements](#) for the procedures on requesting adoption assistance at a later date).

Determine Eligibility for Medical Coverage

A child who is determined to be eligible for adoption assistance payments is eligible to receive medical coverage under Medicaid whether funded through Title IV-E or state funds. Adoption assistance medical coverage is only available for a child who is eligible for adoption assistance payments; adoption assistance medical coverage cannot be applied for as a stand-alone benefit.



Annual redetermination of Medicaid is required in the above circumstances (see policy [12.12 Adoption Assistance: Adoption Assistance Medicaid](#)).





All children will continue to receive Medicaid through foster care until the adoption is finalized.

Determine Eligibility for Non-Recurring Only Adoption Assistance

The Social Services Administration Unit (SSAU) will make a non-recurring adoption assistance eligibility determination using the same timeframes as discussed above in "Determine Eligibility For Adoption Assistance Payments". The eligibility criteria for non-recurring only adoption assistance is the following for **all** children:

1. The child must be determined to be a child that meets the special needs criteria (outlined in steps 4A and 4B) by the SSAU prior to the finalization of the adoption.
2. The non-recurring adoption assistance agreement is fully executed prior to the finalization of the adoption.
3. The non-recurring adoption assistance payment will be made within two years of the adoption finalization.

 If the child has been approved for adoption assistance payments, the adoptive parent(s) is automatically eligible to receive non-recurring adoption assistance.

 A child who does not qualify for adoption assistance payments due to not being Title IV-E eligible may be potentially eligible for “non-recurring” adoption assistance if he/she is determined “special needs” by the SSAU.

Practice Guidance

Adoption assistance is available for adoptive families when specific eligibility requirements are met. Adoption assistance is funded by either Title IV-E (federal) or state funds and includes:

1. Adoption assistance payments;
2. Medicaid; and
3. Non-recurring payment.

Adoption assistance payments are monthly payments made by DFCS to the pre-adoptive family or adoptive family on behalf of an eligible child. The adoption assistance payment is not considered a board rate; rather it is designed to assist the adoptive family in covering the ordinary and special needs of the child over an extended period. The adoption assistance rate shall be based on the child’s current level of functioning, diagnosis, current treatment services and prognosis (future treatment needs). The amount of the adoption assistance payment cannot exceed the amount the child received or would have received in a family foster home if the child was in foster care. When a child is determined eligible for adoption assistance payments, the child is also eligible for medical coverage under Medicaid and non-recurring adoption assistance.

Non-recurring adoption assistance is a one-time payment up to \$1,500 per child, which DFCS will pay to an adoptive family to assist with the reasonable and necessary adoption fees, court costs, attorney fees and other expenses directly related to the legal adoption of a child with special needs. This may include the following expenses:

1. The cost for travel/lodging and food during pre-placement visitation based on the current state rates;
2. The cost of physicals for the adoptive parents required for the adoption assessment (medicals

for other family members or for updates are not included); and

3. Legal/court fees.

Non-recurring adoption assistance may be available as a result of the approval of adoption assistance payments or as a stand-alone benefit where adoption assistance payments are either not approved or not sought, but the child meets the special needs criteria. Eligibility for all categories of adoption assistance is directly related to the child meeting the special needs criteria. Adoption assistance payments are not exclusive to children in the care, custody and/or oversight of DFCS.

Title IV-E adoption assistance program is intended to provide permanency for children with special needs in public foster care by assisting states in providing ongoing financial and medical assistance to the families who adopt them. As a result, the requirements for Title IV-E adoption assistance eligibility are geared to needy children in public child welfare systems and are difficult to apply to children who are adopted from abroad. Therefore, it is highly improbable that children who are adopted abroad by U.S. citizens, or are brought into the U.S. from another country for the purpose of adoption, will meet the criteria for Title IV-E adoption assistance.

Parents who have previously surrendered their parental rights or had their parental rights terminated are not eligible for adoption assistance for the child who was the subject of such action.

Adoptive Status

Adoptive status is the point when a child is legally free to be adopted, an adoptive resource has been identified, physical adoptive placement has occurred and the adoptive resource has committed to be the child's adoptive parent(s) by signing the placement agreement(s). Placing a child on adoptive status signals recruitment procedures should be halted as a potential adoptive resource has been located for the child.

Adoption (Private/Independent)

There are four types of private/independent adoptions:

1. Non-Relative (Third Party) - Adoption of a child usually arranged by an attorney, physician or other individual with the direct involvement of the biological parents; if the child or adoptive parents reside in another state, the provisions of the Interstate Compact on the Placement of Children must be followed.
2. Relative - Adoption of a child by a relative as defined as any relation by blood, marriage or adoption.
3. Step-Parent - Adoption of a child by the spouse of one of the birth/legal parents where the other birth/legal parent is deceased or his/her parental rights have been terminated either voluntarily or by court action.
4. Confirming Adoption (Domestication of Foreign Decree) - Adoption of a child who has already been adopted in a foreign country. The purpose being to secure a decree in the United States, which entitles the child to a Georgia birth certificate.

Adoption and Safe Families Act of 1997

Public Law 105-89 enacted by the Senate and House of Representative of the United States Congress

on November 19, 1997, to promote the adoption of children in foster care. This act amended Title IV-E of the Social Security Act.

Adoption Assistance Agreement

This is a legal and binding agreement between the agency and the adoptive parent(s) regarding adoption assistance benefits. It establishes types, duration, amount(s) of benefits, and other agreed upon stipulations. A fully executed adoption assistance agreement refers to an adoption assistance agreement that was negotiated with the adoptive parent(s); reviewed and discussed with the adoptive parent(s); and all required signatures (adoptive parent(s), County Director/Designee and authorized department representative) and dates obtained.

Aid to Families with Dependent Children (AFDC)

Aid to Families with Dependent Children is a program administered and funded by federal and state governments to provide financial assistance to needy families. The AFDC program was in effect from 1935 to 1996. This cash benefit is often referred to simply as "welfare." AFDC was replaced by Temporary Assistance for Needy Children (TANF). TANF provides assistance and work opportunities to needy families.

Child Care Institution (CCI)

Child care institutions provide care, supervision and oversight in a residential setting, including neighborhood-based group homes, campus-based arrangements and self-contained facilities.

DFCS Involved Transfer of Custody for the Purpose of Adoption

Refers to children who were either:

1. Placed from the temporary custody of DFCS into the permanent custody of a specified relative/individual "for the purpose of adoption" at a DFCS-initiated TPR Hearing where all parental rights were terminated; or
2. Placed directly from the permanent custody of DFCS (where all parental rights have been terminated) into the permanent custody of a specified relative/individual "for the purpose of adoption" as specifically indicated by the court order at a DFCS-initiated court hearing.

Licensed Treatment Provider

This refers to a licensed psychologist, psychiatrist, therapist or physician who has evaluated and/or treated the child.

Petition to Terminate Parental Rights

A formal application filed in writing with the court that requests action and deliberation on terminating rights of a parent. The petition includes facts and grounds for the court to consider in a future hearing regarding termination of parental rights.

Sibling

A sibling is an individual with whom a child shares one or both parents in common by blood, adop-

tion or marriage, even if the marriage was terminated by death or dissolution. Such an individual shall still be considered a sibling of the child following termination of parental rights (TPR) up until a finalized adoption occurs. Such an individual shall also still be considered a sibling of the child following the death of their common parent(s).

Supplemental Security Income (SSI)

Supplemental security income is a monthly benefit for persons who are disabled or who have functional limitations as determined by the Social Security Administration.

Termination of Parental Rights (TPR)

Termination of Parental Rights is the process for severing all legal rights between a child and his/her parent, except the right of the child to receive child support from his/her parent and inherit from and through his/her parent until a final order of adoption is entered. The child shall maintain the right to pursue any civil actions against his/her parent. The relationship between the child and his/her siblings and extended family remain intact until terminated by final order of adoption. Court orders terminating parental rights shall be without limit as to duration.

Voluntary Placement Agreement (VPA)

A written binding agreement between DFCS and the parents/guardians of a minor child that specifies, at a minimum, the legal status of the child and the rights and obligations of the parents or guardians, the child and DFCS while the child is in placement. The agreement grants DFCS placement authority for a child that does not otherwise meet the criteria for being a deprived child. Usually, the child is placed due to a family crisis that is intended to be temporary in nature.


Voluntary Surrender of Parental Rights

This refers to when the legal parent(s) of a child relinquishes his/her rights and obligations to his/her child or children. A validated voluntary surrender of parental rights is where the 10-day revocation period has expired.

Forms and Tools

N/A

12.2 Adoption Assistance Application

 Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(12) Adoption Assistance		
Policy Title:	Adoption Assistance Application		
Policy Number:	12.2	Previous Policy Number(s):	109.4 – 109.5, 109.8, 109.15 – 109.16
Effective Date:	September 2018	Manual Transmittal:	2018-09

Codes/References

45 Code of Federal Regulations §205.10(a)(4)

Requirements

The Division of Family and Children Services (DFCS) will:

1. Submit and consider an Adoption Assistance Application for each child in foster care, who:
 - a. Will remain in DFCS permanent custody until adoption finalization:
 - i. At the earliest after the petition for Termination of Parental Rights (TPR) has been filed with the court or a voluntary surrender of parental rights has been validated.
 - ii. Up until the Placement Agreement is signed with the prospective adoptive parent(s) (see policy [11.9 Adoption: Adoption Placement Signing](#)).
 - b. Is scheduled to be transferred out of the custody of DFCS for the purpose of adoption:
 - i. At the earliest after the petition for TPR has been filed with the court or a voluntary surrender of parental rights has been validated.
 - ii. Up until the child is transferred out of the custody of DFCS and into the custody of the specified relative/individual for the purpose of adoption.
2. Submit and consider an Adoption Assistance Application for a child involved in a private/independent adoption when requested by the pre-adoptive parent(s) at the earliest after the petition to adopt the child has been filed with the court of jurisdiction up until adoption finalization.
3. Render an eligibility determination decision on each Adoption Assistance Application of:
 - a. Approved;
 - b. Denied/Deferred.
4. Provide timely and adequate written notice to the pre-adoptive parents of the adoption assistance eligibility determination indicating:
 - a. The reason(s) for denial
 - b. The right to request a fair hearing (see policy [17.16 Legal: Fair Hearings](#)); and
 - c. The circumstances under which adoption assistance is continued if a fair hearing is requested.



When a child is to be transferred out of the custody of DFCS for the purpose of adoption, the Adoption Assistance Application shall be submitted, and a determination rendered by the Social Services Administration Unit (SSAU) prior to the transfer out of custody.



Only DFCS-involved adoptions are eligible for deferred adoption assistance.

Procedures

Child in Permanent DFCS Custody

The Social Services Case Manager (SSCM) of the child's legal county will:

1. Enter the legal action into Georgia SHINES when a petition for TPR has been filed with the court or voluntary surrender of parental rights has been validated and request the Social Services Supervisor (SSS) to manually open the ADO stage in Georgia SHINES.



When entering a legal action type of voluntary surrender into Georgia SHINES an ADO stage will automatically be generated. Once an ADO stage has been created, Georgia SHINES will automatically send a task to notify the Revenue Maximization Unit (Rev Max) to validate the adoption assistance funding type as either Title IV-E or state funded. Once the funding source has been validated by Rev Max, the SSCM will receive a system generated alert in Georgia SHINES.

2. Review the following pages within three business days of creating the ADO Stage in Georgia SHINES to ensure the child's information is accurate and complete:
 - a. Placement information;
 - b. Current foster care per diem amount;
 - c. Legal information;
 - d. Person detail information (date of birth, etc.); and
 - e. Adoption Information Detail page.
3. Complete the Adoption Assistance Application in the ADO Stage in Georgia SHINES upon receipt of the system generated alert that the Adoption Assistance Funding Summary page has been validated by Rev Max:
 - a. Special needs type requested - select one of the following two special needs criteria, where applicable.
 - i. A child who has been in the care of a public or private agency or individual other than the legal or biological parent for more than 24 consecutive months; or
 - ii. A child who is a member of a sibling group of two or more placed in the same home.



If a basic rate is requested and the child does not meet one of the special needs criteria above or the application will include a specialized rate request, select "A child with a physical, mental or emotional disability, as validated by a licensed physician or psychologist" and indicate the type of disability and the specific diagnoses.

- b. If the child's special need(s) is based on a physical, mental, or emotional disability verify or upload the following supporting documents into Georgia SHINES External Documentation and associate the document(s) with the child:
 - i. An Adoption Assistance Treatment Professional Report form completed and signed by the child's treatment professional and dated within 90 days of the Adoption Assistance Application.



Upon request from the SSCM, the SSAU Program Consultant will consider accepting an Adoption Assistance Treatment Professional Report form dated within 180 days,

if the SSCM can verify that the child's level of needs and treatment services have not changed since the date the form was completed.

- ii. The most recent psychological evaluation(s) to support child's diagnosis, unless such evaluation(s) has been deemed not medically necessary by Amerigroup;
- iii. The most recent developmental evaluation(s) to support developmental diagnosis, unless such evaluation(s) has been deemed not medically necessary by Amerigroup;
- iv. The most recent medical evaluation(s) to support any significant medical diagnosis; unless such evaluation(s) has been deemed not medically necessary by Amerigroup;
- v. Other current relevant supporting documents such as the Trauma Assessment, Individualized Education Plan (IEP) and Babies Can't Wait assessment (if applicable).



For a child who requires minimal professional services or evaluations for his/her specific need(s), this should be indicated in the additional comments section of the Adoption Assistance Application in Georgia SHINES.

- c. Non-recurring adoption assistance request; and
- d. Specialized rate request (if applicable).



If specialized rate is requested, select both the basic and the specialized rate radio buttons in Georgia SHINES. For further details on the supporting documentation required when submitting a request for a specialized rate see policy [12.3 Adoption Assistance: Adoption Assistance Application Specialized Rate](#).

4. Contact the SSAU Program Consultant for assistance in expediting the Adoption Assistance Application when efforts to obtain required evaluation(s) or statement(s) have failed due to lack of cooperation by the treatment provider or due to Amerigroup not approving an evaluation based on medical necessity criteria.
5. Review the Adoption Assistance Application in Georgia SHINES following the SSAU eligibility determination. If the application is:
 - a. Rejected:
 - i. Identify what information is required to make a determination by reviewing the SSAU's documentation; and
 - ii. Obtain the requested information and resubmit the Adoption Assistance Application to the SSAU.



The application will remain in PROC status following the rejection until the application is re-submitted with the requested information.

- b. Approved:
 - i. Negotiate the adoption assistance rate in accordance with policy [12.5 Adoption Assistance: Negotiating the Adoption Assistance Agreement](#); and
 - ii. Review and sign the adoption assistance agreement at the time of the adoptive placement in accordance with policy [12.6 Adoption Assistance: Reviewing and Signing the Adoption Assistance Agreement with the Adoptive Parent\(s\)](#).

c. Denied/Deferred:

- i. Send the Notification of Decision Related to Adoption Assistance to the prospective adoptive parent(s); and
- ii. Review and sign the deferred adoption assistance agreement at the time of the adoptive placement in accordance with policy [12.6 Adoption Assistance: Reviewing and Signing the Adoption Assistance Agreement with the Adoptive Parent\(s\)](#).

The SSAU Program Consultant will:

1. Review the Adoption Assistance Application and supporting documentation for accuracy and completeness.
2. Reject the application in Georgia SHINES documenting what information is required to make an eligibility determination if the Adoption Assistance Application is incomplete.
3. Assist the SSCM in expediting the Adoption Assistance Application when efforts to obtain any required documents have failed due to lack of cooperation by the treatment provider or Amerigroup not approving an evaluation based medical necessity criteria.
4. Within 30 days of receiving the Adoption Assistance Application and all supporting documentation/information determine:
 - a. Special needs eligibility; and
 - b. Adoption assistance eligibility.

DFCS Transfer of Custody for the Purpose of Adoption

The SSCM of the child's legal county will:

1. Enter the legal action into Georgia SHINES that a petition for TPR has been filed with the court or voluntary surrender of parental rights has been validated. Request the SSS manually open the ADO stage in Georgia SHINES.



When entering an action type of voluntary surrender into Georgia SHINES an ADO stage will automatically be generated. Once an ADO stage has been created, Georgia SHINES will automatically send a task to notify Rev Max to validate the adoption assistance funding type as either Title IV-E or state funded. Once the funding source has been validated by Rev Max, the SSCM will receive a system generated alert in Georgia SHINES.

2. Review the following relevant pages in the ADO Stage in Georgia SHINES to ensure the child's information is accurate and complete:
 - a. Placement information;
 - b. Current foster care per diem amount;
 - c. Legal information;
 - d. Person detail information (date of birth, etc.); and
 - e. Adoption Information Detail page.
3. Complete the Adoption Assistance Application in the ADO Stage in Georgia SHINES upon receipt of the system generated alert that the Adoption Assistance Funding Summary page has been

validated by Rev Max:

a. Special needs type requested - select one of the following two special needs criteria, where applicable.

- i. A child who has been in the care of a public or private agency or individual other than the legal or biological parent for more than 24 consecutive months; or
- ii. A child who is a member of a sibling group of two or more placed in the same home.



If a basic rate is requested and the child does not meet one of the special needs criteria above or the application will include a specialized rate request, select “A child with a physical, mental or emotional disability, as validated by a licensed physician or psychologist” and indicate the type of disability and the specific diagnoses.

b. If the child’s special need(s) is based on a physical, mental, or emotional disability verify or upload the following supporting documents into Georgia SHINES External Documentation and associate the document(s) with the child:

- i. An Adoption Assistance Treatment Professional Report form completed and signed by the child’s treatment professional and dated within 90 days of the Adoption Assistance Application.



Upon request from the SSCM, the SSAU Program Consultant will consider accepting an Adoption Assistance Treatment Professional Report form dated within 180 days, if the SSCM can verify that the child’s level of needs and treatment services have not changed since the date the form was completed.

- ii. The most recent psychological evaluation(s) to support child’s diagnosis, unless such evaluation(s) has been deemed not medically necessary by Amerigroup;
- iii. The most recent developmental evaluation(s) to support developmental diagnosis, unless such evaluation(s) has been deemed not medically necessary by Amerigroup;
- iv. The most recent medical evaluation(s) to support any significant medical diagnosis; unless such evaluation(s) has been deemed not medically necessary by Amerigroup;
- v. Other current relevant supporting documents such as the Trauma Assessment, Individualized Education Plan (IEP) and Babies Can’t Wait assessment (if applicable).



For a child who requires minimal professional services or evaluations for his/her specific need(s), this should be indicated in the additional comments section of the Adoption Assistance Application in Georgia SHINES.

c. Non-recurring adoption assistance request; and

d. Specialized rate request (if applicable).



If specialized rate is requested, select both the basic and the specialized rate radio buttons in Georgia SHINES. For further details on the supporting documentation required when submitting a request for a specialized rate (see policy [12.3 Adoption Assistance: Adoption Assistance Application Specialized Rate](#)).

4. Contact the SSAU Program Consultant for assistance in expediting the Adoption Assistance

Application when efforts to obtain required evaluation(s) or statement(s) have failed due to lack of cooperation by the treatment provider or due to Amerigroup not approving an evaluation based on medical necessity criteria.

5. Review the Adoption Assistance Application in Georgia SHINES following the SSAU determination. If the application is:
 - a. Approved:
 - i. Negotiate the adoption assistance rate in accordance with policy [12.5 Adoption Assistance: Negotiating the Adoption Assistance Agreement](#).
 - ii. Review and sign the adoption assistance agreement in accordance with policy [12.6 Adoption Assistance: Reviewing and Signing the Adoption Assistance Agreement with the Adoptive Parent\(s\)](#).
 - b. Denied/Deferred:
 - i. Send the Notification of Decision Related to Adoption Assistance to the prospective adoptive parent(s).
 - ii. Review and sign the deferred adoption assistance agreement in accordance with policy [12.6 Adoption Assistance: Reviewing and Signing the Adoption Assistance Agreement with the Adoptive Parent\(s\)](#).

The SSAU Program Consultant will:

1. Review the Adoption Assistance Application and supporting documentation for accuracy and completeness.
2. Reject the application in Georgia SHINES documenting what information is required to make an eligibility determination if the Adoption Assistance Application is incomplete.
3. Assist the SSCM in expediting the Adoption Assistance Application when efforts to obtain any required documents have failed due to lack of cooperation by the treatment provider or Amerigroup not approving an evaluation based medical necessity criteria.
4. Within 30 days of receiving the Adoption Assistance Application and all supporting documentation/information determine:
 - a. Special needs eligibility; and
 - b. Adoption assistance eligibility.

Private/Independent Adoption

The SSCM of the pre-adoptive parents' county of residence will:

1. Discuss the following with the pre-adoptive parent(s):
 - a. The application for adoption assistance can only be initiated after a petition to adopt has been or is in the process of being filed with the court;
 - b. Whether they are requesting ongoing monthly adoption assistance benefits or non-recurring funds only.
 - c. The eligibility criteria for adoption assistance in a private/independent adoption:
 - i. The child must be deemed Title IV-E eligible and meet the special needs requirements;

and

- ii. The adoption assistance agreement must be signed prior to adoption finalization.
- d. Whether the child is currently receiving Supplemental Security Income (SSI) benefits:
 - i. Is the child SSI eligible, has SSI been applied for on the child's behalf, and does the child receive SSI?
 - ii. SSI eligible children automatically meet IV-E eligibility requirement related to adoption assistance but must still meet special needs criteria.
2. Provide the pre-adoptive parents with the form Adoption Assistance for Independent Adoptions Information for Adoptive Families.
3. Have the pre-adoptive parent(s) complete the Request for Adoption Assistance (Non DFCS-Involved Adoption).
4. Gather the following from the pre-adoptive parent(s) to make a Title IV-E and special needs determination:
 - a. Verification that a petition for adoption has been filed;
 - b. TPR court order or voluntary surrender documents (if applicable);
 - c. Verification of SSI eligibility for the child (if applicable); or
 - d. Court orders regarding the child's removal from the birth/legal parent(s) indicating temporary custody, guardianship or permanent custody, including any shelter care orders for children previously in foster care; and
 - e. Information to complete the following forms:
 - i. The IV-E Application for Adoption Assistance - Non-DFCS Adoption;
 - ii. Removal Home Income and Asset Checklist - Non-DFCS Adoption.
 - f. If the pre-adoptive family indicate the child's special need(s) is based on a physical, mental, or emotional disability, obtain:
 - i. An Adoption Assistance Treatment Professional Report form completed and signed by the child's treatment professional and dated within 90 days of the Adoption Assistance Application



Upon request from the SSCM, the SSAU Program Consultant will consider accepting an Adoption Assistance Treatment Professional Report form dated within 180 days, if the SSCM can verify that the child's level of needs and treatment services have not changed since the date the form was completed.



For a child who requires minimal professional services or evaluations for his/her specific need(s), this should be indicated in the additional comments section of the Adop-

tion Assistance Application in Georgia SHINES.

5. Create a PAD stage in Georgia SHINES using the guidelines outlined in the Georgia SHINES Job Aide: Stage Progression Case – Intake to PAD.



The PAD stage can be created at any point during the application process following the pre-adoptive parent(s) expressing his/her interest in applying for Adoption Assistance Application benefits. Documents can be added into Georgia SHINES External Documentation as provided by the adoptive parent(s).

6. Complete the Non-Incident AFCARS Information page in Georgia SHINES located on the child's Person Detail Page as a 3rd level tab in the PAD stage.
7. Upload all the supporting documentation and the completed forms obtained from the adoptive parent(s) into Georgia SHINES External Documentation.
8. Assign the Rev Max Eligibility Specialist as secondary to the PAD stage.
9. Make a request to Rev Max Unit via email to complete the Adoption Assistance Funding Summary page.
10. Complete the non-incident Adoption Assistance Application in the PAD Stage in Georgia SHINES upon receipt of the system generated alert that the Adoption Assistance Funding Summary page has been validated by Rev Max:

- a. Special needs type requested - select one of the following two special needs criteria, where applicable.

- i. A child who has been in the care of a public or private agency or individual other than the legal or biological parent for more than 24 consecutive months; or
- ii. A child who is a member of a sibling group of two or more placed in the same home.



If a basic rate is requested and the child does not meet one of the special needs criteria above or the application will include a specialized rate request, select “A child with a physical, mental or emotional disability, as validated by a licensed physician or psychologist” and indicate the type of disability and the specific diagnoses.

- b. Non-recurring adoption assistance request; and
- c. Specialized rate request (if applicable).



If specialized rate is requested, select both the basic and the specialized rate radio buttons in Georgia SHINES. For further details on the supporting documentation required when submitting a request for a specialized rate see policy [12.3 Adoption Assistance: Adoption Assistance Application Specialized Rate](#).

11. Complete the Adoption Assistance Narrative and upload into Georgia SHINES External Documentation.
12. Review the Adoption Assistance Application in Georgia SHINES following the SSAU eligibility determination:
 - a. If the application is approved:
 - i. Negotiate the adoption assistance rate in accordance with policy [12.5 Adoption Assis-](#)

tance: [Negotiating the Adoption Assistance Agreement](#); and

- ii. Review and sign the adoption assistance agreement prior to adoption finalization in accordance with policy [12.6 Adoption Assistance: Reviewing and Signing the Adoption Assistance Agreement with the Adoptive Parent\(s\)](#).

- b. If the application is denied, send the Notification of Decision Related to Adoption Assistance to the adoptive parent(s).

The SSAU Program Consultant will:

1. Review the Adoption Assistance Application and supporting documentation for accuracy and completeness.
2. Reject the application in Georgia SHINES documenting what information is required to make an eligibility determination if the Adoption Assistance Application is incomplete.
3. Within 30 days of receiving the Adoption Assistance Application and all supporting documentation/information determine:
 - a. Special needs eligibility; and
 - b. Adoption assistance eligibility.

Non-Recurring Only

The SSCM of the pre-adoptive parents' county of residence will:

1. Discuss with the pre-adoptive parent(s):
 - a. The application for adoption assistance can only be initiated and processed after DFCS has obtained verification that an adoption petition has been or is in the process of being filed with the court;
 - b. The decision to request Non-Recurring Only adoption assistance benefits;
 - c. The eligibility criteria for Non-Recurring Only adoption assistance benefits:
 - i. The child must meet the special needs requirements; and
 - ii. The adoption assistance agreement must be signed prior to the adoption finalization.
2. Provide the pre-adoptive parents with a copy of Adoption Assistance for Independent Adoptions Information for Adoptive Families handout.
3. Have the pre-adoptive parent(s) complete the Request for Adoption Assistance (Non DFCS-Involved Adoption) form.
4. Gather the following from the pre-adoptive parent(s):
 - a. Verification that a petition for adoption has been filed; and
 - b. TPR court order or voluntary surrender documents (if applicable).
5. Create a PAD stage in Georgia SHINES using the guidelines outlined in the Georgia SHINES Job Aide: Stage Progression Case – Intake to PAD.
6. Upload into Georgia SHINES External Documentation the supporting information received from the pre-adoptive parent(s).

7. Assign the Rev Max Eligibility Specialist as secondary to the PAD stage.
8. Make a request via email to Revenue Maximization Unit (Rev Max) to complete the Adoption Assistance Funding Summary for a non-recurring only adoption assistance.
9. Complete the Adoption Assistance Application in the PAD stage in Georgia SHINES upon receipt of the system generated alert that the Adoption Assistance Funding Summary has been validated:
 - a. Check the non-recurring only box located on the top left portion; and
 - b. Select the special needs type being requested.



There will not be a request for a basic rate on the application, since that would not be applicable.

- c. Complete the Adoption Assistance Narrative and upload into Georgia SHINES External Documentation



When the plan is for an adoption to be finalized in the foreign country or the child is brought to the United States for finalization, the official documentation from the custody holders in the foreign country is sent to the SSAU verifying the child meets the special needs requirements. To verify a physical, mental or emotional disability a written statement by the treating professionals in the foreign country or treating professionals in the U.S. is acceptable. This documentation must be obtained prior to finalization. If the family is unable to obtain this documentation until going abroad, the family must send/fax the documentation from the foreign country to the SSAU prior to finalization of the adoption.

10. Review the non-incident non-recurring only Adoption Assistance Application in Georgia SHINES following the SSAU determination:
 - a. If the application is approved:
 - i. Review and sign the adoption assistance agreement in accordance with policy [12.6 Adoption Assistance: Reviewing and Signing the Adoption Assistance Agreement with the Adoptive Parent\(s\)](#).
 - ii. Initiate the payment of the non-recurring adoption assistance payment in accordance with policy [12.7 Adoption Assistance: Initiating the Adoption Assistance Benefits](#).
 - b. If the application is denied, send the Notification of Decision Related to Adoption Assistance to the pre-adoptive family.

The SSAU Program Consultant will:

1. Review the Adoption Assistance Application and supporting documentation for accuracy and completeness.
2. Reject the application in Georgia SHINES documenting what information is required to make an eligibility determination if the Adoption Assistance Application is incomplete.
3. Within 30 days of receiving the Adoption Assistance Application and all supporting documentation/information determine:
 - a. Special needs eligibility; and

b. Adoption assistance eligibility.



The non-recurring only procedure is relevant if the pre-adoptive parent(s) is applying for non-recurring adoption assistance benefits only. If an application for adoption assistance payments is executed, non-recurring benefits will be included within that application.

Practice Guidance

The Adoption Assistance Application will be made as early in the placement process as possible to allow adequate time for careful review of the child's needs and a preliminary determination of eligibility before the adoptive Placement Agreement is signed. This practice allows the identified adoptive parent(s) to be aware of the child's eligibility status for adoption assistance early in the process and time for benefits to be discussed and negotiated prior to the adoptive placement. The special needs determination is critical information required for compiling the Child Life History and making placement plans for the child (see policy [11.5 Adoption: Child Life History](#)).

The Adoption Assistance Application eligibility decision will be made by the SSAU for all children. The special needs determination is based upon the child's assessed needs at the time of the Adoption Assistance Application. Adoption Assistance Application approvals, including specialized adoption assistance rate approvals, expire after one year if the adoptive placement has not occurred. Special needs determination requests and specialized rate requests must be re-submitted annually to the SSAU until adoptive placement occurs. A new special needs determination request must be submitted when a child's adoptive placement permanently disrupts or dissolves and the permanency plan still includes adoption.

If DFCS determined a child does not meet the special needs criteria but has identified background factors, a deferred adoption assistance agreement can be completed, which will allow for a future request for adoption assistance should the child develop a physical, mental, or emotional disability, as validated by a licensed physician or psychologist. Only DFCS-involved adoptions are eligible for deferred adoption assistance agreements. Children where adoption assistance is deferred are not eligible for non-recurring benefits because they have been deemed "non-special needs".

Adoption (Private/Independent)

There are four types of private/independent adoptions:

1. Non-Relative (Third Party) - Adoption of a child usually arranged by an attorney, physician or other individual with the direct involvement of the biological parents; if the child or adoptive parents reside in another state, the provisions of the Interstate Compact on the Placement of Children must be followed.
2. Relative - Adoption of a child by a relative (defined as any relation by blood, marriage or adoption).
3. Step-Parent - Adoption of a child by the spouse of one of the birth/legal parents where the other birth/legal parent is deceased, or his/her parental rights have been terminated either voluntarily or by court action.
4. Confirming Adoption (Domestication of Foreign Decree) - Adoption of a child who has already been adopted in a foreign country. The purpose being to secure a decree in the United States, which entitles the child to a Georgia birth certificate.

Adoption Assistance Agreement

This is a legal and binding agreement between the agency and the pre-adoptive parent(s) regarding adoption assistance benefits. It establishes types, duration, amount(s) of benefits, and other agreed upon stipulations. A fully executed adoption assistance agreement refers to an adoption assistance agreement that was negotiated with the adoptive parent(s); reviewed and discussed with the adoptive parent(s); and all required signatures (adoptive parent(s), County Director/Designee and authorized department representative) and dates obtained.

Adoption Assistance Narrative

The Adoption Assistance Narrative form summarizes whether the child meets the Georgia's special needs criteria referencing any documentation provided by the adoptive parent(s) which includes the following:

1. Whether the child is legally free for adoption and cannot or should not be returned to the home of removal;
2. Whether the adoptive parents have stated a need for adoption assistance in order to adopt the child;
3. Any reasons that it may not be in the best interest of the child to seek out other adoptive placements which do not require adoption assistance (i.e. relative placement; close bonds between child and the adoptive parents);
4. Whether factors or conditions exist, which would make it difficult for the child to be adopted without adoption assistance.

Basic Rate (Adoption Assistance)

This is the basic monthly rate which is provided for children who qualify for adoption assistance.

Deferred Adoption Assistance

If a child does not meet the eligibility criteria of a child with special needs prior to adoptive placement but has background factors which may lead to significant medical, physical, or emotional problems in the future, a deferred adoption assistance agreement is completed with the pre-adoptive parent(s). If significant medical, physical or mental conditions develop at a later date, adoption assistance may be instated if it is determined by DFCS these developed conditions meet the special needs eligibility criteria. Deferred Adoption Assistance is only available for DFCS-involved adoptions.

DFCS Involved Transfer of Custody for the Purpose of Adoption

Refers to children who were either:

1. Placed from the temporary custody of DFCS into the permanent custody of a specified relative/individual "for the purpose of adoption" at a DFCS-initiated TPR Hearing where all parental rights were terminated; or
2. Placed directly from the permanent custody of DFCS (where all parental rights have been terminated) into the permanent custody of a specified relative/individual "for the purpose of adop-

tion” as specifically indicated by the court order at a DFCS-initiated court hearing.

Licensed Treatment Provider

This refers to a licensed psychologist, psychiatrist, therapist or physician who has evaluated and/or treated the child.

Petition to Terminate Parental Rights

This is a formal application filed in writing with the court that requests action and deliberation on terminating rights of a parent. The petition includes facts and grounds for the court to consider in a future hearing regarding termination of parental rights.

Specialized Adoption Assistance Rate

This is an adoption assistance rate that is higher than the basic adoption assistance rate, and is based upon the documented significant mental, emotional and/or physical disability of the child.


Voluntary Surrender of Parental Rights

This refers to when the legal parent(s) of a child relinquishes his/her rights and obligations to his/her child or children. A validated voluntary surrender of parental rights is when the 10- day revocation period has expired.

Forms and Tools

- [Adoption Assistance for Independent Adoptions Information for Adoptive Families](#)
- [Adoption Assistance Narrative](#)
- [Adoption Assistance Treatment Professional Report](#)
- [IV-E Application for Adoption Assistance – Non DFCS Adoption](#)
- [Notification of Decision Related to Adoption Assistance](#)
- [Notification of Decision Related to Adoption Assistance \(Spanish\)](#)
- [Request for Adoption Assistance \(Non DFCS-Involved Adoption\)](#)
- [Removal Home Income and Asset Checklist – Non DFCS Adoption](#)
- [Removal Home Income and Asset Checklist – Non-DFCS Adoption - Instructions](#)

12.3 Adoption Assistance Specialized Rate

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(12) Adoption Assistance		
	Policy Title:	Adoption Assistance Specialized Rate		
	Policy Number:	12.3	Previous Policy Number(s):	N/A
	Effective Date:	December 2020	Manual Transmittal:	2020-10

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Consider a request for an adoption assistance specialized rate for a child who has a significant level of mental, emotional and physical disability which requires care and services that cannot be adequately compensated by the basic adoption assistance rate and Medicaid.

2. Ensure the following requirements are met prior to considering an adoption assistance specialized rate:

a. The adoption assistance application for a specialized rate is submitted at the same time as the adoption assistance application for a basic rate.



An adoption assistance application for a specialized rate in Georgia SHINES can be submitted following the approval of the adoption assistance application for basic rate when a child is later determined to have additional problems and treatment needs.

b. An application for Supplemental Security Income (SSI) benefits was submitted for the child and the Social Security Administration (SSA) has rendered an eligibility determination of either approved or denied.



This requirement only applies to children who are determined by the Revenue Maximization Unit (Rev Max) to have an adoption funding type of state-funded.

c. A child who is in a DFCS foster home must be currently approved for a specialized foster care per diem by the Care Coordination Treatment Unit (CCTU) and have a current Memorandum indicating such.



If the child doesn't have a current specialized foster care per diem rate approval, an application for both a specialized foster care per diem rate and an adoption assistance specialized rate must be submitted simultaneously to both CCTU and Social Services Administration Unit (SSAU) with all supporting documentation. See policy [16.5 Room Board and Watchful Oversight: Specialized Foster Care Per Diem](#) for procedures for submitting a request to CCTU for specialized foster care rate per diem.


d. A child who is placed in a child placing agency (CPA) foster home is approved by CCTU for an additional Room Board and Watchful Oversight (RBWO) waiver amount, above the basic per diem, and has a current RBWO Program Destination Waiver indicating such.


3. Ensure the assigned adoption specialized rate does not exceed the amount the child receives in a family foster home or for a child not placed in a family foster home, the adoption assistance rate does not exceed the rate the child would receive if he/she were placed in a family foster home.

Procedures

Social Services Case Manager

1. Provide the following required supporting information when submitting an adoption assistance application for a specialized rate to SSAU:
 - a. For a child in a child care institution (CCI):
 - i. RBWO memorandum from CCTU indicating the child is currently receiving a higher foster care rate; and
 - ii. A copy of the completed Universal Application.
 - b. For a child in a CPA foster home:
 - i. RBWO memorandum from CCTU indicating the child is currently receiving a higher foster care rate; and
 - ii. A copy of the completed Universal Application; and
 - iii. Caregiver Effort Declaration; or
 - iv. A signed written statement from the foster parent regarding the care requirements.
 - c. For a child in a DFCS foster home:
 - i. Specialized foster care per diem memorandum from CCTU indicating the child is currently receiving a higher foster care rate; and
 - ii. A copy of the completed Universal Application; and
 - iii. Caregiver Effort of Declaration; or
 - iv. A signed written statement from the foster parent regarding the care requirements.

 The specialized foster care per diem memorandum is not required for a child in DFCS custody if the SSCM is submitting the application for specialized foster care per diem and the specialized adoption assistance rate simultaneously.
 - d. For a child in a Relative home:
 - i. A copy of the completed Universal Application; and
 - ii. Caregiver Effort of Declaration; or
 - iii. A signed written statement from the relative parent regarding the care requirements.
 - e. An Adoption Assistance Treatment Professional Report completed and signed by the child's treatment professional and dated within 90 days of the Adoption Assistance Application;

 Upon request from the SSCM, the SSAU Program Consultant will consider accepting an Adoption Assistance Treatment Professional Report form dated within 180 days, if the SSCM can verify that the child's level of needs and treatment services have not changed since the date the form was completed.
 - f. The most recent psychological evaluation(s) to support child's diagnosis, unless such evaluation(s) has been deemed not medically necessary by Amerigroup; or
 - g. The most recent developmental evaluation(s) to support the developmental diagnosis, unless

such evaluation(s) has been deemed not medically necessary by Amerigroup; and

- h. The most recent medical evaluation(s) to support significant medical diagnosis unless such evaluation(s) has been deemed not medically necessary by Amerigroup; and
- i. Other relevant current documentation such as the Trauma Assessment, Individualized Education Plan (IEP) and Babies Can't Wait assessments if applicable; and
- j. Documentation that SSI benefits have been applied for and either approved or denied; and



This procedure only applies to children who are determined by Rev Max to have an adoption funding type of state-funded.

- k. Documentation of any sources of income for the child, such as Social Security Retirement, Survivors or Disability Insurance benefits (RSDI) if applicable.

2. Upload all supporting information into Georgia SHINES External Documentation within 72 hours of receipt.
3. Complete the adoption assistance application for a specialized rate using procedures outlined in policy [12.2 Adoption Assistance: Adoption Assistance Application](#).



The SSCM may contact the SSAU Program Consultant for assistance in expediting the application when efforts to obtain any of the above required evaluation(s)/statements have failed due to lack of cooperation by the treatment provider or due to Amerigroup not approving an evaluation based on “medical necessity” criteria.

Practice Guidance

An adoption assistance specialized rate application for a child whose adoption funding type is determined by Rev Max to be state-funded will not be considered without documentation that SSI benefits have been applied for and either approved or denied. SSI applications may take up to four to six months for the Social Security Administration to process, and thus should be submitted to the SSA well in advance of specialized rate requests. This will prevent potential delays in the placement of children in adoptive homes. When applying for SSI benefits, the Social Services Case Manager must present documentation to the Social Security Administration as to whether the child's adoption funding type is state-funded or Title IV-E based on the Rev Max determination, because this has a significant bearing on the child's SSI eligibility.

If a child in foster care who has a specialized adoption assistance rate moves to a different foster care placement resource or has a situation where the foster care rate becomes lower than the specialized adoption assistance rate, SSAU should be immediately notified so that the specialized adoption assistance rate can be adjusted or terminated in Georgia SHINES.

The specialized adoption assistance rate will be re-applied for annually until adoptive placement occurs. These processes ensure that the adoption assistance rate does not exceed the foster home board rate, in accordance with Federal Title IV-E policy requirements. If at the time of submitting a request for adoption assistance specialized rate the RBWO waiver or specialized foster care rate approval will expire within 60 days or less, it is recommended that the Social Services Case Manager also re-apply for the RBWO waiver/specialized foster care rate (see policy [16.1 Room Board and Watchful Oversight: Program Designation](#) and [16.5 Room Board and Watchful Oversight: Specialized Foster Care Per Diem](#) for requirements and procedures on submitting a request for a

higher foster care rate).

Babies Can't Wait

Babies Can't Wait is Georgia's early intervention program for infants and toddlers with developmental delays and disabilities and their families. It is a federally-mandated program under the Individuals with Disabilities Education Act (IDEA), which provides a framework for coordinating developmental, educational, and community support within natural environments for children under three and their families.

Basic Rate (Adoption Assistance)

This is the basic monthly rate which is provided for children who qualify for adoption assistance.

Child Care Institution (CCI)

Child care institutions provide care, supervision, and oversight in a residential setting, including neighborhood-based group homes, campus-based arrangements, and self-contained facilities.

Child Placing Agency (CPA)

A CPA is a private agency that places children in foster homes for temporary individualized care, supervision and oversight in a resource family setting. CPAs make arrangements to assess the placement regarding the appropriateness of the room, board and watchful oversight that the prospective foster family will provide. The agency's employees and the CPA's foster parents work as a team to provide a stabilizing and nurturing environment that promotes safety, well-being and permanency.

Individualized Education Plan (IEP)

The Individualized Education Plan (IEP) is an individualized document designed for one student that guides the delivery of special education supports and services for the student with a disability. The IEP creates an opportunity for teachers, parents, school administrators, related services personnel and students (when appropriate) to work together to improve educational results for children with disabilities.

Supplemental Security Income (SSI)

Supplemental Security Income is a monthly benefit for persons who are disabled or who have functional limitations as determined by the Social Security Administration.


The Universal Application

For DFCS staff the Universal Application can be completed in Georgia SHINES in the FCC/ADO stage under the Placement Tab. Many of the fields on the Universal Application pre-populate with data already entered into Georgia SHINES. To take full advantage of this feature, prior to launching the Universal Application in Georgia SHINES, thoroughly complete the Person Detail, Health Detail, and Education Detail pages. For RBWO providers, the Universal Application must be completed outside of Georgia SHINES. For a child who has already been adopted and an adoption assistance rate increase is being renegotiated, the Universal Application must also be completed outside of Georgia SHINES.

Forms and Tools

[Adoption Assistance Treatment Professional Report](#)
[Caregiver Effort Declaration](#)
[Universal Application](#)

12.4 Supplemental Security Income (SSI) & Adoption Assistance

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(12) Adoption Assistance		
	Policy Title:	Supplemental Security Income (SSI) & Adoption Assistance		
	Policy Number:	12.4	Previous Policy Number(s):	109.19
	Effective Date:	September 2015	Manual Transmittal:	2015-08

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will determine a child who meets the special needs criteria, as defined in policy [12.1 Adoption Assistance: Eligibility - Adoption Assistance Payments, Medical & Non-Recurring](#), eligible for adoption assistance benefits when:

1. A non-applicable child is determined eligible for Supplemental Security Income (SSI) by the Social Security Administration (SSA); or
2. An applicable child is deemed to meet medical or disability eligibility requirements for SSI.


Procedures

Concurrent Adoption Assistance Benefits and SSI Benefits

If the pre-adoptive parent(s) opts for concurrent adoption assistance benefits and SSI, the Social Services Case Manager will:

1. Discuss a child's eligibility for SSI and how it relates to adoption assistance with the adoptive family to include informing the adoptive parent(s) that:
 - a. SSI eligibility is based on income as well as disability and his/her own income will be counted following the finalization of the adoption. SSI may be reduced or terminated due to income or level of disability. Adoption assistance benefits will remain in place for the child as long as the family maintains legal and financial responsibility for the child and other adoption assistance eligibility criteria are met. Unlike SSI, the child's adoption assistance benefits are not affected by family income or a child's level of disability.


- b. The Social Security Administration (SSA) will consider the adoption assistance payment as income for the child who receives SSI benefits. For the child receiving Title IV-E adoption assistance, the SSA will reduce the SSI payments dollar for dollar.
2. At the point that an SSI eligible child is approved for adoption assistance benefits and the Adoption Placement Signing (see policy [11.9 Adoption: Adoption Placement Signing](#)) has taken place:
 - a. Inform the SSA in writing (by certified mail) of the amount, funding type (i.e., Title IV-E or state-funded) and start date/duration of adoption assistance payments.



Communicating with the SSA at this point will help to prevent any overpayments and resulting penalties to the pre-adoptive or adoptive parent(s).
 - b. Upload the correspondence with the SSA to External Documentation in Georgia SHINES.

Decline Adoption Assistance, Choose to Receive SSI Only

If the pre-adoptive parent(s) choose to decline adoption assistance benefits and receive SSI only, the Social Services Case Manager will discuss a child's eligibility for SSI and how it relates to adoption assistance with the adoptive family to include informing the adoptive parent(s) following the adoption finalization SSI benefits may be reduced or terminated based on the family's income. Therefore, the adoptive parent(s) should be encouraged to enter into a deferred adoption assistance agreement before the adoption is finalized that will allow the suspension of adoption assistance benefits while receiving SSI. By entering into a deferred adoption assistance agreement the child will remain eligible for adoption assistance benefits to be activated at some future date following renegotiation of the adoption assistance rate.



If the adoptive parents decide to decline adoption assistance and choose to receive only SSI for the child and an deferred adoption assistance agreement wasn't executed prior to adoption finalization the child is not eligible to receive adoption assistance benefits, as the child does not meet the special needs eligibility requirements.

Suspend Adoption Assistance, Choose to Receive SSI Only

If the adoptive parent(s) decide to voluntarily suspend adoption assistance benefits and receive SSI only:

1. Submit an adoption assistance application in Georgia SHINES (see policy [12.2 Adoption Assistance: Adoption Assistance Application](#)) indicating the adoptive parents' choice of SSI and a deferred adoption assistance agreement in the additional comments section;
2. Upon approval of the adoption assistance application in Georgia SHINES by the Social Services Administration Unit (SSAU) complete, review and sign the deferred adoption assistance agreement with the pre-adoptive parents (see policy [12.6 Adoption Assistance: Reviewing and Signing the Adoption Assistance Agreement](#)); and
3. Upon the request of the adoptive parents, activate adoption assistance benefits by completing a subsequent adoption assistance application, with special need indicated, in Georgia SHINES and submit to the SSAU.

Practice Guidance

If a child in DFCS Custody continues to be eligible for SSI following adoptive placement, the SSI funds and Medicaid card will continue to be sent to the child's legal county department until adoption finalization. Once the finalization occurs, that agency shall transfer the assignment of benefits to the adopting parent(s) or instruct the family to apply for the transfer.

A family that is adopting a child not in the custody of DFCS should be informed how a child's SSI eligibility can improve the chances of adoption assistance eligibility. If the child is approved for SSI prior to the finalization of the adoption, the child is automatically eligible for Title IV-E adoption assistance if the child is also determined to meet special needs criteria and the adoption assistance agreement is signed prior to the finalization of the adoption.

When a child is deemed eligible for both SSI and adoption assistance benefits and the adoptive parent(s) choose to suspend adoption assistance benefits and only receive SSI, the adoptive parents can at a later date activate the adoption assistance benefits for that child if SSI benefits are reduced, terminated, or for other reasons. This should not be confused with deferred adoption assistance for a child who didn't meet the special needs eligibility criteria prior to the Adoptive Placement Signing, in which case the adoptive parents are eligible to reapply for adoption assistance benefits at a later date if significant medical, physical, or mental conditions develop which could render the child eligible for adoption assistance benefits (see policy [12.8 Adoption Assistance: Subsequent Determination – Deferred Adoption Assistance](#)).

Social Security Retirement, Survivors or Disability Insurance (RSDI) funds do not have income eligibility criteria such as SSI benefits. The adoptive family's income or any other income of the child will not affect ongoing eligibility for RSDI funds. RSDI funds can be received in addition to adoption assistance without a "dollar-for-dollar" reduction.

Adoptive Status

Adoptive status is the point when a child is legally free to be adopted, an adoptive resource has been identified, physical adoptive placement has occurred and the adoptive resource has committed to be the child's adoptive parent(s) by signing the placement agreement(s). Placing a child on adoptive status signals recruitment procedures should be halted as a potential adoptive resource has been located for the child.

Deferred Adoption Assistance

If a child does not meet the eligibility criteria of a child with special needs prior to adoptive placement, but has background factors that may lead to significant medical, physical, or emotional problems in the future, a deferred adoption assistance agreement is completed with the pre-adoptive parent(s). If significant medical, physical, or mental conditions develop at a later date, adoption assistance may be instated if it is determined by DFCS these developed conditions meet the special needs eligibility criteria. Deferred Adoption Assistance is only available for DFCS-involved adoptions.


Supplemental Security Income (SSI)

Supplemental Security Income is a monthly benefit for persons who are disabled or who have functional limitations as determined by the Social Security Administration.

Forms and Tools

N/A

12.5 Negotiating the Adoption Assistance Agreement

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(12) Adoption Assistance		
	Policy Title:	Negotiating the Adoption Assistance Agreement		
	Policy Number:	12.5	Previous Policy Number(s):	109.9
	Effective Date:	September 2015	Manual Transmittal:	2015-08

Codes/References

Title IV-E of the Social Security Act, Section 473(a)(3)
45 Code of Federal Regulations, Section 1356.40(c)

Requirements

The Division of Family and Children Services (DFCS) will *negotiate the adoption assistance rate with the adoptive parent(s). The amount of such payments:*

- 1. Will take into consideration the circumstances of the adopting parent(s) and the needs of the child being adopted;*
- 2. May be adjusted periodically with the concurrence of the adoptive parent(s) to reflect changing circumstances; and*
- 3. Will not exceed the foster care maintenance payment which would have been paid during the period if the child with respect to whom the adoption assistance payment is made had been in a foster family home.*



The State of Georgia limits the maximum adoption assistance rate to the foster care maintenance payment amount paid for a child in a family foster home at the time of adoptive placement or the foster care maintenance payment amount that would have been paid if the child had been in a family foster home at the time of adoptive placement.



In determining eligibility for adoption assistance payments, there is no income eligibility requirement (means test) for the adoptive parent(s).

Procedures

Social Services Case Manager

- Prior to negotiating the adoption assistance agreement, discuss with the prospective adopting parent(s) during the adoptive pre-placement staffing or foster parent consideration staffing (see policy [11.8 Adoption: Adoption Pre-Placement Staffing & Visitation](#) and [11.6 Adoption: Foster](#)

Parent Adoption Consideration Evaluation):

- a. The current and future needs of the child;
 - b. The resources available to meet the child's needs; and
 - c. Whether the prospective adoptive parent(s) requires adoption assistance.
2. Following approval of adoption assistance payments *and* the indication by the adoptive parent(s) of his/her need for adoption assistance benefits, negotiate the adoption assistance rate by:
- a. Reviewing with the adoptive parent(s) the resources and forms of support that are specifically designated for and available to the child such as:
 - i. Social Security Retirement, Survivors and Disability Insurance (RSDI);
 - ii. Inheritance;
 - iii. Supplemental security income (SSI);
 - iv. Veterans Administration (VA) benefits; and
 - v. Zebley Funds.



Any child who has Zebley Funds in a trust account is potentially eligible to receive these funds once the adoption has finalized. Once finalization occurs, the adopting parent(s) shall be notified, in writing, about the availability of these funds and other funds available in the child's DFCS restricted funds account, and how to access them.

- b. Reviewing with the adoptive parent(s) his/her budget and the potential impact of incorporating the child into the household. Help determine what portion of the cost of the child's needs the family can meet.
- c. Exploring community resources with the adoptive parent(s), such as mental health services, educational services, public health services, etc. These services may be available to assist the adoptive family with a wide variety of needs related to their adopted child.
- d. Discussing the child's eligibility for Supplemental Security Income (SSI) with the adoptive parent(s) and the effect adoption assistance payments will have on SSI (see policy [12.4 Adoption Assistance: Supplemental Security Income \(SSI\) & Adoption Assistance Benefits](#) for the details).
- e. Discussing with the adoptive parent(s) the child's enrollment in the Health Check program (formerly Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)) and what services can be provided to the child under Medicaid.



All children for whom adoption assistance is being requested should be enrolled in Health Check before the adoptive placement.

- f. Informing the prospective adoptive parent(s) of his/her potential eligibility for the Federal Adoption Tax Credit.



The adoption assistance rate can be negotiated by an authorized department representative or the SSCM.

Practice Guidance

Adoption assistance benefits should not be confused with a foster care board rate. The agency representative should explain that adoption assistance benefits are based on the current and projected future levels of functioning of the child and are designed to assist in meeting the cost of providing for the special needs of the child (not covered by Medicaid) that would otherwise have prevented the child from being adopted.

With the understanding, the State of Georgia limits the maximum adoption assistance rate to the foster care maintenance payment amount paid at the time of adoptive placement, the adoption assistance rate must be negotiated with the adoptive family. The use of a means test is prohibited when determining eligibility for adoption assistance and when negotiating the adoption assistance rate. Adoption assistance is not based upon a standard schedule of itemized needs and countable income. Instead, the amount of the adoption assistance payment is determined through the discussion and negotiation process between the adoptive parents and a representative of DFCS based upon the needs of the child and the circumstances of the family. The payment that is agreed upon should combine with the parents' resources to cover the ordinary and special needs of the child projected over an extended period of time and should cover anticipated needs.

Federal law and regulations do not prohibit a State from having a policy that limits the maximum adoption assistance payments to a level lower than the maintenance payment a child would have received in a foster family home.

Adoption Assistance Agreement

This is a legal and binding agreement between the agency and the pre-adoptive parent(s) regarding adoption assistance benefits. It establishes types, duration, amount(s) of benefits, and other agreed upon stipulations. A fully executed adoption assistance agreement refers to an adoption assistance agreement that was negotiated with the adoptive parent(s); reviewed and discussed with the adoptive parent(s); and all required signatures (adoptive parent(s), County Director/Designee and authorized department representative) and dates obtained.

Health Check

Health Check Services, formerly Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), is a program of comprehensive health screening, diagnosis, referral and treatment of children under 21 years of age. The goal of the Health Check program is to direct attention to the importance of preventive health services, early detection and treatment of conditions in children before their health problems become chronic or irreversible. Health Check is important because it:

1. Provides early and regular medical and dental screenings for all Medicaid eligible-children
2. Identifies treatments that are medically necessary to correct or ameliorate a defect, physical or mental illness or a condition that is identified through a screening examination.

Means Test

This refers to an investigation of a person's financial resources, made to determine whether that person is eligible for various types of Public Assistance.


Supplemental Security Income (SSI)

Supplemental Security Income is a monthly benefit for persons who are disabled or who have functional limitations as determined by the Social Security Administration.

Forms and Tools

N/A

12.6 Reviewing and Signing the Adoption Assistance Agreement

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(12) Adoption Assistance		
	Policy Title:	Reviewing and Signing the Adoption Assistance Agreement		
	Policy Number:	12.6	Previous Policy Number(s):	109.10, 109.11
	Effective Date:	September 2018	Manual Transmittal:	2018-09

Codes/References

Title IV-E of the Social Security Act, Section 475(3)
Title IV-E of the Social Security Act, Section 475(3)(b)
Title IV-E of the Social Security Act, Section 473(a)(4)
Title IV-E of the Social Security Act, Section 473(b)
Title IV-E of the Social Security Act, Section 471(a)(33)
45 Code of Federal Regulations, Section 1356.40(b)(1-3)
45 Code of Federal Regulations, Section 1356.40(d)

Requirements

The Division of Family and Children Services (DFCS) will:

1. *Enter into the Adoption Assistance Agreement [a written agreement, binding on all parties, between DFCS, other relevant agencies, and the prospective adoptive parents]. The Adoption Assistance Agreement will meet the requirements of section 475(3) of the Social Security Act as stated below:*
 - a. *Is signed by the adoptive parent(s) and a representative of DFCS and is in effect before Adoption Assistance payments are made under title IV-E, but no later than the finalization of the adoption;*
 - b. *Specify:*
 - i. *The duration of the agreement;*
 - ii. *The amount of the Adoption Assistance payments (if any) and the nature and amount of any other payments, services and assistance to be provided (including non-recurring adop-*

tion expenses in agreements for expenditures incurred by the parents);

iii. The child's eligibility for title XIX and title XX;

iv. That the agreement remains in effect regardless of the State or Tribal service area of residence of the adoptive parent(s);

c. Contains provisions for the protection of the interests of the child in case the adoptive parent(s) and child should move to another State or out of DFCS service area while the agreement is in effect; and

d. If a needed service specified in the agreement is not available in the new State or Tribal service area of residence, DFCS remains financially responsible for providing the specified service(s).

2. Inform every individual who is adopting or who DFCS is made aware is considering adopting a child who is in foster care under the responsibility of DFCS of the potential eligibility for a federal tax credit under section 23 of the Internal Revenue Code of 1986.



The Interstate Compact on the Placement of Children (ICPC) may be required, if the adopting family resides in another state and a face-to-face contact is not possible (see policy [11.18 Adoption: Placement of a Georgia Child into another State For the Purpose of Adoption](#)).

Procedures

Adoption Assistance Agreement

The Social Services Case Manager (SSCM) will:

1. Add, launch and print the Adoption Assistance Agreement using the most recent approved Adoption Assistance Application in the 2nd level tab Adoption Assistance Agreement in Georgia SHINES.

a. For a child in the permanent custody of DFCS add, launch and print the Adoption Assistance Agreement in the ADO stage on the same date as the Adoption Placement Signing (see policy [11.9 Adoption: Adoption Placement Signing](#)).

b. For a child transferred out of the custody of DFCS for purpose of adoption within 14 business days of the receipt of the transfer of custody court order and prior to finalization:

i. Close out the ADO stage following the transfer of custody to the relative or third party for the purpose of adoption using the closure reason:

1. Custody to relative for the purpose of adoption; or

2. Custody to a third party for the purpose of adoption.

ii. Generate a child protection services (CPS) intake and link the child to the new CPS Intake.



For the adoption assistance eligibility determination to pre-populate from the ADO stage into the new PAD stage, the child will be associated to the CPS intake using the same Personal Identification that was used in the closed ADO stage.

iii. Stage progress the CPS intake to the PAD stage.

iv. Attach the Adoption Assistance Agreement to the non-incident Adoption Assistance

Application in the PAD stage.

v. Launch and print the adoption assistance agreement.

c. For a child involved in a private/independent adoption add, launch and print the Adoption Assistance Agreement in the PAD stage prior to adoption finalization.

2. Review and discuss each section of the Adoption Assistance Agreement with the pre-adoptive parent(s), where applicable, including:

a. The negotiated adoption assistance rate;



For deferred adoption assistance inform the adoptive parent(s) that no benefits have been approved, however they have the right to contact the county DFCS office for a subsequent determination of special needs if documented medical, physical, mental or emotional/behavioral conditions arise that may render the child eligible for state funded adoption assistance benefits.

b. The child's eligibility for Medicaid, the choice to utilize Medicaid alone or in conjunction with other insurance, and the choice of whether to be enrolled in Georgia Families 360 or fee-for-service Medicaid;



Inform the adoptive parent(s) the Medicaid card will be in the child's birth name until the adoption is finalized. When the adoption is finalized, a new Medicaid card will be generated with the child's legal name.

c. Duration of benefits:

i. The effective date and the termination date of the adoption assistance agreement;

ii. The requirement that the family notify DFCS whenever there is a change in status that may affect the child's continued eligibility for adoption assistance;

iii. The potential eligibility of a child to receive adoption assistance benefits beyond age 18 (see policy [12.10 Adoption Assistance: Adoption Assistance Benefits - After Age 18](#) for eligibility factors).

d. Continuation of adoption assistance benefits if they relocate to another state.

e. The adoption assistance payments will only be provided to the adoptive parent(s) who is a party to the Adoption Assistance Agreement with DFCS.



An adoptive parent who is not party to the current agreement, but whose spouse was party to the agreement, may become party to the agreement by signing the agreement prior to finalization or by signing an amendment to the agreement after adoption finalization. Proof of marriage and adoption must be provided for the adoption assistance record.

f. In the event of a divorce, the divorce decree must identify who is to receive the adoption assistance subsidy;

g. Conditions under which the adoption assistance rate may be decreased or increased after the Adoption Assistance Agreement is signed;

h. Description of the fair hearing process (see policy [17.16 Legal: Fair Hearings](#) for further information); and

- i. Circumstances in which adoption assistance benefits may be terminated.
3. Obtain the signature(s) of the pre-adoptive parent(s) on the Adoption Assistance Agreement prior to finalization:
 - a. For a child in DFCS permanent custody, obtain the signature(s) of the pre-adoptive parent(s) during the Adoption Placement Signing following the adoptive parent(s) signing the Placement Agreement (see policy [11.9 Adoption: Adoption Placement Signing](#)).
 - b. For a child transferred out of the custody of DFCS for the purpose of adoption, obtain the signature(s) of the pre-adoptive parent(s) within 14 business days of the receipt of the transfer of custody court order and prior to adoption finalization.
 - c. For a child involved in a private/independent adoption, obtain the signature(s) of the pre-adoptive parent(s) prior to adoption finalization.
4. Sign the Adoption Assistance Agreement or obtain the signature of the authorized DFCS county representative (based on county protocol).
5. Provide the pre-adoptive parent(s) a Post Adoption Services/Adoption Assistance Benefits Handout with information regarding post adoption services, Georgia State Adoption Tax Credit and Federal Adoption Tax Credit.
6. Obtain the signature(s) of the pre-adoptive parent(s) on the Verification of Receipt of Information Packet Regarding Post Adoption Services/Adoption Assistance Benefits indicating the receipt of the Post Adoption Services/Adoption Assistance Benefits Handout.
7. Submit the Adoption Assistance Narrative and the Adoption Assistance Agreement to the Director/Designee for review and approval.
8. Provide a copy of the completed and signed Adoption Assistance Agreement to the pre-adoptive parent(s).



All required signatures, including the County Director/Designee, will be obtained prior to providing the adoptive parent(s) his/her copy.

9. Upload the fully completed and signed Adoption Assistance Agreement, the signed Verification of Receipt of Information Packet Regarding Post Adoption Services/Adoption Assistance Benefits, and the Adoption Assistance Narrative into Georgia SHINES External Documentation.
10. Initiate the adoption assistance benefits (see policy [12.7 Adoption Assistance: Initiating Adoption Assistance Benefits](#)).

The County Director/Designee will:

1. Review the Adoption Assistance Narrative and the Adoption Assistance Agreement.
2. Sign the Adoption Assistance Agreement when satisfied with the information provided.

Non-Recurring Only Adoption Assistance Agreement

The SSCM will:

1. Launch the one-page non-recurring only Adoption Assistance Agreement from the 2nd level tab Adoption Assistance Application in Georgia SHINES. The non-recurring only Adoption Assistance Agreement must be created in Georgia SHINES only.

2. Review and discuss each section of the non-recurring Adoption Assistance Agreement with the adoptive parent(s):
 - a. Reimbursement cannot exceed \$1500 per child;
 - b. Reimbursement is paid after the finalization of the adoption; and
 - c. Reimbursement will only be paid within two years of the finalization of the adoption;
 - d. Non-recurring payments will be made either to the adoptive parent(s) or to the provider(s) with prior written approval.
3. Obtain the signature(s) of the pre-adoptive parent(s) on the Adoption Assistance Agreement prior to finalization.
4. Sign the Adoption Assistance Agreement or obtain the signature of the authorized DFCS county representative (based on county protocol).
5. Obtain all additional required signatures on the non-recurring only Adoption Assistance Agreement prior to the finalization of the adoption.
6. Submit the non-recurring only Adoption Assistance Agreement and the Adoption Assistance Narrative form to the Director/Designee for review and approval.
7. Provide a copy of the completed and signed Adoption Assistance Agreement to the pre-adoptive parent(s).



All required signatures, including the County Director/Designee, will be obtained prior to providing the adoptive parent(s) his/her copy.

8. Upload the signed non-recurring only Adoption Assistance Agreement into Georgia SHINES External Documentation.
9. Initiate the adoption assistance benefits (see policy [12.7 Adoption Assistance: Initiating Adoption Assistance Benefits](#)).

The County Director/Designee will:

1. Review the Adoption Assistance Narrative and the non-recurring only Adoption Assistance Agreement.
2. Sign the non-recurring only Adoption Assistance Agreement when satisfied with the information provided.

Practice Guidance

Adoption Assistance Agreement

This is a legal and binding agreement between the agency and the pre-adoptive parent(s) regarding adoption assistance benefits. It establishes types, duration, amount(s) of benefits, and other agreed upon stipulations. A fully executed Adoption Assistance Agreement refers to an Adoption Assistance Agreement that was negotiated with the adoptive parent(s); reviewed and discussed with the adoptive parent(s); and all required signatures (adoptive parent(s), County Director/Designee and authorized department representative) and dates obtained.

All required parties must sign and date the Adoption Assistance Agreement to indicate agreement

with the assigned benefits prior to adoption assistance payments beginning. All signatures must be in place within 30 days of the adoption placement date and prior to finalization. For the children in the permanent custody of DFCS, the signing of the Adoption Assistance Agreement will be coordinated with the Adoption Placement Signing. For children not in the permanent custody of DFCS, such as private/independent adoptions, the review and signing of the Adoption Assistance Agreement will be executed prior to the finalization of the adoption.

For foster parent adoptions, the adoption placement signing is often arranged for the beginning of a month to ensure continuity of payment for the child and to prevent duplicate payments from the foster care program funds and the adoption assistance program funds.

The Adoption Assistance Agreement must only be launched from Georgia SHINES. Should there be difficulty launching the adoption assistance agreement, contact for assistance the Data Integrity Specialist (DIS), Georgia SHINES support personnel, and/or the Social Services Administration Unit (SSAU). If necessary, SSAU can manually create an Adoption Assistance Agreement for use at the adoption placement signing. If the issue persists, it may be necessary to postpone the signing if it does not cause a hardship to the adoptive family. Once the issue is resolved in Georgia SHINES attach and complete the adoption assistance agreement.

DFCS recognizes the adoption of children by both members of a same-sex marriage, in accordance with the U.S. Supreme Court ruling in *Obergefell v. Hodges* on June 26, 2015. Based on this ruling, both members of a same-sex marriage who are identified as the adoptive placement are allowed to sign the adoption assistance agreement. Until Georgia SHINES which generates adoption assistance agreements can be updated the name of one of the members of the same-sex marriage may be handwritten on to the agreement by a DFCS staff person, if done so prior to adoption finalization. The SSAU may be consulted regarding such cases and may generate an agreement outside of the SHINES system for signing, if requested to do so.

Adoption (Private/Independent)

There are four types of independent adoptions:

1. Non-Relative (Third Party) - Adoption of a child usually arranged by an attorney, physician, or other individual with the direct involvement of the biological parents; if the child or adoptive parents reside in another state, the provisions of the Interstate Compact on the Placement of Children must be followed.
2. Relative - Adoption of a child by a relative as defined as any relation by blood, marriage or adoption.
3. Step-Parent - Adoption of a child by the spouse of one of the birth/legal parents where the other birth/legal parent is deceased or his/her parental rights have been terminated either voluntarily or by court action.
4. Confirming Adoption (Domestication of Foreign Decree) - Adoption of a child who has already been adopted in a foreign country. The purpose being to secure a decree in the United States, which entitles the child to a Georgia birth certificate.

Deferred Adoption Assistance

If a child does not meet the eligibility criteria of a child with special needs prior to adoptive place-

ment, but has background factors that may lead to significant medical, physical, or emotional problems in the future, a deferred Adoption Assistance Agreement is completed with the pre-adoptive parent(s). If significant medical, physical, or mental conditions develop at a later date, adoption assistance may be instated if it is determined by DFCS these developed conditions meet the special needs eligibility criteria. Deferred Adoption Assistance is only available for DFCS-involved adoptions.

For adoptive parents who decide to voluntarily suspend adoption assistance benefits while their child receives SSI, the deferred Adoption Assistance Agreement may be used to designate the child's eligibility for adoption assistance benefits while receiving SSI and provide the opportunity to activate adoption assistance benefits at a later date (see policy [12.4 Adoption Assistance: Supplemental Security Income \(SSI\) & Adoption Assistance](#)).

Georgia Families 360

On March 03, 2014, DFCS transitioned from a standard fee-for-service Medicaid program to a statewide Medicaid Care Management Organization (CMO) through Amerigroup Georgia Managed Care Company. The transition impacted children in DFCS custody and children receiving adoption assistance as they became members of a new program called *Georgia Families 360* which is separate from *Georgia Families*, the general Medicaid program administered by the Georgia Department of Community Health (DCH). *Georgia Families 360* is designed to provide coordinated care across multiple services and focus on the physical, dental and behavioral needs of member children. The program is designed to ensure each member has a medical and dental home, access to preventive care screenings, and timely assessments. It also seeks to ensure medical providers adhere to clinical practice guidelines and evidence-based medicine. Families receiving adoption assistance have the option of enrolling in Georgia Families 360 or choosing fee-for-service Medicaid.

Amerigroup Care Coordination Teams (CCT) and Care Managers

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


Any services not authorized by the CCT will not be paid for out of Medicaid. Therefore, it is imperative that all medical/dental, behavioral health and developmental care be coordinated with the CCT to avoid any uncovered expenses.

Forms and Tools

[Adoption Assistance Narrative](#)

[Post Adoption Services/Adoption Assistance Benefits Handout](#)

12.7 Initiating Adoption Assistance Benefits

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(12) Adoption Assistance		
	Policy Title:	Initiating Adoption Assistance Benefits		
	Policy Number:	12.7	Previous Policy Number(s):	109.11, 109.18
	Effective Date:	September 2018	Manual Transmittal:	2018-09

Codes/References

Title IV-E of the Social Security Act, Section 473(a) (1) (B) (i-ii)




Requirements

The Division of Family and Children Services (DFCS) will:

1. *Make payments for non-recurring adoption expenses incurred by or on behalf of the adoptive parents in connection with the adoption of a child with special needs, directly through DFCS or through another public or nonprofit private agency, in amounts determined through an agreement with the adoptive parents; and*
2. *In any case where the child meets the requirements of section 473(a) (2) of the Act, DFCS shall make adoption assistance payments to adoptive parents, directly through DFCS or through another public or nonprofit private agency, in amounts so determined through an adoption assistance agreement.*
3. Make arrangements for providing adoption assistance benefits after all parties have signed the adoption assistance agreement.
4. Ensure that the appropriate funding category is used for the payment of adoption assistance benefits.
5. Pay adoption assistance payments for eligible children out of either:
 - a. Federal (Title IV-E) funds; or
 - b. State funds.
6. Pay non-recurring adoption assistance benefits for eligible adoptive parent(s) out of non-recurring adoption assistance (state and federal funds).
7. Prepare the Georgia SHINES Post Adoption case record by including all case content requirements as outlined in policy [2.3 Information Management: Adoption Assistance Case Records](#) prior to transferring the PAD stage to the Regional Post Adoption Manager (PAD).

Procedures

Social Services Case Manager

1. Complete the Adoption Assistance Memorandum after reviewing and signing the adoption assistance agreement:
 - a. Print the Georgia SHINES generated Adoption Assistance Memorandum indicating the adoption assistance rate and effective date.
 -  Private/independent adoptions approved for monthly or non-recurring only adoption assistance must provide verification of the adoption finalization (adoption decree) before adoption assistance benefits will be initiated.
 - b. Attach to the Adoption Assistance Memorandum the required documents for the Regional Accounting Office to initiate adoption assistance payments and obtain the Social Services Supervisor's signature of approval:
 - i. For a child approved for state funded adoption assistance benefits, for the required documents, see Field Fiscal Services COSTAR Manual Section [3004 Adoptions: 508 Title IV-B Adoption Assistance \(State Funding Only\)](#);
 - ii. For a child approved for IV-E adoption assistance benefits, for required documentation, see Field Fiscal Services COSTAR Manual Section [3004 Adoptions: 509 Title IV-E – Adoption Assistance \(Federal Funding\)](#); and
 - iii. For a child approved for non-recurring only adoption assistance benefits, for required documentation, see Field Fiscal Services COSTAR Manual Section [3004 Adoptions: 510 Title IV-E – Non-recurring Adoption Assistance \(Federal and State Funding\)](#).
 - c. Provide a copy of the approved Adoption Assistance Memorandum and the attached documents to the following and document in Georgia SHINES the information has been provided and the method (email, fax, confirmations, etc.):
 - i. Regional Accounting Office;
 - ii. Social Services Administration Unit (SSAU); and
 - iii. Revenue Maximization Unit (Rev Max).
2. Following adoption finalization, in Georgia SHINES:
 - a. Make a copy of the documents listed in the Post Approval Adoption Assistance – Case Content Requirements section of policy [2.3 Information Management: Adoption Assistance Case Records](#).
 -  Information required to establish the adoption assistance case record must be copied and maintained for uploading to Georgia SHINES External Documentation following the creation of the PAD stage. Access to case information in the ADO stage in Georgia SHINES following closure is not permitted.
 - b. Stage progress the ADO stage to the PAD;
 -  Some cases may already be in the PAD stage. If the ADO stage cannot be stage progressed to PAD within 30 days of adoption finalization, the Adoption Assistance Memo-

random must be generated and printed from the ADO stage and again when the PAD stage is opened.

- c. Enter the adoption finalization date in the legal tab in the PAD stage;
- d. Ensure the placement resource in the placement tab is current in PAD and FAD stages; and
- e. Upload the documents listed in the Post Approval Adoption Assistance – Case Content Requirements section of policy [2.3 Information Management: Adoption Assistance Case Records](#) into External Documentation in the PAD stage.
- f. Notify the following departments of the finalization date and the child’s post adoption name by sending the Adoption Assistance Memorandum via email or fax to:
 - i. Regional Accounting Office;
 - ii. Social Services Administration Unit (SSAU); and
 - iii. Revenue Maximization Unit (Rev Max).



A copy of the adoption finalization court order should be sent with the Adoption Assistance Memorandum to Rev Max, who will initiate adoption assistance Medicaid.

3. Verify the first adoption assistance monthly benefit payment has been made to the adoptive parent(s) and non-recurring adoption assistance benefits have been paid in the PAD stage in Georgia SHINES.
4. For non-recurring only cases, following payment prepare the PAD stage for closure by uploading all outstanding information into Georgia SHINES External Documentation. For a list of case content requirements see policy [2.3 Information Management: Adoption Assistance Case Records](#).
5. Transfer the PAD stage to the PAD Supervisor in Georgia SHINES for review and assignment to the designated PAD Manager.

Practice Guidance

Once all parties, including the Director/Designee, have signed the adoption assistance agreement, the county department shall make arrangements for providing payments directly to the adoptive family. The beginning of the adoption assistance payments depends upon the factors below:

1. Foster Parent Adoption or Adoption Legal Risk - Receiving Foster Care Payments: A foster parent(s) or adoption legal risk parent(s) who is adopting a child for whom he/she has been receiving foster care payments may begin to receive adoption assistance payments during the month in which the adoption assistance agreement is signed; however, the foster care and adoption assistance payments will be pro-rated to avoid overlapping payments.
2. In DFCS-Involved Transfers of Custody for the purpose of adoption:
 - a. Adoption assistance payments may be received for the entire month in which the adoption assistance agreement is fully signed, even if the adoption assistance agreement is signed at a date other than the first of the month.
 - b. The adoption assistance agreement and initiation of payments may occur at the time of adoptive placement, after the child is placed into the permanent legal custody of the speci-

fied relative/individual for the purpose of adoption, as indicated in the court order.

3. Relative/Individual Adoption - Receiving Relative Care Subsidy, Enhanced Relative Care Subsidy, Subsidized Guardianship, or Enhanced Subsidized Guardianship: In cases where a relative/individual is adopting a child for whom he/she is receiving payments through Relative Care Subsidy, Enhanced Relative Care Subsidy, Subsidized Guardianship, or Enhanced Subsidized Guardianship, adoption assistance payments may not begin during the same month as these subsidies. In these cases, the start date for the subsidy may not be sooner than the first day of the month following the last payment of relative care or guardianship subsidy.
4. Private/Independent adoptions: The adoption assistance payments shall not begin until:
 - a. The finalization of the adoption has occurred; and
 - b. Verification of finalization of the adoption is obtained by the Social Services Case Manager.

Adoption (Private/Independent)

There are four types of adoption/independent adoptions:

1. Non-Relative (Third Party) - Adoption of a child usually arranged by an attorney, physician, or other individual with the direct involvement of the biological parents; if the child or adoptive parents reside in another state, the provisions of the Interstate Compact on the Placement of Children must be followed.
2. Relative - Adoption of a child by a relative as defined by any relation by blood, marriage or adoption.
3. Step-Parent - Adoption of a child by the spouse of one of the birth/legal parents where the other birth/legal parent is deceased or his/her parental rights have been terminated either voluntarily or by court action.
4. Confirming Adoption (Domestication of Foreign Decree) - Adoption of a child who has already been adopted in a foreign country. The purpose being to secure a decree in the United States, which entitles the child to a Georgia birth certificate.

Adoption Assistance Agreement

This is a legal and binding agreement between the agency and the pre-adoptive parent(s) regarding adoption assistance benefits. It establishes types, duration, amount(s) of benefits, and other agreed upon stipulations. A fully executed adoption assistance agreement refers to an adoption assistance agreement that was negotiated with the adoptive parent(s); reviewed and discussed with the adoptive parent(s); and all required signatures (adoptive parent(s), County Director/Designee and authorized department representative) and dates obtained.

DFCS-Involved Transfer of Custody for the Purpose of Adoption

Refers to a child who was either:

1. Placed from the temporary custody of DFCS into the permanent custody of a specified relative/individual “for the purpose of adoption” at a DFCS-initiated TPR Hearing where all parental rights were terminated; or
2. Placed directly from the permanent custody of DFCS (where all parental rights have been termi-

nated) into the permanent custody of a specified relative/individual “for the purpose of adoption” as specifically indicated by the court order at a DFCS-initiated court hearing.

Non-recurring Adoption Assistance (State and Federal Funds) – UAS CODE - 510

Program Description – To provide reimbursement to the adoptive parent or direct payment to the vendor providing service for one-time expenses related to the finalization of the adoption of a child with special needs. Total reimbursements shall not exceed \$1,500.00 for a child whose special needs determination was completed after July 1, 2009. No payments will be made to the adoptive parent(s) or vendor(s) prior to the finalization of the adoption. Payments may only be made up to two years following finalization. Allowable expenses include:

1. Court costs and/or attorney fees;
2. Cost of physicals for adopting parent(s); and
3. Payment for pre-placement visits costs (travel, food and lodging) incurred during the pre-placement adoption period.



Non-recurring benefits may be paid either to the adoptive parent(s) or to the provider/attorney, but the adoptive parent(s) must give prior written approval using the Non-Recurring Parental Authorization form for any direct payment to any of the above third parties.

Title IV-E Adoption Assistance (Federal Funds) UAS CODE – 509

Program Description: To provide financial assistance for a child at the point of placement in the adoptive home and beyond the finalization of the adoption. A direct money payment is made to the adoptive family in the form of a monthly supplement. The child must be determined IV-E eligible by the REV MAX unit and special needs by the AAAU prior to the use of funds. Title IV-E Eligibility (UAS 509) is only to age 18.


State Funded Adoption Assistance UAS CODE - 508

Program Description: To provide financial assistance for a child at the point of placement in the adoptive home and beyond the finalization of the adoption. A direct money payment is made to the adoptive family in the form of a monthly supplement. State-funded adoption assistance is provided to a child who has been determined to have special needs and placed on adoptive status while in the permanent custody of DFCS. A child must have been determined ineligible for Title IV-E funds (UAS 509). Eligibility is to age 18 or 21, depending upon the youth meeting the eligibility criteria for children after age 18 (see policy [12.10 Adoption Assistance Benefits - After 18](#)).

Forms and Tools

[Authorization by Adoptive Parent for Payment of Non-Recurring Funds Directly to a Third Party](#)
[Authorization by Adoptive Parent for Payment of Non-Recurring Funds Directly to a Third Party \(Spanish\)](#)
[W-9](#)

12.8 Subsequent Determinations - Deferred Adoption Assistance

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(12) Adoption Assistance		
	Policy Title:	Subsequent Determinations - Deferred Adoption Assistance		
	Policy Number:	12.8	Previous Policy Number(s):	109.6
	Effective Date:	November 2016	Manual Transmittal:	2016-14

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Make an eligibility determination on a subsequent request for adoption assistance benefits for a child’s whose adoption assistance agreement was previously deferred if documented medical, physical, mental or emotional/behavioral conditions arise that may render the child eligible for adoption assistance benefits;
2. Pay all adoption assistance benefits instated from a deferred adoption assistance agreement out of state funds when the subsequent eligibility determination is approved following adoption finalization; and
3. Provide written notification to the pre-adoptive or adoptive parent(s) of the subsequent adoption assistance eligibility determination, and if denied or re-deferred notify of the denial reason(s) and his/her right to a fair hearing (see policy [17.16 Legal: Fair Hearings](#)).

Procedures

If a subsequent adoption assistance application is requested by the adoptive parent(s) of a child for whom DFCS has a deferred adoption assistance agreement on file, the Social Services Case Manager will:

1. Obtain from the adoptive parent(s) the supporting documentation in the form of written evaluation(s) and statement(s) from licensed treatment provider(s). The professional statement(s) must include the child’s:
 - a. Diagnosis;
 - b. Focus and frequency of treatment;
 - c. Prescribed medication(s); and
 - d. Prognosis.
2. Submit the subsequent adoption assistance application to the Social Services Administration

Unit (SSAU) in Georgia SHINES system for review/determination of special needs.

3. If the subsequent adoption assistance application is approved by SSAU:
 - a. Negotiate the adoption assistance agreement (see policy [12.5 Adoption Assistance: Negotiating the Adoption Assistance Agreement](#)).
 - b. Add an amended adoption assistance agreement in Georgia SHINES to the newly approved adoption assistance application.
 - c. Review and sign the adoption assistance agreement with the pre-adoptive or adoptive parent(s) (see policy [12.6 Adoption Assistance: Reviewing and Signing the Adoptive Assistance Agreement](#)).
 - d. Initiate the adoption assistance benefits (see policy [12.7 Adoption Assistance: Initiating Adoption Assistance Benefits](#)).
4. If the subsequent adoption assistance application is denied and/or deferred by SSAU, send the Notification of Decision Related to Adoption Assistance to the pre-adoptive or adoptive parent(s) notifying of the reason(s) for denial, his/her right to a fair hearing, and of his/her option to re-apply in the future (if applicable) (see policy [17.16 Legal: Fair Hearings](#)).



The role of the Social Services Case Manager and the Regional Post Adoption (PAD) Manager is interchangeable in this section, as both manage adoption assistance cases at different periods. However, the Regional PAD Manager does not require supervisor approval.

Practice Guidance

If a child does not meet the definition of a child with special needs prior to adoptive placement but has background factors that may lead to significant medical, physical, or emotional problems in the future, a deferred adoption assistance agreement is completed with the adoptive parent(s). If a significant medical, physical or mental condition develops at a later date, adoption assistance may be instated at the time that the agency determines these conditions to meet special needs criteria. Deferred adoption assistance is state-funded and only available for DFCS-involved adoptions.

A deferred adoption assistance agreement can also be completed with an adoptive parent(s) who elected to receive supplemental security income (SSI) in lieu of adoption assistance benefits. In these cases, the child was deemed “special needs” prior to adoption finalization, so a subsequent determination of special needs is not required when the parent(s) decides to begin receiving adoption assistance.

Non-recurring payments may only be paid for children who were determined “special needs” prior to finalization. Thus, a child who was initially determined non-special needs and whose adoption has been finalized is not eligible for non-recurring adoption assistance if later deemed “special needs” through the activation of a deferred adoption assistance agreement.

Adoption Assistance Agreement

This is a legal and binding agreement between the agency and the pre-adoptive parent(s) regarding adoption assistance benefits. It establishes types, duration, amount(s) of benefits, and other agreed upon stipulations. A fully executed adoption assistance agreement refers to an adoption assistance agreement that was negotiated with the adoptive parent(s); reviewed and discussed with the adop-

tive parent(s); and all required signatures (adoptive parent(s), County Director/Designee and authorized department representative) and dates obtained.

DFCS-Involved Transfer of Custody for the Purpose of Adoption

Refers to children who were either:

1. Placed from the temporary custody of DFCS into the permanent custody of a specified relative/individual “for the purpose of adoption” at a DFCS-initiated TPR Hearing where all parental rights were terminated; or
2. Placed directly from the permanent custody of DFCS (where all parental rights have been terminated) into the permanent custody of a specified relative/individual “for the purpose of adoption” as specifically indicated by the court order at a DFCS-initiated court hearing.

Licensed Treatment Provider

This refers to a licensed psychologist, psychiatrist, therapist or physician who has evaluated and/or treated the child.

Supplement Security Income (SSI)


Supplemental security income is a monthly benefit for persons who are disabled or who have functional limitations as determined by the Social Security Administration.

Forms and Tools

[Notification of Decision Related to Adoption Assistance](#)

[Notification of Decision Related to Adoption Assistance \(Spanish\)](#)

12.9 Continuation, Renegotiation or Termination of Adoption Assistance Benefits

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(12) Adoption Assistance		
	Policy Title:	Continuation, Renegotiation or Termination of Adoption Assistance Benefits		
	Policy Number:	12.9	Previous Policy Number(s):	109.10, 109.12
	Effective Date:	September 2018	Manual Transmittal:	2018-09

Codes/References

Title IV-E of the Social Security Act, Section 473(a)(4)

Title IV-E of the Social Security Act, Section 473(a)(3)

Fostering Connections to Success and Increasing Adoptions Act of 2008

45 Code of Federal Regulations §205.10(a)(4)

Requirements

The Division of Family and Children Services (DFCS) will:

1. *Terminate Title IV-E or state-funded adoption assistance benefits when it is determined that:*
 - a. *The child has attained the age of 18; or*
 - b. *The adoptive parent(s) is no longer legally responsible for the support of the child who has not yet attained 18 years of age; or*
 - c. *The adoptive parent(s) is no longer providing any support to the child.*



The adoptive parent(s) are required to inform DFCS of circumstances that would make them ineligible for adoption assistance payments or eligible for adoption assistance payments in a different amount.

2. Renegotiate the Title IV-E or state-funded adoption assistance rate with the adoptive parents upon the request under certain circumstances such as the:
 - a. Child re-enters foster care (pre-adoption or post adoption); and
 - b. Child is placed in a Department of Juvenile Justice (DJJ) facility or another state facility; and
 - c. Child's needs have increased to a level that requires a significant increase in oversight and treatment services.



The adoption assistance rate amount shall not exceed the foster care maintenance payment which would have been paid during the period if the child with respect to whom the adoption assistance payment is made had been in a foster family home. The State of Georgia limits the maximum adoption assistance rate to the foster care maintenance payment amount paid for a child in a family foster home at the time of adoptive placement or the foster care maintenance payment amount that would have been paid if the child had been in a family foster home at the time of adoptive placement.

3. Provide timely and adequate written notice to the adoptive or pre-adoptive parent(s) of children who are no longer eligible for adoption assistance benefits or who have been denied an adoption assistance rate increase via the Notification of Decision Related to Adoption Assistance. The notice shall indicate:
 - a. The reason(s) for termination or denial
 - b. The right to request a fair hearing (see policy [17.16 Legal: Fair Hearings](#)); and
 - c. The circumstances under which adoption assistance is continued if a fair hearing is requested.



When adoption assistance benefits are scheduled to be discontinued provide notice at least ten days prior to the suspension of benefits.





A child who has attained the age of 18 may be eligible for state-funded adoption assistance benefits (see policy [12.10 Adoption Assistance: Adoption Assistance Benefits - After Age 18](#) for the eligibility criteria).

Procedures

Termination of Adoption Assistance Benefits

The Social Services Case Manager (SSCM) or Regional Post Adoption Manager (PAD) will:

1. Complete the system generated Georgia SHINES Adoption Assistance Memorandum, indicating:
 - a. Reason for termination of benefits; and
 - b. The effective date of the termination of benefits.
2. Obtain Social Services Supervisor (SSS) signature of approval on the Adoption Assistance Memorandum.
 The Regional PAD Manager does not require supervisory approval.
3. Forward the Adoption Assistance Memorandum to the:
 - a. Social Services Administration Unit (SSAU)
 - b. Regional Accounting
 - c. Revenue Maximization Unit (Rev Max)
4. Terminate the adoption assistance agreement in Georgia SHINES.
5. Notify the adoptive parent(s) via certified mail of the termination of adoption assistance benefits using the Notification of Decision Related to Adoption Assistance at least ten days prior to the planned suspension of adoption assistance benefits.
6. Upload the Adoption Assistance Memorandum and the termination of benefits notification into Georgia SHINES External Documentation.

 Adoption assistance benefits can only be terminated for specific reasons outlined by federal regulations. The SSAU is available for consultation on issues related to terminating benefits.


Adoption Assistance Benefits – Renegotiation of the Rate (Rate Change)

The SSCM or PAD will:

1. Submit an adoption assistance application in Georgia SHINES to the SSAU for approval of the renegotiated rate in accordance with policy [12.2 Adoption Assistance: Adoption Assistance Application](#):
 - a. Rate reduction: Submit a basic Adoption Assistance Application indicating the renegotiated rate.
 - b. Rate increase: Submit an Adoption Assistance Application for a Specialized Rate and upload the applicable documents into Georgia SHINES External Documentation in accordance with policy [12.3 Adoption Assistance: Adoption Assistance Specialized Rate](#).
2. Attach an adoption assistance agreement to the application, following SSAU approving the revised adoption assistance application in Georgia SHINES.



 The adoption assistance agreement in Georgia SHINES will reflect the amended negotiated adoption assistance payment rate. The approval start date should be the date the amended

agreement is fully signed and executed by all required parties.

3. Notify the adoptive parent(s) via the Notification of Decision Related to Adoption Assistance if a request for an increase in the adoption assistance rate is denied.
4. Review and sign the amended adoption assistance agreement (see policy [12.6 Adoption Assistance: Reviewing and Signing the Adoption Assistance Agreement](#)).
5. Complete the system-generated Adoption Assistance Memorandum indicating:
 - a. Rate change; and
 - b. The effective date.
6. Obtain the Social Services Supervisor's (SSS) signature of approval on the Adoption Assistance Memorandum.
 -  The Regional PAD Manager does not require supervisory approval.
7. Submit a copy of the Adoption Assistance Memorandum to:
 - a. Regional Accounting Office
 - b. SSAU

Adoption Assistance Benefits – Reinstatement of the Original Rate

The SSCM or PAD will:

1. Terminate the amended adoption assistance agreement in Georgia SHINES, upon mutual agreement with the adoptive parent(s).
2. Attach an adoption assistance agreement in Georgia SHINES to the original adoption assistance application that SSAU approved.
 -  The adoption assistance agreement in Georgia SHINES will reflect the original negotiated adoption assistance monthly rate.
3. Complete the system-generated Georgia SHINES Adoption Assistance Memorandum indicating:
 - a. Rate change back to the original rate; and
 - b. The effective date.
4. Obtain the Social Services Supervisor's signature of approval on the Adoption Assistance Memorandum.
 -  The Regional PAD Manager does not require supervisory approval.
5. Submit a copy of the Adoption Assistance Memorandum to:
 - a. Regional Accounting Office
 - b. SSAU
6. Document in Georgia SHINES the change back to the original adoption assistance payment rate and the information has been sent to the various departments and the method of sending (email, fax, confirmations, etc.).

7. Upload the Adoption Assistance Memorandum into Georgia SHINES External Documentation.

Practice Guidance

Circumstances in which DFCS May Terminate Adoption Assistance Benefits

1. Adoptive parent(s) is no longer legally responsible for the child. This may be due to parental rights being terminated (TPR) or the child becoming an emancipated minor, marrying or enlisting in the military.
2. The adoptive parent(s) is no longer providing financial support to the child. Payments for out-of-home placement, family therapy, tuition, clothing, maintenance of special equipment in the home, or services for the child's special needs may be considered forms of financial support.
3. Upon the death of the child for whom adoption assistance was received.
4. Upon the death of both adoptive parents who signed and were party to the adoption assistance agreement.
5. Child has attained age 18 (a child who has attained the age of 18 may be eligible for state-funded adoption assistance benefits see policy [12.10 Adoption Assistance: Adoption Assistance Benefits After - Age 18](#) for the eligibility criteria).



Children who do not meet the eligibility criteria for adoption assistance benefits after age 18 are not eligible to receive adoption assistance benefits past the end of their 18th birth month. Adoptive parents of children who do not qualify for adoption assistance past age 18 will be notified by letter of the termination of adoption assistance at least 30 days prior to the end date.

Circumstances in Which DFCS May Renegotiate the Adoption Assistance Agreement Rate (Decrease or Increase)

1. The adoption assistance rate may be decreased based on the child's need and/or circumstances of the family upon mutual agreement between DFCS and the adoptive parent(s). Examples of such circumstances include a child who was once medically fragile becoming significantly more stable over time or a child being placed outside of the adoptive home and into a living situation which does not require the same level of financial support by the adoptive parent(s).
2. The adoption assistance rate may be increased based on the child's need and/or circumstances of the family upon mutual agreement between DFCS and the adoptive parent(s). An example of such circumstances includes a child developing a serious long-term medical condition, requiring intensive levels of treatment and supervision.



Georgia limits the maximum adoption assistance rate to the foster care maintenance payment amount paid for a child in a family foster home at the time of adoptive placement or the foster care maintenance payment amount that would have been paid if the child had been in a family foster home at the time of adoptive placement. At the discretion of the Social Services Administration Unit Director, the state's policy regarding rate increase limits may be waived, but with the understanding that the adoption assistance rate will not exceed the foster care maintenance payment which would have been paid during the period if the child with respect to whom the adoption assistance payment is made had been in a foster family home (see policy [12.5 Adoption Assistance: Negotiating Adoption Assistance Agreement](#)). Federal policy

regarding rate limits cannot be violated.

Circumstances Prior to Finalization of the Adoption - Decisions to Continue or Terminate Adoption Assistance Benefits

1. When a child is no longer residing in the adoptive placement (the child is no longer on adoption status) prior to the finalization of an adoption - the County Department will develop a plan of action with the pre-adoptive parent(s):

a. Terminate adoption assistance, if the County Department decides that it is not in the best interest of the child to continue in the adoptive placement.



Mutual agreement from the pre-adoptive parent(s) is not required since DFCS holds legal custody.

b. Continue or renegotiate adoption assistance, if the County Department decides that it is in the best interest of the child to continue with the adoptive placement:

i. Inform the pre-adoptive parent(s) of the requirement to provide monthly documentation (canceled checks, money orders, receipts, etc.) of financial support for the child while the child is not placed in their home. Failure to provide verification of financial support may result in termination and/or overpayments of adoption assistance benefits.

ii. Terminate adoption assistance if the pre-adoptive parent(s) does not show financial support of the child. The reason for termination is DFCS is not able to establish that the pre-adoptive parent(s) is providing any support to the child.

iii. Discuss the change in circumstances with the pre-adoptive parent(s) and whether a reduction in the adoption assistance rate is appropriate. Initiate the rate renegotiation process, if applicable.

iv. Review progress toward placement with the pre-adoptive parent(s) at least every 60 days, discussing and documenting:

1. The progress made towards re-placement with the pre-adoptive family; and
2. Any barriers that are preventing re-placement with the pre-adoptive family.

v. Adoption assistance must be reinstated to the original rate when a child is placed back with the pre-adoptive family and adoption assistance was reduced unless a different rate is mutually agreed-upon.



Prior to adoption finalization foster care and adoption assistance payments cannot be paid simultaneously for the same child.

2. Lack of timely finalization of the adoption – the adoption should be finalized within six months of the adoption placement signing.

a. If the adoption has not been finalized within six months of the signing of the adoption assistance agreement, document the steps the pre-adoptive parent(s) are taking to eliminate barriers to finalizing the adoption.

b. If the adoption has not finalized after one year of the signing of the adoption assistance agreement:

- i. Discuss with the pre-adoptive parent(s) his/her/their plans for adoption and the possibility of termination of adoption assistance; and
 - ii. Inform SSAU of this meeting.
- c. If adoption is no longer the goal, terminate adoption assistance.



This applies to DFCS adoptions and transfers of custody from DFCS temporary custody to the permanent custody of specified relatives/individuals for the purpose of adoption.

- d. If the adoption has not been finalized prior to the child's 18th birthday, terminate adoption assistance.



Notify the SSAU of any circumstances when court delays or other extraordinary circumstances may prevent finalization from occurring prior to the child's 18th birthday. The plan for accomplishing the adoption finalization before the child's 18th birthday will be known when submitting applications for adoption assistance.

Circumstances After the Finalization - Decision to Continue or Terminate Adoption Assistance Benefits

1. When a child re-enters foster care after the finalization of an adoption – The adoptive family may continue to receive adoption assistance payments if the adoptive parent(s) remains legally and financially responsible for the child. During the FTM determine if the plan is non-reunification or reunification.
 - a. Plan of non-reunification: There should be an effort to gain a mutual agreement to terminate adoption assistance.
 - i. Obtain a signed written statement from the parent(s) regarding his/her agreement with non-reunification and the termination of adoption assistance.
 - ii. Terminate adoption assistance, the reason for termination is the parent's decision for non-reunification.
 - b. Plan of reunification:
 - i. Inform the adoptive parent(s) of the requirement to provide monthly documentation (canceled checks, money orders, receipts, etc.) of financial support for the child while in foster care. Failure to provide verification of financial support may result in termination and/or overpayments of adoption assistance.
 - ii. Terminate adoption assistance if the adoptive parent(s) does not show financial support of the child. The reason for termination is DFCS is not able to establish that the adoptive parent(s) is providing any support to the child.
 - iii. Discuss the change in circumstances with the adoptive parent(s) and whether a reduction in the adoption assistance rate is appropriate. Initiate the rate renegotiation process, if applicable.
 - iv. Review progress toward reunification with the adoptive parent(s) at least every 60 days, discussing and documenting:
 1. The progress made towards reunification; and

2. Any barriers that are preventing reunification.
- v. Adoption assistance must be reinstated to the original rate when the child is reunified with the adoptive parents and adoption assistance was reduced, unless a different rate is mutually agreed-upon.
2. Dissolution of the adoption - Terminate adoption assistance benefits following termination or voluntary surrender of parental rights by the adoptive parent(s) of a child on whom the adoption has been legally finalized. The reason for the termination of benefits is the adoptive parent(s) is no longer legally responsible for the support of the child.
3. Child placed in a Department of Juvenile Justice (DJJ) facility or another State facility (residential treatment facility or psychiatric hospital) after finalization of the adoption - The adoptive parent(s) may continue to receive adoption assistance if the adoptive parent(s) remains legally and financially responsible for the child. A discussion must be held with the adoptive parent(s) to discuss his/her/their plans for the child.
 - a. Plan not to reunite with the child: There should be an effort to gain a mutual agreement to terminate adoption assistance benefits:
 - i. Obtain a signed written statement from the adoptive parent(s) regarding his/her agreement with non-reunification and the termination of adoption assistance.
 - ii. Terminate adoption assistance, the reason for termination is the adoptive parent's decision for non-reunification.
 - b. Plan to reunite with the child following release from DJJ or other state facility:
 - i. Inform the adoptive parent(s) of the requirement to provide monthly documentation (canceled checks, money orders, receipts, etc.) of financial support for the child while child is in DJJ or other state facility. Failure to provide verification of financial support may result in termination and/or overpayments of adoption assistance.
 - ii. Terminate adoption assistance if the adoptive parent(s) does not show financial support of the child. The reason for termination is DFCS is not able to establish that the adoptive parent(s) is providing any support to the child.
 - iii. Discuss the change in circumstances with the adoptive parent(s) and whether a reduction in the adoption assistance rate is appropriate. Initiate the rate renegotiation process, if applicable.
 - iv. Review progress toward reunification with the adoptive parent(s) at least every 60 days, discussing and documenting:
 1. The progress made towards reunification; and
 2. Any barriers that are preventing reunification.
 - v. Adoption assistance must be reinstated to the original rate when the child is reunited with the adoptive family after being in a DJJ or other state facility and the adoption assistance was reduced unless a different rate is mutually agreed-upon.
4. Child living with another individual or family other than the adoptive parent(s) – Upon notification from the adoptive parent(s) that the child is living with another individual or family evaluate to determine if a mutual agreement can be made regarding the continuation or termination of benefits.

- a. Evaluate the adoptive parent(s) legal and financial responsibility for the child.
 - i. Determine the length of time the child has been out of the home; and
 - ii. Discuss with the adoptive parent the plans for the child's future.
- b. If a decision was made to continue adoption assistance payments while the child resides with another individual or family, the adoptive parent(s) must continue to maintain legal custody of the child and maintain financial responsibility for the child:
 - i. Inform the adoptive parent(s) of the requirement to provide monthly documentation (canceled checks, money orders, receipts, etc.) of financial support for the child while living with another individual or family. Failure to provide verification of financial support may result in termination and/or overpayments of adoption assistance.
 - ii. Terminate adoption assistance if the adoptive parent(s) does not show financial support of the child. The reason for termination is DFCS is not able to establish that the adoptive parent(s) is providing any support to the child.
 - iii. Discuss the change in circumstances with the adoptive parent(s) and whether a reduction in the adoption assistance rate is appropriate. Initiate the rate renegotiation process, if applicable.
 - iv. Adoption assistance must be reinstated to the original rate when the child has returned to live with the adoptive family after living with another individual or family and adoption assistance benefits were reduced, unless a different rate is mutually agreed-upon.



The actual adoption assistance check may not be signed over or given to the other home by the adoptive parent(s).

Adoption Assistance Agreement

This is a legal and binding agreement between the agency and the pre-adoptive parent(s) regarding adoption assistance benefits. It establishes types, duration, amount(s) of benefits, and other agreed upon stipulations. A fully executed adoption assistance agreement refers to an adoption assistance agreement that was negotiated with the adoptive parent(s); reviewed and discussed with the adoptive parent(s); and all required signatures (adoptive parent(s), County Director/Designee and authorized department representative) and dates obtained.

Adoption Dissolution


This refers to the termination or voluntary surrender of parental rights of the adoptive parent(s) to their adoptive child, after the adoption has been legally finalized.

Forms and Tools

[Notification of Decision Related to Adoption Assistance](#)

[Notification of Decision Related to Adoption Assistance \(Spanish\)](#)

12.10 Adoption Assistance Benefits - After 18

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(12) Adoption Assistance		
	Policy Title:	Adoption Assistance Benefits - After 18		
	Policy Number:	12.10	Previous Policy Number(s):	109.13
	Effective Date:	November 2016	Manual Transmittal:	2016-14


Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Continue adoption assistance benefits beyond the youth's 18th birth month when the youth circumstances meet the basic eligibility criteria to continue benefits past 18 years of age **and** when verification is provided that meets the high school or college eligibility criteria:
 - a. Basic eligibility criteria:
 - i. At the time of being placed on adoptive status the youth was in the permanent custody of DFCS; or
 - ii. The youth was part of a DFCS-involved transfer of custody for the purpose of adoption; and
 - iii. The youth has not been emancipated (married or enlisted in the military); and
 - iv. The youth remains in need of assistance and is dependent upon the financial support of his/her adoptive parent(s).
 - b. High school eligibility criteria:
 - i. The youth is enrolled in high school on a full-time basis.

 Job Corp, GED, vocational programs, and unaccredited on-line programs do not meet the "full-time school status" requirement.
 - ii. The youth's full-time enrollment and attendance in high school is verified on a quarterly basis (90-day). Documentation from the school is on official letterhead with signatures of school personnel.
 - iii. If participating in home school education:
 1. The youth shall be working toward obtaining a diploma.
 2. The parent or tutor shall have obtained a high school diploma or GED.
 3. The curriculum shall include, but not be limited to reading, languages arts, math and science.
 4. The youth shall participate in 180 days with at least 4½ hours of educational instruction per day.

 The youth is physically unable to comply with this requirement.

5. Annually submit to the Georgia Department of Education a Declaration of Intent to Utilize a Home Study Program by September 1st or within 30 days after a program is established;
6. Annually submit a progress report assessment that includes the youth's progress in each subject area.
7. The youth shall be subject to an appropriate nationally standardized testing program, administered in consultation with a person trained in the administration and interpretation of norm reference test, to evaluate his/her educational progress at least every three years beginning at the end of the 3rd grade.

c. College or technical school eligibility criteria:

- i. The youth was placed on adoptive status or transferred out of DFCS custody for the purpose of adoption prior to July 1, 1998; or
- ii. The youth was placed on adoptive status or transferred out of DFCS custody for the purpose of adoption at age 13 or older; and
- iii. The youth graduated from high school and submitted an application for college or technical school by July 31st or within 60 days of high school graduation; and
- iv. The youth enrolled full-time (at least 12 hours) in a college or technical school by September 15th or within 120 days of high school graduation; and
- v. The youth is enrolled and attending college or technical school on a full-time basis (not including summer session); and
- vi. The youth's full-time enrollment and attendance in college or technical school shall be verified on a quarterly basis (90-day). Documentation from the college or technical school shall be in the form of an official class schedule, grade report or a statement on official letterhead with signatures of appropriate school personnel.



Job Corp, GED, home schooling and unaccredited on-line programs do not meet the "college or technical school" requirement.

2. Terminate adoption assistance benefits for youth eligible after 18 years of age who are enrolled in high school, when any of the following circumstances apply:
 - a. The youth graduates from high school and does not meet the eligibility criteria for youth over age 18 enrolled in college or technical school;
 - b. The youth is not enrolled in high school;
 - c. The youth is not attending high school full-time;
 - d. The youth has turned age 21;
 - e. Verification of full-time enrollment/attendance in high school is not provided quarterly (every 90 days); or
 - f. Failure to meet or provide verification of any of the home schooling eligibility criteria within the specified timeframe.



Adoption assistance benefits shall continue through the month of any of the above occurrences.

3. Terminate adoption assistance benefits for youth eligible after 18 years of age who enrolled in college or technical school, when any of following circumstances apply:
 - a. The youth graduates from college or technical school prior to age 21; or
 - b. The youth is no longer enrolled in college or technical school; or
 - c. The youth is not enrolled in college or technical school full-time; or
 - d. The youth has turned age 21; or
 - e. Verification of full-time enrollment/attendance in college is not provided quarterly (every 90 days).



Adoption assistance benefits shall continue through the end of the month of any of the above circumstances.

4. Pay all adoption assistance benefits for a youth past 18 years of age out of state funds.
5. Only reinstate terminated adoption assistance benefits for a youth over the age of 18 at the discretion of the Social Services Administration Unit (SSAU).

Procedures

The Regional Post Adoption (PAD) Manager will:

1. Within five business days of receipt of the SMILE Adoption Children Almost 18 Report where the youth's name first appears, send the youth's name or a copy of the report to the designated SSAU Program Consultant for a preliminary over 18 adoption assistance eligibility determination.
2. If the child is deemed by the SSAU potentially eligible for over 18 adoption assistance benefits, send the Adoption Assistance Eligibility Letter for Youth Age 18 and Older to the adoptive parent(s) requesting verification of high school or college/technical school enrollment.
 - a. Upon receipt of school verification upload in Georgia SHINES External Documentation.
 - b. Verify the validity of the school verification received from the adoptive parent(s).
 - c. If the school verification meets the high school or college/technical school eligibility criteria, send an over 18 adoption assistance application in Georgia SHINES to the SSAU for a final over 18 adoption assistance benefits eligibility determination.
 - i. If the child is determined eligible for over 18 adoption assistance benefits:
 1. Create an over 18 adoption assistance agreement in Georgia SHINES;
 2. Complete an Adoption Assistance Memorandum in Georgia SHINES indicating the change in funding type (if applicable) and effective date;
 3. Send the signed Adoption Assistance Memorandum to the Regional Accounting Office, Revenue Maximization Unit (Rev Max) and SSAU;
 4. Approximately every 90 days, generate a new over 18 adoption assistance agreement in Georgia SHINES, following receipt of verification that the youth continues to meet

the eligibility criteria for adoption assistance benefits past age 18 and validation of such information;

5. When terminating over 18 adoption assistance benefits for failing to provide verification of and/or failing to meet the over 18 eligibility criteria, follow procedures outlined in policy [12.9 Adoption Assistance: Continuation, Renegotiation or Termination of Adoption Assistance Benefits](#) and delete the youth from the SMILE Per Diem Report and SMILE Adoption Children 18 & Over Report (see policy [12.11 Adoption Assistance: Verification of Continuing Eligibility for Adoption Assistance Payments](#)).
 - ii. If the child is determined not eligible for over 18 adoption assistance benefits by the SSAU, follow the procedures in policy [12.9 Adoption Assistance: Continuation, Renegotiation or Termination of Adoption Assistance Benefits](#) to terminate adoption assistance benefits at the end of the child's 18th birth month.
 - d. If the school verification fails to meet the high school or college/technical school eligibility criteria, follow the procedures outlined in policy [12.9 Adoption Assistance: Continuation, Renegotiation or Termination of Adoption Assistance Benefits](#) to terminate adoption assistance benefits at the end of the child's 18th birth month.
3. If the child is not deemed potentially eligible by the SSAU for adoption assistance benefits past age 18, follow the procedures in policy [12.9 Adoption Assistance: Continuation, Renegotiation or Termination of Adoption Assistance Benefits](#) to terminate adoption assistance benefits at the end of the child's 18th birth month.

The Social Services Administration Unit (SSAU) Program Consultant will:

1. Review the SMILE Adoption Children Almost 18 Report and make a preliminary over 18 adoption assistance eligibility determination for each youth.
2. Within five business days of receipt of the SMILE Adoption Children Almost 18 Report, notify the Regional PAD Managers of each youth's potential eligibility for adoption assistance past age 18.
3. Upon receipt of an adoption assistance application in Georgia SHINES, review the adoption assistance application and supporting documentation for accuracy and completeness.
4. If the adoption assistance application is incomplete, reject the application in Georgia SHINES documenting what information is required to make a determination.



The application will remain in PROC status following the rejection until the application is re-submitted with the requested information.

5. Within 10 business days of receiving the over 18 adoption assistance application and all supporting documentation/information make a final over 18 adoption assistance benefits eligibility determination.

Practice Guidance

Youth who are eligible to receive adoption assistance payments past the end of the child's 18th birth month are also eligible to receive medical benefits under Medicaid. If the SSAU determines that a youth is eligible to receive adoption assistance benefits past the end of the child's 18th birth month, the adoption funding type for a youth who receives Title IV-E adoption assistance monthly pay-

ments will be converted to state-funded.

Adoptive Status

Adoptive status is the point when a child is legally free to be adopted, an adoptive resource has been identified, physical adoptive placement has occurred and the adoptive resource has committed to be the child's adoptive parent(s) by signing the placement agreement(s). Placing a child on adoptive status signals recruitment procedures should be halted as a potential adoptive resource has been located for the child.

DFCS-Involved Transfer of Custody for the Purpose of Adoption

Refers to a child who was either:

1. Placed from the temporary custody of DFCS into the permanent custody of a specified relative/individual "for the purpose of adoption" at a DFCS-initiated Termination of Parental Rights hearing where all parental rights were terminated; or
2. Placed directly from the permanent custody of DFCS (where all parental rights have been terminated) into the permanent custody of a specified relative/individual "for the purpose of adoption" as specifically indicated by the court order at a DFCS-initiated court hearing.

SMILE Adoption Children Almost 18 Report

The SMILE Adoption Children Almost 18 Report includes all children receiving adoption assistance who will be 18 years of age within the next 60 days.

SMILE Adoption Children 18 & Over Report

The SMILE Adoption Children 18 & Over Report includes all children 18 and over who were paid adoption assistance for the current month.

SMILE Per Diem Report

The SMILE Per Diem Report includes all children who were paid adoption assistance for the current month.


Forms and Tools

[Adoption Assistance Eligibility Letter for Youth Age 18 and Older](#)

[Adoption Assistance Eligibility Letter for Youth Age 18 and Older \(Spanish\)](#)

[Georgia Department of Education - Home School Requirements](#)

12.11 Verification of Continuing Eligibility for Adoption Assistance Benefits

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(12) Adoption Assistance		
	Policy Title:	Verification of Continuing Eligibility for Adoption Assistance Benefits		
	Policy Number:	12.11	Previous Policy Number(s):	109.14
	Effective Date:	September 2015	Manual Transmittal:	2015-08

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will verify a child's continued eligibility for adoption assistance payments:

1. By developing a consistent verification process, which includes:
 - a. The percentage of in-state cases to be verified each month; and
 - b. The percentage of out-of-state cases to be verified each month; and
 - c. Verification of high school or college/technical school enrollment on a quarterly basis for every youth over age 18.
2. In the form of:
 - a. Georgia SHINES record reviews;
 - b. Face-to-face contact (if visiting a child for supervision/case management);
 - c. Phone calls; and/or
 - d. Contact through Medicaid renewals, etc.

Procedures

Regional Accounting Office

1. Forward the following reports to Regional Post Adoption (PAD) Manager by the first business day following the 10th of each month:
 - a. SMILE Adoption Children Almost 18 Report;
 - b. SMILE Adoption Children 18 & Over Report; and
 - c. SMILE Per Diem Report.
2. Process the adoption assistance payments upon receipt of the reports verifying the child/youth continued eligibility for adoption assistance benefits; and
3. Ensure payment by the 10th of the month that the payment is due.



All other payments should be made within five days business days of correction/verification.

The Regional PAD Manager will, within seven business days:

1. Review the following reports for accuracy:
 - a. SMILE Adoption Children Almost 18 Report;
 - b. SMILE Adoption Children 18 & Over Report; and
 - c. SMILE Per Diem Report.
2. Request the SSAU complete a preliminary over 18 adoption assistance eligibility determination for each youth whose name is first appearing on the SMILE Adoption Children Almost 18 Report (see policy [12.10 Adoption Assistance: Adoption Assistance Benefits – After 18](#)).
3. Indicate each youth’s continued eligibility to receive adoption assistance benefits by initialing next to each youth’s name assigned to the Regional PAD Manager.



The Regional PAD Manager can only verify continued eligibility for youth assigned to the Regional PAD Manger as primary in Georgia SHINES.

4. Make corrections, additions and/or deletions to the report, as necessary.
5. Email the updated report to the county Social Services Case Manager and the County Office Designee for adoption assistance approval.

Social Services Case Manager

1. Review the following reports for accuracy:
 - a. SMILE Adoption Children Almost 18 Report;
 - b. SMILE Adoption Children 18 & Over Report; and
 - c. SMILE Per Diem Report.
2. Indicate each youth’s continued eligibility to receive adoption assistance benefits by initialing next to each youth’s name assigned to the Social Services Case Manager.



The Social Services Case Manager can only verify continued eligibility for youth assigned to the Social Services Case Manager as primary in Georgia SHINES.

3. Make corrections, additions and/or deletions to the report, as necessary.
4. Email the updated report to the County Office Designee for adoption assistance approval.

The County Office Designee for adoption assistance approval, by the last working business day of the month will:

1. Conduct the final review and approval of the following reports for accuracy:
 - a. SMILE Adoption Children Almost 18 Report;
 - b. SMILE Adoption Children 18 & Over Report; and
 - c. SMILE Per Diem Report.
2. Email one set of completed monthly reports to the Regional Accounting Office.



The original reports are to be maintained at the County Office.

Practice Guidance

SMILE Adoption Children Almost 18 Report

The SMILE Adoption Children Almost 18 Report includes all children receiving adoption assistance who will be 18 years of age within the next 60 days. The SMILE Adoption Children Almost 18 Report should be reviewed to verify if the child will remain eligible to receive adoption assistance or if the adoption assistance benefits should be discontinued due to the child being ineligible for benefits after his/her 18th birth month (see policy [12.10 Adoption Assistance: Adoption Assistance Benefits - After Age 18](#) for eligibility criteria for youth past 18 years of age).

SMILE Adoption Children 18 & Over Report

The SMILE Adoption Children 18 & Over Report includes all children 18 and over who were paid adoption assistance for the current month. The SMILE Adoption Children 18 & Over Report should be reviewed to verify each youth listed meets the requirements for youth over age 18 (see policy [12.10 Adoption Assistance: Adoption Assistance Benefits - After Age 18](#) for eligibility criteria for youth past 18 years of age). This report should not have any youth listed as being paid from UAS Code 509 (Title IV-E) or any youth listed past his/her 21st birth month. Accounting will not process adoption assistance payments for youth over the age of 18 without Regional PAD Manager and/or the Case Manager certifying the youth's eligibility.


SMILE Per Diem Report

The SMILE Per Diem Report includes all children who were paid adoption assistance for the current month. The SMILE Per Diem Report should be reviewed to verify each child listed remains eligible for adoption assistance payments.

Forms and Tools

N/A

12.12 Adoption Assistance Medicaid

Georgia Division of Family and Children Services Child Welfare Policy Manual				
	Chapter:	(12) Adoption Assistance		
	Policy Title:	Adoption Assistance Medicaid		
	Policy Number:	12.12	Previous Policy Number(s):	N/A
	Effective Date:	December 2020	Manual Transmittal:	2020-10

Codes/References

Consolidated Omnibus Budget Reconciliation Act of 1985

Requirements

The Division of Family and Children Services (DFCS) will:

1. Conduct an annual redetermination of Medicaid for children who receive adoption assistance Medicaid; and
2. Provide Georgia Medicaid under the Consolidated Omnibus Budget Reconciliation Act (COBRA) Reciprocity to a child who is residing in Georgia and receiving adoption assistance and Medicaid from another state.

Procedures

Annual Redetermination

The Revenue Maximization Unit (Rev Max) Medicaid Eligibility Specialist will:

1. Provide notification to the Social Services Case Manager (SSCM) 60 days prior to a child's annual Medicaid redetermination.

The SSCM will:

1. Within five business days of the Rev Max notification, send the Adoption Assistance Annual Information Update form to the adoptive parent(s) requesting completion and return of the form within 10 business days.



If the Adoption Assistance Annual Information Update is not returned within the provided timeframe, attempts should be made to contact the adoptive parent(s) by other means. If repeated attempts to contact the adoptive parent(s) are unsuccessful, the Social Services Administration Unit (SSAU) should be notified.

2. Within five business days of receipt of the redetermination material from the adoptive parent(s):
 - a. Complete the Annual Medicaid Redetermination section of the Adoption Assistance Memorandum in Georgia SHINES;
 - b. Attach any supporting documents (i.e., medical insurance) provided by the adoptive parent(s);
 - c. Obtain the Social Services Supervisor's signature of approval on the Adoption Assistance Memorandum; and
 - d. Forward the Adoption Assistance Memorandum and all supporting documentation to Rev Max for processing.
3. Update any changes (e.g., address, contact information, etc.) in Georgia SHINES.
4. Upload to Georgia SHINES External Documentation the Adoption Assistance Memorandum and all supporting documentation



If the Medicaid redetermination is not completed timely, the Medicaid will terminate.

Medicaid for Child Receiving Adoption Assistance from Another State

1. The SSAU Interstate Compact on Adoption and Medical Assistance (ICAMA) Coordinator will:
 - a. Receive the adoption assistance Medicaid application; and
 - b. Refer the information to Rev Max.
2. The Rev Max Medicaid Eligibility Specialist will initiate the adoption assistance Medicaid application within 45 calendar days.



Where the term Social Services Case Manager is used in this policy section, the term Regional Post Adoption (PAD) Manager may also be appropriate, as both manage adoption assistance cases at different periods; however, the Regional PAD Manager does not require supervisor approval.

Practice Guidance

Failure to complete the Medicaid redetermination timely will result in Medicaid being terminated.

If the family that is/has relocated to Georgia contacts the county department, they will be referred to the SSAU's ICAMA Coordinator. If a family is moving out of the state of Georgia and they receive adoption assistance, see policy [12.14 Adoption Assistance: Family Relocates](#).

Interstate Compact on Adoption and Medical Assistance (ICAMA)

The Interstate Compact on Adoption and Medical Assistance (ICAMA) was established in 1986 to safeguard and protect the interstate interests of children covered by an adoption assistance agreement when they move or are adopted across state lines. ICAMA is an agreement between and among its member states that enables them to coordinate the provision of medical benefits and services to children receiving adoption assistance in interstate cases.

Forms and Tools

[Adoption Assistance Annual Information Update](#)

12.13 Status Changes

Georgia Division of Family and Children Services Child Welfare Policy Manual				
	Chapter:	(12) Adoption Assistance		
	Policy Title:	Status Changes		
	Policy Number:	12.13	Previous Policy Number(s):	109.22
	Effective Date:	November 2016	Manual Transmittal:	2016-14

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will report all status changes on families receiving adoption assistance benefits to the Social Services Administration Unit (SSAU), Revenue Maximization Unit (Rev Max) and Regional Accounting within 10 business days.


Procedures

Social Services Case Manager

1. Update Georgia SHINES to reflect the current status change (i.e., change of address, adoptive parent's divorce, etc.)
2. Complete and print the Georgia SHINES system generated Adoption Assistance Memorandum indicating:
 - a. Status change;
 - b. Reason for change; and
 - c. Effective date of the change.
3. Obtain the Social Services Supervisor signature of approval.
4. Submit the signed Adoption Assistance Memorandum to:
 - a. Rev Max;
 - b. Regional Accounting; and
 - c. SSAU.
5. Upload the Adoption Assistance Memorandum into Georgia SHINES External Documentation.

The Rev Max Medicaid Eligibility Specialist will, within 10 business days:


1. Update SUCCESS, where applicable.

 Where the term SSCM is used in this section, the term Regional Post Adoption (PAD) Manager may also be appropriate, as both manage adoption assistance cases at different periods; however, the Regional PAD Manager does not require supervisor approval.

Practice Guidance

Below are some examples of situations in which changes will be reported using the Adoption Assistance Memorandum:

1. The adoption is finalized.

 The Adoption Assistance Memorandum should identify the child's new name as it should appear on the Medicaid card and indicate the exact date of finalization.

2. The name of the adoptive parent(s) changes.
3. The address of the adoptive parent(s) changes.
4. Death of one or both adoptive parent(s) occurs.

5. An adoptive parent who is not party to the current agreement, but whose spouse was party to the agreement, becomes party to the agreement by signing the agreement prior to finalization or by signing an amendment to the agreement after the finalization. Proof of marriage and adoption must be provided for the adoption assistance record.
6. Divorce of the adoptive parents occurs.




When adoptive parents divorce, the divorce decree must state who has primary physical custody of the child and who will receive adoption assistance benefits in order for adoption assistance benefits to be directed appropriately. If the divorce decree does not provide the necessary wording, the adoptive parent(s) must have an amendment to the divorce decree completed.

7. Adoptive child dies. The adoption assistance is terminated in this case (see policy [12.9 Adoption Assistance: Continuation, Renegotiation or Termination Adoption Assistance Benefits](#) for the details on terminating adoption assistance benefits).
8. A change is made in the amount of the adoption assistance payments, such as a renegotiated rate following a child's return to foster care temporarily, (see policy [12.9 Adoption Assistance: Continuation, Renegotiation or Termination Adoption Assistance Benefits](#) for the details on adjusting benefits that have been renegotiated or child returns from foster care).
9. Child is emancipated or joins the military. Adoption assistance is terminated in this case (see policy [12.9 Adoption Assistance: Continuation, Renegotiation or Termination Adoption Assistance Benefits](#) for the details on termination adoption assistance benefits).
10. There is a termination of adoption assistance prior to age 18 (see policy [12.9 Adoption Assistance: Continuation, Renegotiation or Termination Adoption Assistance Benefits](#) for the details on termination adoption assistance benefits).
11. A Child is turning 18 years of age and adoption assistance benefits will continue beyond the youth's 18th birth month or be terminated (see policy [12.10 Adoption Assistance: Adoption Assistance Benefits – After 18](#) for eligibility criteria for youth beyond their 18th birth month and [12.9 Adoption Assistance: Continuation, Renegotiation or Termination Adoption Assistance Benefits](#) for the details on terminating adoption assistance benefits).

Forms and Tools

N/A

12.14 Family Relocates

 Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(12) Adoption Assistance		
Policy Title:	Family Relocates		
Policy Number:	12.14	Previous Policy Number(s):	109.23
Effective Date:	September 2015	Manual Transmittal:	2015-08

Codes/References

Consolidated Omnibus Budget Reconciliation Act of 1985

Requirements

The Division of Family and Children Services (DFCS) will:



1. Continue adoption assistance payments for a family that relocates:
 - a. Within the state of Georgia; and
 - b. Out of the state of Georgia.
2. Arrange for continued medical coverage when a family receiving adoption assistance payments and Medicaid in Georgia moves to another state, dependent upon:
 - a. The child being Title IV-E eligible;
 - b. The new state offering reciprocity as it relates to continuation of health coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA); or
 - c. The child qualifying for medical coverage (Medicaid) in the new state based on the child's needs meeting the new state's eligibility criteria for coverage.


Procedures

The Family Moves to another County within Georgia

Sending County

The Social Services Case Manager (SSCM) in the sending county will coordinate the transfer of the adoption assistance case with the receiving county and will:

1. Send email notice to the receiving county of residence at least 30 days prior to transfer of the Georgia SHINES adoption assistance case. Copy the Social Services Administration Unit (SSAU) Program Consultant on the email notification.
2. Upload any outstanding documents into Georgia SHINES External Documentation.
 -  If a physical adoption assistance record still exists, it will be uploaded to Georgia SHINES External Documentation prior to the transfer of the adoption assistance case. Once uploaded, it is not necessary to transfer the physical record to the receiving county.
3. After the 30-day notification period, assign the receiving SSCM to the case in Georgia SHINES.
 -  The SSCM in the receiving county should be assigned as the primary worker in the PAD stage in Georgia SHINES. If the case is still in the ADO stage, the receiving SSCM will be assigned as a secondary assignment.
4. Complete the Adoption Assistance Memorandum in Georgia SHINES indicating the:
 - a. Family has/will move to another county (specify receiving county);
 - b. Transfer of the adoption assistance case; and

- c. Effective date.
5. Complete the Notification of Change (NOC) in Georgia SHINES to have the Medicaid case record updated.
 -  Currently, the NOC is only available in the Foster Care Child (FCC) stage.
6. Send a copy of the Adoption Assistance Memorandum to the following departments in the sending county:
 - a. Regional Accounting Office; and
 - b. Revenue Maximization Unit (Rev Max).
7. Upload the Adoption Assistance Memorandum to Georgia SHINES External Documentation.
8. Update the child's ADO/PAD and FAD stage in Georgia SHINES.

The Regional Accounting Office in the sending county will:

1. Process the transfer; and
2. Notify the receiving Regional Accounting Office of the transfer via the Adoption Assistance Memorandum.

The Revenue Maximization Unit Medicaid Eligibility Specialist (RMS) in the sending county will within 10 business days:

1. Review the Adoption Assistance Memorandum;
2. Forward the Adoption Assistance Memorandum to the receiving RMS.
3. Transfer the case in SUCCESS to the receiving RMS.

Receiving County

The SSCM in the receiving county will:

1. Review the Georgia SHINES adoption assistance case record for accuracy and completeness.
2. If the required adoption assistance case record contents are not provided:
 - a. Document in Georgia SHINES receipt of the record;
 - b. Document in Georgia SHINES the missing documents;
 - c. Make efforts to secure the missing documents by contacting the sending county;
 - d. Document such efforts in Georgia SHINES; and
 - e. Accept the transferred file so that benefits can be managed and paid in the county of the child's residence.



The receiving county cannot refuse to accept the case being transferred after the sending county has made an effort to locate and upload the missing contents, even if such contents are not located.

3. Provide the pre-adoptive or adoptive family with information regarding whom they may contact if they have problems or questions regarding adoption assistance.

The Regional Accounting Office in the receiving county will:

1. Process the transfer; and
2. Initiate adoption assistance payments in the receiving county.

The RMS in the receiving county will:

1. Review the Adoption Assistance Memorandum; and
2. Ensure ongoing work is performed appropriately.

The Family Moves to Another State

The SSCM will follow the procedures for the Interstate Compact on Adoption and Medical Assistance (ICAMA) as outlined:

1. Complete the Adoption Assistance Memorandum indicating the:
 - a. Parents' names,
 - b. Child's name,
 - c. Child's date of birth,
 - d. Child's social security number,
 - e. New address, and
 - f. Date of move.
2. Submit the Adoption Assistance Memorandum to the Social Services Supervisor for approval.
3. Forward the approved Adoption Assistance Memorandum within in five business days of receiving notification of the family's new address to:
 - a. SSAU;
 - b. Rev Max; and
 - c. Regional Accounting Office.
4. Discuss with the family the implications the move could have on the child's medical coverage based on if the child is Title IV-E or state-funded adoption assistance eligible (see policy [12.12 Adoption Assistance: Adoption Assistance Medicaid](#)).

The SSAU (ICAMA Coordinator) will:

1. Review the Adoption Assistance Memorandum submitted by the county DFCS.
2. Prepare the additional documentation needed to complete the ICAMA packet.
3. Submit the ICAMA packet to the ICAMA Coordinator in the adoptive family's new state of residence.
4. Confirm the child is receiving adoption assistance and ensure Georgia SHINES is updated to reflect the current information regarding the child.



Where the term Social Services Case Manager is used in this section, the term Regional Post Adoption (PAD) Manager may also be appropriate, as both manage adoption assistance cases

at different periods; however, the Regional PAD Manager does not require supervisor approval.

Practice Guidance

The state to which the child is moving should enroll the child in Medicaid. All Title IV-E eligible adoption assistance recipients are eligible for medical coverage (Title XIX) in their new state of residence. The Interstate Compact on Adoption and Medical Assistance (ICAMA) will provide for Medicaid in the new state of residence for a child who is Title IV-E eligible. The state of Georgia is not responsible for providing medical coverage for children who are placed in or who moved to another state with the adoptive family when the child is state-funded adoption assistance eligible. However, if the new state of residence is a state that provides “COBRA Reciprocity,” the new state will provide medical coverage even if the child is state-funded adoption assistance eligible. The SSAU will inquire as to eligibility when making the interstate referral.

Georgia will continue to be responsible for providing the adoption assistance payments to the adoptive family of the child in the new state of residence if the child remains eligible to receive adoption assistance.

Interstate Compact on Adoption and Medical Assistance (ICAMA)

The Interstate Compact on Adoption and Medical Assistance (ICAMA) was established in 1986 to safeguard and protect the interstate interests of children covered by an adoption assistance agreement when they move or are adopted across state lines. ICAMA is an agreement between and among its member states that enables them to coordinate the provision of medical benefits and services to children receiving adoption assistance in interstate cases.

Georgia Families 360

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

Families receiving adoption assistance have the option of enrolling in Georgia Families 360 or choosing fee-for-service Medicaid.

Amerigroup Care Coordination Teams (CCT) and Care Managers

Each Georgia Families 360 member is assigned to a regional Care Coordination Team with a specified Care Manager. The CCT members are Masters level staff, the majority of whom hold a professional license to practice in their respective field. The CCT completes a Health Risk Screening (HRS) on youth in care to identify medical and/or behavioral needs. They ensure each child is assigned to


a Primary Care Physician (PCP) and Primary Care Dentist so every child has a medical and dental home. The CCT is responsible for coordinating the health components of the Comprehensive Child and Family Assessment (CCFA), including the initial physical assessment, dental screening and trauma assessment. Care Managers are the primary partner of the SSCM for identifying and making referrals for needed services. Care Managers ensure each youth has an individualized care plan that addresses both physical and behavioral health needs. They work with community agencies to ensure appropriate services are provided.

Any services not authorized by the CCT will not be paid for out of Medicaid. Therefore, it is imperative that all medical/dental, behavioral health and developmental care be coordinated with the CCT to avoid any uncovered expenses.

Forms and Tools

N/A

12.15 Recovery of Adoption Assistance Overpayments

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(12) Adoption Assistance		
	Policy Title:	Recovery of Adoption Assistance Overpayments		
	Policy Number:	12.15	Previous Policy Number(s):	109.27
	Effective Date:	September 2015	Manual Transmittal:	2015-08

Codes/References

N/A

Requirements

The Division of Family and Children Services will ensure the timely recovery of funds whenever overpayments of adoption assistance benefits occur.

Procedures

The County Department or Regional Post Adoption Manager will:

1. Notify the Social Services Administration Unit (SSAU) immediately, but no later than 30 calendar days after becoming aware of an adoption assistance overpayment. Include the following in the notification:
 - a. A summary of the circumstances;
 - b. An exact dollar amount of the overpayment and timeframes;
 - c. An action plan for recovery; and
 - d. Any other information that the county department deems relevant.

2. Contact the adoptive parent(s) to develop an Adoption Assistance Repayment Agreement immediately after becoming aware of adoption assistance overpayment:



The county department must first consult with the SSAU prior to initiating an Adoption Assistance Repayment Agreement if the amount of overpayment *exceeds* \$6,000 or there is evidence of deception/fraud. In such cases, specific, written approval must be received from the SSAU prior to initiating an Adoption Assistance Repayment Agreement.

- a. Inform the overpayment recipient of the preference for repayment in full, via a lump sum, to be paid within 30 days of notification of overpayment.



Lump sum payments within 30 days of notification of overpayment do not require a Repayment Agreement. However, lump sum repayment arrangements shall be documented fully in Georgia SHINES and the adoption assistance record, and coordinated with Regional Accounting.

- b. Develop and distribute a written Adoption Assistance Repayment Agreement whenever the overpayment cannot be repaid by the adoptive parent(s) within 30 days.

- i. Complete and sign the Adoption Assistance Repayment Agreement with the adoptive parent(s):

1. Negotiate the repayment period. The repayment period on the Adoption Assistance Repayment Agreement will be 12 months or less, unless specifically pre-approved in writing by the SSAU.

2. Discuss the method of repayment with the adoptive parent(s):

- a. Monthly or lump sum payment made by the adoptive parent(s), which does not involve reduction of the monthly adoption assistance payment; and/or
- b. Reduction in the adoption assistance payments, if agreed to by the adoptive parent(s).

3. Review and sign the Adoption Assistance Repayment Agreement with the adoptive parent(s). Discuss the requirement of the agreement that, among other things, the adoptive parent(s) will provide written notification to the county department regarding any change(s) in his/her financial condition, mailing address, living arrangements and the onset of any life altering health condition(s) he/she may experience, within 10 days of the change or condition coming into effect. Such notification will include all necessary documentation to support the adoptive parent(s)'s stated claim.


- ii. Provide a copy of the signed Adoption Assistance Repayment Agreement to the adoptive parent(s), Regional Accounting and the SSAU, and upload a copy of the agreement into Georgia SHINES External Documentation.



For cases in which a reduction in the adoption assistance payments occur, the Social Services Case Manager shall send the signed Adoption Assistance Memorandum with the amended payment amount and begin date to Regional Accounting and the SSAU, and upload into Georgia SHINES External Documentation.

3. Negotiate and monitor the Adoption Assistance Repayment Agreement - If an adoptive parent claims and can prove financial hardship due to unemployment, the county department may

negotiate with the adoptive parent for a lesser monthly payment amount on the Adoption Assistance Repayment Agreement. Any Adoption Assistance Agreement that makes the repayment period greater than 12 months must receive prior approval by the SSAU.

- a. Throughout the unemployment period, the county department will conduct a diligent search of income and assets every 30 days, including communicating directly with the adoptive parent. The diligent search may include the use of resources, such as Accurint, the Department of Labor, TANF, Food Stamps, and Medicaid, to verify the adoptive parent(s)'s employment and overall financial status.
 - b. For amounts that do not exceed \$6,000, the county department will provide a full status report to the SSAU every 12 months for 36 months. Conversely, for amounts that exceed \$6,000, the county department will provide a full status report to the SSAU every six months for 36 months.
 - c. The county department will enter into a new Adoption Assistance Repayment Agreement within 90 days of the commencement of employment by the adoptive parent, increasing the monthly repayments amount and thereby reducing the length of the repayment period.
4. For all cases in which an adoptive parent(s) has been paying at a lesser rate for nine months or more, and the parent continues to be unemployed or unable to pay at the necessary rate, the county department may:
- a. Continue to directly monitor and pursue the adoptive parent(s) for up to 36 months.
 - b. Refer the matter to the SSAU for *consideration* of a referral to the DHS Office of General Counsel for further legal proceedings to ensure recovery.
 - c. Consider foregoing to pursue the adoptive parent(s) any further if it would no longer be cost-effective or if justice would not be served by further pursuit of recovery.
-  All final determinations to forego further legal proceedings will be approved in writing by the SSAU.
- d. The Social Services Case Manager and the Regional Accounting Office must communicate and work together in order to successfully track and manage the Adoption Assistance Repayment Plan.
5. In the following circumstances, the county department will consult with the SSAU for consideration of a referral to the DHS Office of General Counsel for further legal proceedings:
- a. When the adoption assistance overpayment amount is greater than \$6,000 and the adoptive parent cannot repay the amount in full via a lump sum payment or a repayment agreement. The referral to the DHS Office of General Counsel shall be made within 30 days of determination of the need.
 - b. When the adoptive parent(s) refuses to enter into an Adoption Assistance Repayment Agreement within 30 days of discovery of overpayment.
 - c. Adoptive parent(s) misses a total of two months of recovery payments, whether consecutive or not, without a fully corrected payment (i.e., a “double-payment”) on or before the next payment due date.
 - d. Adoptive parent(s) fails to comply with the agreed upon terms of the repayment agreement.
 - e. Any time the county department or the SSAU uncovers, or otherwise suspects fraud or

abuse. The county department will work with the Office of Inspector General (OIG), as well as all other law enforcement and federal agencies reviewing or investigating the matter.

6. Reinstate the full adoption assistance payment amount when the overpayment has been fully repaid and the adoptive parent(s) continues to be eligible to receive adoption assistance payments:

- a. Send the signed Adoption Assistance Memorandum to Regional Accounting and SSAU, indicating that the repayment is completed.
- b. Provide the begin date that the full amount of adoption assistance payment should be re-started.
- c. Upload Adoption Assistance Memorandum into Georgia SHINES External Documentation.



There is no requirement to sign another Agreement when restoring the full adoption assistance payment amount.

7. Document all steps taken toward recovery of the overpayment in full, throughout the entire recovery process by utilizing Georgia SHINES Contacts/Summaries and uploading supporting documents into Georgia SHINES External Documentation. The documentation shall remain as a permanent part of the adoption assistance record.

Practice Guidance


N/A

Forms and Tools

[Adoption Assistance Repayment Agreement](#)

[Adoption Assistance Repayment Agreement \(Spanish\)](#)

12.16 Special Services

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(12) Adoption Assistance		
	Policy Title:	Special Services		
	Policy Number:	12.16	Previous Policy Number(s):	N/A
	Effective Date:	September 2015	Manual Transmittal:	2015-08

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Use Special Services Adoption Assistance to provide time-limited or one-time-only funding for a needed service when no other family or community resource is available.
2. Submit all requests for Special Services Adoption Assistance to the Social Services Administration Unit (SSAU) for approval.



Approval is contingent upon the availability of funds and the appropriateness of the request.

3. Relate the Special Services Adoption Assistance to the special needs of a child. If a child receives adoption assistance specialized rate, it must be documented that the specialized rate does not meet the child's needs before a request for special services may be considered.
4. Consider Special Services Adoption Assistance benefits for a child who:
 - a. Was in the permanent custody of the DFCS at the time of being placed on adoptive status or transferred from DFCS custody into the permanent custody of an individual for the purpose of adoption; and
 - b. Is under 18 years of age; and
 - c. Is currently receiving Adoption Assistance payments.
5. Consider the financial ability of the adoptive family to meet the specific need of a child before approving Special Services Adoption Assistance.
6. Consider Special Services Adoption Assistance for, but are not limited to, the following:
 - a. Medical (UAS 512 Entitlement Code 58a);
 - b. Therapy/Counseling (UAS 512 Entitlement Code 58b);
 - c. Dental/Orthodontics (UAS 512 Entitlement Code 58c);
 - d. Respite (UAS 512 Entitlement Code 60); and
 - e. Other (UAS Code 512 Entitlement Code 58d).
7. Approve Special Services for a 12-month period, not to exceed the approval amount.
8. Do not use Title IV-E funds to pay for Special Services Adoption Assistance.



A waiver for other services related to the child's special needs (e.g., wheelchairs and other special medical equipment) may be considered with appropriate documentation following consultation with the appropriate Adoption Assistance Consultant. All waivers will be reviewed and approved by the SSAU Director.

Procedures

Social Services Case Manager

1. Prepare a Special Services Adoption Assistance application package. This includes:
 - a. Special Services Request Form (to be completed by the adoptive parents, SSCM or Regional Post Adoption Manager (PAD) in consultation with the parents) that contains the following:
 - i. Child's name and date of birth;
 - ii. Name of the parent(s);

- iii. Explanation of the type of Special Service being requested;
 - iv. Description of the special needs of the child and its impact on the child's health and well-being;
 - v. Explanation of how the requested Special Service funds will help the family meet the child's needs;
 - vi. Description of the family's efforts to locate other family or community resources;
 - vii. Evaluation of the family's medical/dental insurance and whether it is able to cover any portion of the cost of the required treatment. (not applicable for Respite);
 - viii. Explanation from families receiving a Specialized Adoption Assistance rate as to why their higher rate is not able to cover the cost of respite or other special service request.
- b. Required Attachments (to be gathered and provided by the adoptive parent):
- i. Documentation by a licensed treatment provider that the special service is necessary. Documentation must include the type of treatment recommended, length of treatment/service, approximate cost, and whether Medicaid or any other insurance is able to cover any portion of the cost.
 - ii. For respite only, documentation of the child's special needs and the circumstances requiring respite.
 - iii. Documentation of the family's current average monthly income and outflow of financial resources on the Financial Statement for Resource Parenting form.
 - iv. Documentation of the adoptive family's efforts to locate community resources such as a written statement from the family regarding their need for Special Services Adoption Assistance and their efforts to find other resources. This should include a list of resources that have been contacted and any denials for the services being sought from other resources.
2. Submit the Special Services Adoption Assistance application package to the SSAU for approval via Georgia SHINES.
 - a. Upload the Special Services application packet into Georgia SHINES External Documentation.
 - b. Complete and submit the Special Services application using the Adoption Assistance application screen in the Adoption (ADO) or Post Adoption (PAD) stage.
 - c. The SSAU will review the packet and indicate the approval decision in the Special Services section of the Adoption Assistance Application.
 3. Send to the adoptive parent(s) the Special Services Approval or Denial Notice.
 4. Submit all Special Services invoices to Regional Accounting **within 60 days of the approved service** utilizing UAS Code 512.
 5. Ensure all providers are entered into Georgia SHINES in order for them to be paid. Payments will be made directly to the Vendor/Service Provider, not the adoptive parent.
 6. Submit any subsequent requests for Special Services Adoption Assistance to the SSAU for review and approval **60 days** prior to the expiration of the previous approval period.



A new application for Special Services must be completed each State Fiscal Year as funds

are limited and may not be available.

Practice Guidance

Special Services Adoption Assistance is intended to provide time-limited or one-time funding for a needed service when no other family or community resource is available. Examples of other resources include, but are not limited to: Children's Medical Services (CMS), Easter Seals, Department of Education, Early Intervention Programs, Medicaid, and the Department of Behavioral Health and Developmental Disabilities (DBHDD). Special Services funds are limited and are not available to every child each State Fiscal Year. Requests for multiple special services may be submitted and will be considered on a case by case basis. For instance, a child may need medical and orthodontic services. Application for Special Services may be made in the Adoption (ADO) or Post Adoption (PAD) stage in Georgia SHINES.

Child care assistance is not available via Special Services Adoption Assistance. The Department of Early Care and Learning (DECAL) is responsible for meeting the child care and early education needs of children in Georgia. For more information about DECAL, visit its website at www.dec.al.ga.gov/BftS/About.aspx. In addition for Childcare and Parents Services (CAPS) programmatic requirements, see [Childcare and Parent Services \(CAPS\) Manual](#).

Respite

Respite funds are available when the special needs of the child are based on an emotional/behavioral, physical/developmental, or mental limitation and the caregiver's need for a short term reprieve from the demands of caring for a child with such special needs can be documented. Below are guidelines for the use of respite:

1. Prior to finalization, the respite care provider must successfully pass child safety screening using the following databases: DFCS Protective Services Records (Georgia SHINES, IDS Online Master Index, PSDS, and County Master Files), Sexual Offender Registry, Board of Pardons and Parole, and the Department of Corrections Offender Query.



Utilize a partial name search in Georgia SHINES.

2. The documentation of special needs may come from consultation with the family and/or a licensed treatment provider.
3. Respite is not to be used as a substitute for child care or ongoing supervision.
4. Any respite services available through the community (e.g., Mental Health) should be utilized first before requesting Special Services.
5. Respite shall be approved for a 12 month period not to exceed the approval amount.
6. Funds may not be borrowed from a future month within the certification period unless it is an emergency situation approved by the SSAU. Approval documentation must be submitted to accounting staff when requesting payment for more than 20 hours a month.
7. The established rate is \$6.00 per hour for the oldest child. The rate for each additional adopted child is \$2.00 per hour per child.
8. For any child receiving a specialized rate for adoption assistance, it must be documented that the payment is insufficient to cover the cost of respite

9. Advance payments are not allowed.

Forms and Tools

[Department of Early Care and Learning](#)

[Financial Statement for Resource Parenting](#)

[Financial Statement for Resource Parenting - Spanish](#)

[Special Services Approval Notice](#)

[Special Services Denial Notice](#)

[Special Services Request Form](#)


[1] Specified in section 406(a) of the Act (as in effect on July 16, 1996). This includes great-great-grandparents and first cousins once removed (children of first cousins). Accordingly, for the purpose of determining Title IV-E eligibility, any otherwise eligible child who is removed from the home of a relative who is within the fifth degree of kinship to the child will be eligible for assistance under Title IV-E.

[2] Under section 402 of the Social Security Act, as in effect July 16, 1996

[3] Specified in section 406(a) of the Act (as in effect on July 16, 1996)

Chapter 13 Independent Living Program

13.0 Introduction to the Independent Living Program

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(13) Independent Living Program		
	Policy Title:	Introduction to the Independent Living Program		
	Policy Number:	13.0	Previous Policy Number(s):	N/A
	Effective Date:	December 2014	Manual Transmittal:	2015-04

Codes/References

John H. Chafee Foster Care Independence Program (Foster Care Independence Act of 1999 (P.L. 106-169))

Discussion

The Division of Family and Children Services (DFCS) will utilize adoption assistance funding to facilitate the adoption of children with special needs who might otherwise not be adopted. The federal law requires efforts be made to place the child without adoption assistance, except when doing so is not in the child's best interest.

Georgia's Independent Living Program (ILP) provides eligible youth currently or formerly in foster care with services to successfully prepare and transition to adulthood. ILP services are designed to provide youth with the life skills and education necessary to become self-sufficient, live independently, and maintain stable employment. Services include life skills training, financial assistance, and educational and social support.

Adolescence is a time of preparation for the future. Many adolescents leaving foster care have significant difficulty making a successful transition to adulthood. Congressional findings indicate children aging out of foster care show high rates of homelessness, non-marital childbearing, poverty, and delinquent or criminal behavior. They are also frequently the target of crime and physical assaults. The John H. Chafee Foster Care Independent Living Program (ILP) was created to support youth that are vulnerable to these conditions.

The Independent Living Program goals are based on the federal legislation Foster Care Independence Act of 1999 (P.L. 106-169) also known as the John H. Chafee Foster Care Independence Program and are as follows:

1. To identify children who are likely to remain in foster care until 18 years of age and to help these children make the transition to self-sufficiency by providing services such as assistance in obtaining a high school diploma, career exploration, vocational training, job placement and retention, training in daily living skills, training in budgeting and financial management skills, substance abuse prevention, and preventive health activities (including smoking avoidance, nutrition education, and pregnancy prevention);

2. To help children who are likely to remain in foster care until 18 years of age receive the education, training, and services necessary to obtain employment;
3. To help children who are likely to remain in foster care until 18 years of age prepare for and enter post-secondary training and education institutions;
4. To provide personal and emotional support to children aging out of foster care, through mentors and the promotion of interactions with dedicated adults;
5. To provide financial, housing, counseling, employment, education and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood; and
6. To make available vouchers for education and training, including postsecondary training and education, to youth who have aged out of foster care.

Through family and community partnerships, the ILP program seeks the following outcomes for youth:


1. **Educational Attainment:** Achievement of a High School Diploma, GED, completion of a secondary education program and opportunities for post-secondary education;
2. **Employment:** Financial self-sufficiency through employment and community service opportunities that allow the youth to develop job-readiness skills;
3. **Housing:** Allowing youth to avoid homelessness;
4. **Health Care:** Assuring the youth can meet their own physical and mental health needs by ensuring access to health insurance;
5. **Adult Connections:** Ensuring the youth has permanent social connections with responsible and supportive adults; and
6. **Avoidance of High Risk Behaviors:** Empowering youth to be productive and responsible members of the community.

Georgia's ILP provides services and opportunities for eligible youth in or out of foster care to maximize their potential and achieve a successful transition into adulthood. Independent Living Services include the following:

1. ILP Orientation
2. Life Skills and Supportive Services which contain information or supports related to:
 - a. Academic Support;
 - b. College Tours and Preparatory Workshops;
 - c. Life Coaches;
 - d. Financial Resources and Assistance;
 - e. Post-Secondary Education Assistance;
 - f. Career Preparation;
 - g. Information on Maintaining Healthy Relationships;

- h. Self/Individual Supports;
 - i. Health Education and Risk Prevention;
 - j. Budgeting and Financial Management;
 - k. Housing Education and Household Management; and
 - l. Legal Matters.
3. Secondary Education Program Services including assistance with:
- a. Tutoring;
 - b. College Applications;
 - c. Graduation Fees;
 - d. Drivers Education; and
 - e. ACT/SAT testing.
4. Post Foster Care Resources
- a. Transitional Living Supportive Services: This support is for youth, whether currently or previously in foster care, and is funded by the Chafee Foster Care Independence Program (CFCIP) to assist with rental assistance, startup costs such as utility or rental deposits, life coaching, short term counseling and support group related expenses.
 - b. Emergency Financial Assistance: This financial resource is also supported by the Chafee Foster Care Independence Program and is designed to prevent homelessness. Youth applying for emergency assistance will be offered time limited support services along with life coaching to assist them in maintaining self-sufficiency. Emergency Financial Assistance must be a qualified expense such as food, clothing, rent, medical costs or transportation.
 - c. Education and Training Vouchers: The Independent Living Program funds Post-Secondary Financial Support services through the Federal Education and Training Vouchers (ETV) Program as well as State Independent Living Program college funding. Services that may be funded through these programs include application fees, registration fees, tuition, room and board, course books and supplies, tutoring, testing, and stipends for hygiene and personal maintenance.
5. Graduated Independence: Allows youth in foster care (ages 14-17) or participating in the Extended Youth Support Services (EYSS) program (ages 18-21) to participate in age and developmentally appropriate activities to facilitate normalcy for youth receiving foster care services.

13.1 Eligibility and Enrollment

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(13) Independent Living Program		
	Policy Title:	Eligibility and Enrollment		
	Policy Number:	13.1	Previous Policy Number(s):	1012.1
	Effective Date:	December 2014	Manual Transmittal:	2014-04

Codes/References

O.C.G.A. § 15-11-2 Juvenile Code Definitions

O.C.G.A. § 15-11-231 Permanency Planning Report

O.C.G.A. § 49-5-7 Development and Administration of Public Child Welfare and Youth Services

O.C.G.A. § 50-36-1 Verification of Lawful Presence within the United States

John H. Chafee Foster Care Independence Program (Foster Care Independence Act of 1999 (P.L. 106-169))

Title 45 of the Code of Federal Regulations § 205.10

Requirements

The Division of Family and Children Services (DFCS) will:

1. Deem youth ages 14-21 eligible for the Independent Living Program (ILP) when the following criteria are met:
 - a. The youth has been adjudicated as dependent or as a child in need of services (CHINS) by a Georgia Juvenile Court; and
 - b. The youth is or was in foster care for at least six months^[1] prior to reaching the age of 18;
 - c. Youth 18-21 is a citizen or a permanent legal resident of the United States and a legal resident of Georgia.



If the youth is not a citizen or permanent legal resident of the United States by their 18th birthday, they are no longer eligible for ILP services. However, eligibility may be reassessed when the youth obtains a legal immigration status, such as Special Immigrant Juvenile Status (SIJS) (see Practice Guidance: [Special Immigrant Juvenile Status \(SIJS\)](#)).

2. Determine a youth's ILP eligibility within five business days of:
 - a. The youth in foster care turning age 14;
 - b. The youth entering foster care between ages 14-17;
 - c. The youth at age 18 consenting to receive foster care assistance in the EYSS program or between 18-21 if the requesting youth previously opted out of EYSS;
 - d. A youth 18-21 previously in foster care requesting ILP services (Post Foster Care) and is not currently receiving EYSS.
3. Re-assess ILP eligibility for youth that were initially deemed ineligible for ILP services within six months of the determination.
4. Enroll eligible youth into ILP within 15 calendar days of the youth meeting the eligibility criteria.
 - a. The Independent Living Specialist (ILS) shall review the youth's Georgia SHINES case record within 15 calendar days of being assigned as a secondary worker in Georgia SHINES.
 - b. The ILS shall verify the youth has completed Independent Living Orientation and that a Written Transitional Living Plan has been completed and services initiated related to the goals outlined in the WTLP within 90 calendar days of the youth's enrollment for ILP services.

5. Provide all ILP eligible youth and their parent/caregiver with general information on rights to a fair hearing under the Independent Living Program.

Procedures

Eligibility Determination and Enrollment Procedures for Youth Currently in Foster Care or Participating in the EYSS Program

The Social Services Case Manager (SSCM) will:

1. **Within five business days** of a youth in foster care turning 14, youth between the ages of 14-17 entering foster care, or a youth ages 18-21 consenting to participate in the EYSS program, determine the youth's eligibility for the Independent Living Program by:

- a. Establishing that the youth was adjudicated as dependent or as a CHINS prior to turning age 18;
- b. Establishing that the youth was in foster care for at least 6 months prior to turning 18; and
- c. Confirming that youth 18-21 is a citizen or a permanent legal resident of the United States, or has obtained a legal documented immigration status, such as Special Immigrant Juvenile Status.



If youth 14-17 are initially deemed ineligible due to length of time in foster care, eligibility must be reviewed again within 6 months of the youth entering foster care.

2. **Within 15 calendar days** of determining that a youth is eligible for ILP:

- a. Complete the referral for Independent Living Program services and orientation, and submit it to the Independent Living Specialist (ILS);



A new referral for ILP is not required for youth who consented to participate in the EYSS program upon turning 18 if he or she was previously participating in ILP.

- i. Request the Social Services Supervisor (SSS) to assign the ILS as a secondary worker in Georgia SHINES;
 - ii. Generate and complete the Youth Detail page in Georgia SHINES with the following information:
 1. Tribe Status
 2. Adjudicated Dependent or CHINS
 3. Placement Information
 4. Permanency Plan
 5. Educational Information
 6. Health Information
 7. Employment Information (if applicable)
- b. Provide the youth, parent/caregiver, and foster parent with the Georgia Independent Living Program Notice of the Right to a Fair Hearing and document the notification of the right to a Fair Hearing in Georgia SHINES within 72 hours (see policy [13.11 Independent Living Pro-](#)

gram: Post Foster Care Resources).

3. Schedule and ensure the youth attends an ILP Orientation within **90 calendar days** of meeting eligibility requirements for ILP services.

Within 30 calendar days of the youth entering foster care or consenting to participate in the EYSS program the Social Services Supervisor (SSS) will:

1. Confirm the youth meets eligibility requirements and that a referral to the ILS has been completed (if necessary for youth participating in EYSS);
2. Assign the ILS as a secondary worker in Georgia SHINES; and
3. Confirm the Youth Detail page has been completed.

Independent Living Specialist will:

1. **Within 15 calendar days** of being assigned in Georgia SHINES as the secondary worker, the ILS will review the Georgia SHINES case record information concerning the youth's:
 - a. Legal status
 - b. Permanency plan
 - c. Placement information
 - d. Education information
 - e. Health detail
 - f. Employment information (if applicable)
2. **Within 90 calendar days** of the youth's enrollment for ILP services **the ILS will:**
 - a. Verify the youth is scheduled for or has attended an ILP Orientation session;
 - b. Verify the Written Transitional Living Plan (WTLP) has been created with the youth; and
 - c. Verify that the youth is receiving services related to the goals outlined in the WTLP.

Eligibility and Enrollment Procedures for Youth Not in Foster Care or Participating in the EYSS Program

Youth age 18-21 previously in foster care, or youth who have opted out of the EYSS program may be eligible ILP services. When a youth not in foster care or participating in the EYSS program requests ILP services the SSCM or ILS will:

1. Determine if the youth meets ILP eligibility criteria **within five business days** of the youth's request for ILP services by assessing the youth's:
 - a. Current contact information
 - b. Current and prior legal status
 - c. Citizenship status
 - d. Dependency and/or CHINS information including:
 - i. Name and date of birth
 - ii. County that held legal custody

- iii. Georgia SHINES case record information (permanency plan, services provided, case outcome, etc.)
 - iv. Number of months in foster care
2. If eligible, document the specific ILP services the youth will be provided in the Written Transitional Living Plan (WTLP) (see policy [13.3 Independent Living Program: Written Transitional Living Plan](#) and [13.11 Independent Living Program: Post Foster Care](#)).

Practice Guidance

Fair Hearings

A fair hearing request may be completed by an individual, their representative or community based care provider when DFCS takes any action that affects participation in a federally funded service (Titles IV-E or IV-B under the Social Security Act). The fair hearing request may be based on the denial of assistance, delay in acting on a request for assistance or a reduction or termination of services provided (see policy [13.11 Independent Living Program: Post Foster Care Services](#)).

Independent Living Program Services for Ages 14-21

ILP services are flexible and individualized to the needs of each youth based on their Written Transitional Living Plan. Services include life skills workshops in a myriad of topics that address the development of skills and behaviors needed to support a successful transition to adulthood. Services may include financial assistance with secondary and post-secondary expenses such as high school graduation fees and college tuition; opportunities for socialization; and advocacy and support to assist the youth with establishing and pursuing personal goals. ILP placement and support services are also provided through RBWO providers who have specialized placement services through Independent Living and Transitional Living Programs (see policy [16.3 Room, Board and Watchful Oversight: RBWO Placement Referral](#) or [16.8 Room, Board and Watchful Oversight: RBWO Minimum Standards](#)).

Incarcerated Youth

Youth that are incarcerated in juvenile detention facilities or county jails may still be eligible for ILP Services. For example, educational assistance that may help facilitate the completion of a General Education Diploma (GED) could be provided to the youth while he or she is incarcerated. To assist youth in continuing to work towards independence and the completion of the goals outlined in their WTLP, the SSCM should determine the services offered by the county jail or juvenile detention facility. If a youth is incarcerated in a county jail, the SSCM should contact the jail or the county sheriff's office. If a youth is incarcerated in a juvenile detention facility, the SSCM should contact the facility or the Georgia Department of Juvenile Justice (DJJ). These facilities often have a counselor or case manager assigned to the youth; and collaboration with these individuals can assist in developing the appropriate plan for the youth while they are detained. The WTLP should be amended to reflect the available services that the youth can participate in and the responsible parties for implementation and monitoring the plan while the youth is incarcerated.

Independent Living Specialist (ILS) and Social Services Case Manager (SSCM) Partnership

Critical to the youth's success in creating, achieving and sustaining a successful transition to adult-

hood is the ongoing coordination of services and collaboration between the SSCM and the ILS. At the point ILP eligibility is established this partnership immediately becomes critical. The initiation of the Casey Life Skills Assessment and the creation of the Written Transitional Living Plan will be the foundation for the youth as they begin their transition from an in-home to an out-of-home placement as well as toward adulthood. While the ILS and the SSCM each have a different role in the youth's life, both roles are critical to achieving successful outcomes.

By collaborating at the beginning of the youth's eligibility for ILP services the SSCM and the ILS are better able to assist the youth with information specific to their individual needs. In addition, the SSCM, ILS and the youth can work together to develop the goals a youth wants to achieve and work to identify what services are available in the community when the transition out of foster care back home or into adulthood occurs. For many youth who enter foster care this collaborative relationship helps to set up a foundational support system of appropriate and supportive individuals for the youth that he or she can reach out to in times of distress. This framework of support also provides the youth with an example of how to communicate effectively to achieve a common goal and can lead to the development of other supportive and nurturing relationships within the youth's circle of family and friends who can continue to provide ongoing support through adulthood.

Interstate Compact for the Placement of Children (ICPC) Youth Eligibility

Youth under the age of 18 who currently are, or were formerly adjudicated as deprived or dependent by another state, who have either relocated or been placed in the state of Georgia through the Interstate Compact for the Placement of Children (ICPC) are the financial responsibility of the state from which they were adjudicated. The adjudicating state is responsible for funding independent living services, case planning, and any other financial assistance payments for the youth. Coordination of services for ICPC youth must be done through the state ICPC office.

Special Immigrant Juvenile Status (SIJS)

The Georgia Security and Immigration Compliance Act (GSICA) provides regulations concerning immigrants in Georgia who do not have a lawful US immigration status. It is unlawful for the Division of Family and Children Services to provide federal, state, or local benefits to undocumented immigrants and these regulations can directly affect youth that are discharged from foster care. In order to ensure that a youth exiting from foster care has availability to benefits as they transition into adulthood, any youth that enters foster care without lawful US immigration status should begin the application process for a lawful US immigration status, such as the Special Immigrant Juvenile Status (SIJS) immediately upon entering foster care. The SIJS application and approval process may take up to two years to finalize and SIJS must be attained prior to a youth's 18th birthday to be eligible for continuing benefits.

Youth Ages 18-21

Youth ages 18–21 that consent to continue to receive foster care assistance up to age 21, in the Extended Youth Support Services (EYSS) program may remain eligible to receive ILP services. When a youth reaches the age of 18 he or she may elect to remain in a foster care setting without interruption, and continue to receive independent living services if eligibility criteria was previously met. Those youth between the ages of 18-21 who have elected to exit foster care may request to return and participate in the EYSS program within six months, if the youth meets the basic months of exit but prior to age 21. Any requests beyond the six-month period for EYSS are subject to DFCS

approval. Upon returning to the EYSS program eligibility criteria then they may receive ILP Services immediately. Youth between the ages of 18-21 who are not participating in the EYSS program may also be eligible for certain independent living program services, such as financial or educational supports.


Forms and Tools

[Department of Juvenile Justice](#)

[Georgia Independent Living Program Notice of the Right to a Fair Hearing](#)

[United States Citizenship and Immigration Services](#)

13.2 Casey Life Skills Assessment

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(13) Independent Living Program		
	Policy Title:	Casey Life Skills Assessment		
	Policy Number:	13.2	Previous Policy Number(s):	1012.2
	Effective Date:	December 2014	Manual Transmittal:	2015-04

Codes/References

John Chafee Foster Care Independence Program (Foster Care Independence Act of 1999) P.L. 106-169

Requirements

The Division of Family and Children Services (DFCS) will:

1. Utilize the Casey Life Skills Assessment (CLSA) to assess the life skills, strengths and vulnerabilities of youth ages 14-17^[2] in foster care.
2. Administer the initial CLSA within 15 calendar days of a youth ages 14-17 entering foster care or a youth in foster care turning age 14.
3. Administer subsequent CLSAs within 60 calendar days of the youth reaching age 15 and 17; unless a CLSA has been completed within the last 12 months.



The CLSA may be administered more frequently based on the needs of the youth. See [Casey Life Skills Practice Guide](#).

4. Incorporate the initial CLSA results into the Written Transitional Living Plan (WTLP) submitted to the Court within thirty (30) calendar days of a youth ages 14-17 entering foster care. The results of subsequent CLSAs shall be used to update the WTLP for youth in foster care (see policy [13.3 Independent Living Program: Written Transitional Living Plan](#)).
5. Utilize results of CLSA information in the development of the WTLP for youth ages 18 through 21 who participate in the Extended Youth Support Services (EYSS) program.

Procedures

Completing the Initial CLSA

The Social Services Case Manager (SSCM) will:

1. Within 15 calendar days of a youth ages 14-17 entering foster care **or** a youth in care turning age 14:
 - a. Conduct a face-to-face meeting with the youth and his or her caregiver to discuss the assessment process;
 - b. Access the website: www.casey.org/casey-life-skills and review the assessment with the youth and caregiver;
 - c. Have the youth complete the assessment online at: www.casey.org/casey-life-skills or on a hard copy (paper) version;



The SSCM should allow the youth to complete the assessment independently or with minimal assistance unless the youth requires assistance due to his or her special needs. Under no circumstances should the SSCM or caregiver complete the CLSA without youth participation.

2. Within 30 calendar days of the youth 14-17 entering foster care or youth in foster care turning age 14:
 - a. Review the CLSA results with the youth and determine together the appropriate steps, goals, and services to be included in the youth's Written Transitional Living Plan (WTLP);
 - b. Select "yes" on the Youth Detail Report page in Georgia SHINES to indicate the completion of the CLSA;
 - c. Upload the CLSA into Georgia SHINES external documentation and label as the Casey Life Skills Assessment;
 - d. Incorporate the results from the CLSA into the steps and goals outlined in the WTLP.

Completing Subsequent Casey Life Skills Assessments

Within 60 calendar days of the youth in foster care reaching age 15 and 17, the SSCM will administer a Casey Life Skills Assessment by:

1. Conducting a face-to-face meeting with the youth and his or her caregiver to discuss the assessment process;
2. Accessing the website: www.casey.org/casey-life-skills and reviewing the assessment with the youth and caregiver;
3. Having the youth complete the assessment online at: www.casey.org/casey-life-skills or on a hard copy (paper) version;



The same criteria concerning the youth's ability to complete the CLSA with minimal assistance is applicable as with the initial CLSA. It is not necessary to complete a CLSA if it is determined that a CLSA was completed within 12 months of the child reaching age 15 or 17.

4. Review the results of the subsequent CLSA's with the youth and caregiver and include the results into the WTLP with the youth.

Incorporating Casey Life Skills Assessment Results with Youth Ages 18-21

Within 15 calendar days of the youth agreeing to participate in the EYSS program, the SSCM will:

1. Review the most recent CLSA results and compare with the youth's most recent WTLP;
2. Assess the youth's current status and determine if a new CLSA is necessary in order to develop or revise the youth's WTLP;
3. Conduct a face-to-face visit with the youth:
 - a. Discuss prior CLSA results and WTLP goals;
 - b. If necessary, request the youth complete another CLSA and incorporate the results into the WTLP.

Supervisory Review and Approval

Upon completion of the initial and subsequent CLSA by the SSCM, the Social Services Supervisor will:

1. Confirm that the CLSA has been completed and uploaded into Georgia SHINES External Documentation;
2. Verify that the Youth Detail Page in Georgia SHINES has been updated to reflect completion of the CLSA; and
3. When reviewing and approving the WTLP in Georgia SHINES, ensure the results from the CLSA have been incorporated into the steps and goals of the plan.

Practice Guidance

Casey Life Skills Assessment

The Casey Life Skills Assessment (CLSA) tool was developed by Casey Family Programs (Casey) from 1994-2000 as a tool for child welfare to assess the life skills of youth. The CLSA is not an exhaustive list of all the skills required to live independently; rather, it provides an indication of skill level and readiness for living independently. The assessments are designed as the first step in preparing youth to live on their own. Other steps include goal setting, action planning, instruction, learning, and application, followed again by ongoing assessments to measure progress.


The Casey Life Skills Assessment and detailed information on how to complete the assessment may be accessed online at www.casey.org/casey-life-skills. The life skills assessments provide instant feedback with customized learning plans. These plans provide a clear outline of next steps.

The Casey Life Skills Assessment must be administered upon the youth's entry in foster care and at ages 15 and 17. Results from the assessments will be used as a basis for the goals of the Written Transitional Living Plan (WTLP). The CLSA may be used more frequently as the WTLP is updated based the individual needs of the youth. Additionally, the CLSA may be used as a tool to assess a youth as he or she demonstrates they have mastered a particular skill.

Forms and Tools

[Casey Life Skills Assessment](#)
[Casey Life Skills Practice Guide](#)

13.3 Written Transitional Living Plan

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(13) Independent Living Program		
	Policy Title:	Written Transitional Living Plan		
	Policy Number:	13.3	Previous Policy Number(s):	N/A
	Effective Date:	August 2016	Manual Transmittal:	2016-11

See [Child Welfare Services County Letter 2021-01](#) for revisions to this policy section.

Codes/References

O.C.G.A. § 15-11-231 Permanency Planning Report

O.C.G.A. § 49-5-3

Fostering Connections to Success and Increasing Adoptions Act of 2008, P.L. 110-351

John H. Chafee Foster Care Independence Program (Foster Care Independence Act of 1999 (P.L. 106-169)

Title IV-E of the Social Security Act sections 475(1)(D) and 475A(b)

Preventing Sex Trafficking and Strengthening Families Act of 2014 (P.L. 113-183)

Requirements

The Division of Family and Children Services (DFCS) will:

- Engage youth and their support system to develop or update the Written Transitional Living Plan (WTLP) that is actionable and self-directed within 30 calendar days of:
 - A youth 14 years of age or older entering foster care;
 - A youth in foster care reaching 14 years of age;
 - A youth reaching 18 years of age and receiving Extended Youth Support Services (EYSS);
 - A youth's participating in EYSS after exiting custody at 18 years of age or older;
 - Identifying additional needs for a youth with an existing WTLP, including those identified upon completion of the Casey Life Skills Assessment (CLSA);
 - New outcomes and tasks being ordered by the court; or
 - The WTLP outcomes being achieved.
- Submit the WTLP to juvenile court with the initial 30-day case plan and at each case review and permanency plan hearing completed by the court thereafter.



The court shall, at its own discretion, conduct a review of the status and the services being

provided for any child age 18 and older receiving EYSS or other Independent Living Services.

3. Update the WTLP a minimum of every six months to reflect the youth's progress toward the achievement of WTLP goals.
4. *Incorporate the WTLP into the case plan for youth 14 years of age and older and ensure the WTLP includes:*
 - a. *A written description of the programs and services that will assist the youth in preparing for the transition from foster care to independent living.*
 - b. The anticipated age at which the youth will be discharged from foster care;
 - c. The anticipated amount of time available to prepare the youth for the transition from foster care to successful adulthood;
 - d. The anticipated location and living situation of the youth upon discharge from foster care;
 - e. A description of the assessment processes, tools, and methods that have been or will be used to determine the programs and services needed to assist the youth in preparing for the transition from foster care to successful adulthood;
 - f. The rationale for each program or service that is or will be provided to assist the youth in preparing for the transition from foster care to successful adulthood, the time frames for delivering such programs or services, and the intended outcome of such programs or services; and
 - g. A description of specific recruitment efforts that will be used to facilitate orderly and timely in-state and interstate placements, when the recommended permanency plan is termination of parental rights and adoption or placement in another home.
 - h. *Include a document that describes the rights of the youth with respect to education, health, visitation, court participation, the right to be provided with documents specified in section 475(5)(I) in accordance with that section (see policy [13.4 Independent Living Program: Transition from Foster Care](#)), the right to receive an annual credit report, and the right to stay safe and avoid exploitation (see policy [13.7 Independent Living Program: Youth Rights and Responsibilities](#)).*
 - i. *An acknowledgement signed by the youth that confirms the youth has been provided with a copy of the documentation and that the rights contained in the document have been explained to the youth in an age-appropriate way (see policy [13.7 Independent Living Program: Youth Rights and Responsibilities](#)).*
5. Utilize meetings (Family Team Meeting (FTM), Transition Roundtable (TRT), etc.) involving the youth and members of the youth's support team as a forum to develop, update, and implement the WTLP.
6. Engage the youth in a discussion about the WTLP outcomes during monthly purposeful contacts to determine progress toward WTLP outcomes and if any amendments/revisions are necessary.

Procedures

Developing the WTLP for Youth in Foster Care or Participating EYSS Program

The Social Services Case Manager (SSCM) will:

1. Schedule a formal meeting such as a Family Team Meeting (FTM) or Transition Roundtable (TRT) with the youth and the youth's support system (see policy [19.3 Case Management: Solution-Focused Family Team Meetings](#));
2. Review the youth detail page and the most recent, pertinent case documentation to determine youth's:
 - a. Reason(s) for Removal from Family / Foster Care Entry
 - b. DFCS history (see policy [19.10 Case Management: Analyzing DFCS History](#))
 - c. Case Plan Goal
 - d. Individual and Family Developmental Stage(s)
 - e. Educational Status (highest grade level achieved and related performance),
 - f. Financial Status (earned and unearned income sources)
 - g. Housing (current living arrangement)
 - h. Health (physical or mental health diagnosis and prescribed medications),
 - i. Supports (identified adult and peer connections)
 - j. Services (formal and informal/paid and unpaid)
3. Engage and assist the youth with the completion of the Casey Life Skills Assessment (CLSA) (see policy [13.2 Independent Living Program: Casey Life Skills Assessment](#));



The CLSA is not required for youth 18 years and older; however, prior to development of the WTLP it is important to review previous CLSAs for any information that may be helpful in developing or modifying outcomes.


4. Conduct a monthly purposeful contact with the youth and caregiver prior to the meeting (FTM/TRT):
 - a. Discuss findings (observations concerning youth strengths and needs) from the case review and CLSA.
 - b. Discuss the youth's academic and professional aspirations;
 - c. Obtain caregiver and youth perspective regarding the youth's strengths / assets and needs as it relates to the following five protective factors:
 - i. Resilience: Youth's ability to manage stress and function when faced with adversity or trauma.
 - ii. Social Connections: Youth's access to caring adults, positive peers, parents, and community supports that offer a sense of identity and belonging.
 - iii. Concrete Support in Times of Need: Youth's knowledge of and access to resources that address a specific issue or area of need.
 - iv. Knowledge of Child Development: The extent to which youth understand themselves – the impact of development on their physical changes, cognition, emotion and identity

development.

- v. Cognitive and Social-Emotional Competence: Youth's ability to self-regulate thinking, emotions and behavior based on self-awareness and self-efficacy.
 - d. Reach a consensus regarding individual level outcomes the youth would like to achieve and describe how the FTM or TRT process will assist the youth in achieving outcomes;
 - e. Advise the youth in an appropriate manner:
 - i. He/she may invite two supporters to participate in case plan/WTLP development;
 - ii. He/she may request and receive interpreter or translator services if needed;
 - iii. He/she is expected to participate in the development of case plan/WTLP;
 - iv. He/she is expected to work toward accomplishing the individual goals identified in their case plan/WTLP;
 - v. The case plan/WTLP will become part of the court order unless the child requests a hearing within five days of reviewing/receiving the proposed plan;
 - vi. He/she will receive a copy of the case plan/WTLP;
 - vii. He/she has rights pertaining to education, health, visitation, court participation, receipt of an annual credit report, staying safe and avoiding exploitation; and
 - viii. He/she will receive a written copy of the rights discussed.
 - f. Engage the youth to identify supporters that he/she would like to invite to the FTM or TRT, and obtain contact information;
5. Conduct the formal meeting (FTM or TRT) with the youth and the youth's support system:
- a. Develop specific outcomes and tasks for the WTLP. Include formal and informal supports and services that may aid the youth in achieving outcomes associated with well-being and transition, see [Practice Guidance](#) in policy [13.4 Independent Living Program: Transition from Foster Care](#) for transition planning description and guidance.
 - b. Develop a corresponding Action Plan to overcome potential barriers to outcomes that may prove difficult for the youth to achieve based on their assessed level of functioning, when appropriate. The Action Plan should assist youth and their support system to:
 - i. Identify those difficult situations or tasks that the youth must manage to achieve outcomes;
 - ii. Identify early warning signs that a youth is 'off track' related to goal achievement;
 - iii. Include tasks for the youth to prevent a loss of focus and direction; and
 - iv. Identify measures the youth can take to interrupt or escape unproductive behaviors and re-focus in the event the youth does lose sight of their outcome.
 - c. Obtain signatures of the youth and other meeting participants on the WTLP. The WTLP will include:
 - i. The anticipated age that the youth will be discharged from foster care;
 - ii. The anticipated amount of time available to prepare the youth for the transition from foster care to independent living;
 - iii. The anticipated location and living situation of the youth upon discharge from foster

care;

- iv. A description of the assessment processes, tools, and methods that have been, or will be used to determine the programs and services needed to assist the youth in preparing for the transition from foster care to independent living;
 - v. The rationale for each program/service that is/will be provided to assist the youth in preparing for the transition from foster care to independent living, the time frames for delivering such programs/services, and the intended outcome of such programs/services;
 - vi. A description of specific recruitment efforts (e.g. state, regional, and national adoption exchanges, including electronic exchange systems) to be used to facilitate orderly and timely in state and interstate placements when the recommended permanency plan is termination of parental rights and adoption or placement in another home (see policy [11.7 Adoption: Child Specific Recruitment Efforts](#)); and
 - vii. The date the 90 days prior to the youth's 18th birthday Transition Meeting was conducted and a description of the Transition Plan that was developed during the Transition Meeting (see policy [13.4 Independent Living Program: Transition From Foster Care](#)).
6. Document the WTLP in Georgia SHINES and submit to the Social Services Supervisor (SSS) for approval within 72 hours of the FTM or TRT;
 7. Upload a copy of the WTLP to Georgia SHINES External Documentation;
 8. Update the Youth Detail Report in Georgia SHINES;
 9. Provide an approved and signed copy of a newly developed or updated WTLP to the:
 - a. Youth;
 - b. Juvenile court (for youth under 18 years old); and

 For youth in foster care ages 14-17 the juvenile court must approve the WTLP.

 - c. Independent Living Specialist (ILS).
 10. Review the youth's final dispositional order to ensure language reflecting approval of the initial/updated WTLP has been included in the court order;
 11. Contact the Special Assistant Attorney General (SAAG) should there be any issues with court orders relating to the incorporation of the WTLP into the case plan.
 12. Engage collaterals concerning services, supports and overall progress of the child toward the achievement of WTLP outcomes.
 13. Engage the youth during monthly purposeful contacts to review the WTLP outcomes, tasks and services being provided. Conversations should include a discussion of the following:
 - a. Progress towards legal permanency by reunification, adoption or guardianship (if applicable);
 - b. What progress has been made toward WTLP outcome achievement:
 - i. Acknowledgment and celebration of completed tasks and outcomes;
 - ii. What, if any barriers exist that may be influencing outcome achievement and potential solutions;
 - iii. Any changes that need to be made to the WTLP; and

- iv. The youth's participation in any services and an evaluation of the effectiveness of the services.
- c. If applicable, what progress has been made toward outcome achievement of the Action Plan to include:
 - i. Child's ability to prevent high risk or difficult situations;
 - ii. Child's ability to identify early warning signals of unproductive behaviors;
 - iii. Child's ability to prevent loss of focus / direction;
 - iv. Child's ability to interrupt unproductive behaviors;
 - v. Child's ability to escape difficult situations that were not prevented or interrupted;
 - vi. Acknowledgment and celebration of completed tasks and outcomes
 - vii. What, if any barriers exist that may be influencing outcome achievement and potential solutions
- d. Identification of potential members of the youth's support system (peers, family members and other responsible, caring adults youth can rely on for assistance in times of crisis and everyday life situations);
- e. The extent to which the youth's rights and responsibilities are being honored;
- f. Any issues with the youth's placement;
- g. Benefits and opportunities available as a participant in the EYSS program;
- h. The importance of transition planning; and
- i. All other relevant factors that may impact the youth's overall progress.



Independent Living Program services may be available to eligible youth who are no longer in foster care. When a youth who is no longer in foster care or in the EYSS program is approved to receive ILP services the ILS will initiate and the develop the WTLP using the guidelines above, where applicable.

Ongoing Reviews of the WTLP

At least every six months and prior to any case review or permanency plan hearing conducted by the juvenile court, the Social Services Case Manager (SSCM) will:


1. Schedule a meeting to review and possibly revise the WTLP;
2. Provide written notification within at least five calendar days of the meeting to the child and other relevant parties of the need to meet to review/revise the WTLP;
3. Engage collaterals concerning services, supports and overall progress of the child toward the achievement of WTLP outcomes.
4. Conduct a meeting with the family (if the case plan goal is reunification) or the child and care-giver (if the case plan goal is non-reunification) and the youth's supports to engage to discuss:
 - a. Progress towards legal permanency by reunification, adoption or guardianship (if applicable);
 - b. What progress has been made toward WTLP outcome achievement;

- c. What progress has been made toward outcome achievement of the Action Plan, if applicable;
- d. The need to update/revise the WTLP or come to a new consensus regarding desired outcomes.
- e. Identification of potential members of the youth's support system (peers, family members and other responsible, caring adults youth can rely on for assistance in times of crisis and everyday life situations);
- f. The extent to which the youth's rights and responsibilities are being honored;
- g. Any issues with the youth's placement;
- h. Benefits and opportunities available as a participant in the EYSS program;
- i. The importance of transition planning; and
- j. All other relevant factors that may impact the youth's overall progress.

 This meeting may occur during FTM/TRT or other formal meeting.

5. Document the meeting in Georgia SHINES within 72 hours of occurrence;
6. Participate in a Supervisory Staffing to discuss:
 - a. The results of the conversation with the youth concerning the WTLP outcomes and tasks;
 - b. Appropriateness of services; and
 - c. Potential changes to the WTLP.
7. Update the following to reflect any changes/updates resulting from the meeting:
 - a. Youth Detail Report Page (see policy [13.13 Independent Living Program: National Youth in Transition Database](#)); and
 - b. The WTLP.
8. Provide copies of the completed, approved and signed WTLP to the youth, ILS and juvenile court (for approval);
9. Review the court order for language that incorporates the WTLP following Citizen Panel Reviews, Judicial Reviews or Permanency Plan hearings;
10. At least 90 calendar days prior to the youth reaching the age of 18 assess the youth's readiness to transition to adulthood using the Transition Planning Meeting (see policy [13.4 Independent Living Program: Transition from Foster Care](#)).
11. Ensure the court issues a modification order reflecting any changes to the WTLP that occur outside of the normal review process;

The ILS is responsible for conducting ongoing reviews of the WTLP for youth no longer in foster care and no longer participating in EYSS. The ILS will:

- 
1. Meet with the youth to review the WTLP periodically (at minimum quarterly from the date of development) to assess youth progress and appropriateness of IL supported services;
 2. Partner with the youth and their identified support system to update the WTLP annually

(at a minimum) based on the youth's progress toward goals and the assessed appropriateness of services being provided to the youth.

3. Acknowledge and celebrate tasks completed and outcomes achieved; and
4. Participate in Court or County Panel Reviews of youth supports and services.

The ILS will:

1. Participate in the FTM or TRT (as available) held for the purpose of updating the Case Plan/WTLP.
2. Review all WTLPs developed with youth in their service area to ensure:
 - a. The initiation, maintenance and appropriateness of services supported by ILP funding;
 - b. The contents of the WTLP addresses reporting requirements for the National Youth in Transition Database (NYTD) (see policy [13.13 Independent Living Program: National Youth in Transition Database](#));
 - c. Plans developed at the Transition Staffing 90 days prior to a youth's 18th birthday contain specific options for:
 - i. housing
 - ii. health insurance
 - iii. education
 - iv. local opportunities for mentors
 - v. continuing support services
 - vi. work force supports
 - vii. employment services
3. Notify the SSCM and SSS of any NYTD reporting requirements absent from the WTLP within 72 business hours of review.

The SSS will:

1. Participate in the FTM or TRT;
2. Review the SSCM's documentation in Georgia SHINES and conduct a staffing to discuss the youth's progress on the WTLP outcomes and any potential changes that need to be made in the WTLP;
3. Ensure that the WTLP has been reviewed with the youth prior to any review or permanency plan hearing completed by the juvenile court and a copy of the WTLP has been provided to the youth;
4. Ensure that both the Youth Detail Report and Youth Detail Reporting Page has been accurately updated to reflect the services and support the youth is receiving; and
5. Review and approve any changes that are made to the WTLP on an ongoing basis.

Practice Guidance

Developing, Reviewing, and Amending the WTLP

Developing the WTLP

Assisting a youth in the development of a transition plan that is actionable and self-directed begins with a quality assessment. Prior to drafting a plan the SSCM or ILS should be aware of the reason(s) the youth is in foster care and the possible trauma implications associated with those reasons. A review of pertinent case documentation is essential in gaining insight to:

1. The child's maltreatment history and surrounding circumstances;
2. How the parents or caregivers function with respect to daily life management including management of tasks associated with parenting a teenage child;
3. How the child manages tasks associated with their developmental stage (early, middle or late adolescence) - specifically, how the child functions physically, cognitively and emotionally on a daily basis to include self-regulation / impulse control, problem-solving, relational skills / social competencies, self-efficacy and involvement in positive activities;
4. Who and what serve as supports for the child (identify any caring adults, positive peers, parents and/or substitute caregivers who possess parenting competencies; community based supports such as the school environment, place of worship, and place of employment as applicable)

The SSCM/ILS should meet with the youth and caregiver to administer the Casey Life Skills Assessment (CLSA) to obtain additional information regarding the youth's mastery of specific daily life skills such as cooking, shopping, cleaning, money management, self-care (nutrition, hygiene, medication management, personal safety) and career planning.

At a meeting subsequent to the case file review and CLSA, the SSCM or ILS should meet with the child and caregivers to share assessment findings – the demonstrated assets or strengths and possible needs for the youth's successful transition to adulthood. During the meeting the SSCM or ILS should also obtain the youth's perspective concerning their strengths and needs. SSCM or ILS should consider utilizing the interviewing technique of 'normalizing' to broach sensitive subjects and to reach a consensus regarding desired outcomes associated with those areas of challenge. Normalizing, a method of understanding a behavior challenge within the context of normal adolescent development, can help to create an environment for open, honest dialogue and prevent defensiveness on the part of the youth. Normalizing provides an opportunity for the worker to express understanding and empathy regarding a behavior without condoning any particular action. For example:

Presenting challenge: A 17-year-old periodically sneaks out of the home at night to spend time with a boyfriend.

Possible Normalizing Language: 'It's not unusual for someone of your age to be involved in a serious relationship. I understand that you would want to spend time with someone who is important to you. Tell me what you like most about your boyfriend.'

Once the conversation is started, the worker can begin to explore other related issues that may need to be addressed in the WTLP such as personal safety, family planning and housing / placement stability. The SSCM and ILS will need to be familiar with adolescent development in order to use normalizing effectively (see [Forms and Tools: Stages of Adolescent Development](#)).

The SSCM/ILC should convey to the child and caregiver the importance of formally documenting a transition plan that will address identified needs. Utilization of a formal process such as an FTM or TRT adds structure to the conversation - structure intended to help participants focus on the required plan elements. A FTM format is most appropriate for youth whose case plan goal is reunification as the youth's parents must be involved in the transition planning discussion. A TRT is most appropriate for youth with a non-reunification case plan goal. As appropriate, a description of either the FTM or TRT process should be shared with the youth and caregiver as a method for devising the best possible plan. The SSCM/ILC should obtain the names and contact information of persons identified by the youth as his or her support system for participation in plan development. Youth have a legal right to participate in case plan development and to choose up to two members of the case planning team who are neither their foster parent nor caseworker. The date, time and location of the transition planning meeting should facilitate involvement of the youth and their supporters.

During the FTM, TRT or other formal meeting conducted to develop the WTLP, the youth and their support team will identify individualized goals/outcomes and corresponding tasks that will support a successful transition.

WTLP Outcomes and Tasks

Outcomes define the desired change or preferred conditions that must exist to facilitate a successful transition to adulthood. Outcomes should be individualized based on the assessed strengths and needs of the youth and must be:

1. behaviorally specific,
2. measurable,
3. attainable,
4. relevant to the successful transition to adulthood,
5. time-limited,
6. positively stated and
7. written in clear and simple language

Tasks define detailed, sequential steps that advance the youth toward the achievement of a specific outcome. Tasks are those activities that identify who will do what, when, how often and where. For example:

Outcome: Angela will complete all requirements for high school graduation by May 20th.

Task: Angela will attend Spanish tutoring three times per week (M/W/TH), 3:00 – 4:00 p.m. at Central H.S.

Task: ILS, Ms. Jones, will meet with Angela and FP's, Mr. & Mrs. Stevens, within 90 days to explain how to access financial supports available through ILP to assist with fees related to H.S. graduation.

Task: Angela's mother, Ms. Clark, will attend Central H.S.' Open House scheduled March 12th to meet Angela's teachers and to determine the number of remaining credits and other requirements needed for Angela to graduate.

Task: CASA, Ms. Gerber, will coordinate and accompany Angela on local college campus visits quarterly when Angela receives passing grades in all courses.



Tasks should NOT be assigned to individuals who do not participate in the transition planning meeting. Youth should be assigned age and developmentally appropriate tasks.

Reviewing the WTLP

A regular review of WTLP progress must be conducted by the SSCM for youth participating in EYSS. The ILS must conduct reviews for youth no longer in foster care but eligible and receiving ILP support. Monthly purposeful contacts with the youth by the SSCM serves as an opportunity to engage youth concerning the agreed upon goals and steps detailed in the plan. ILS should review WTLP progress during quarterly contact with those youth who are no longer in DFCS custody.

Amending the WTLP

The same process of engagement utilized to develop the initial WTLP should be employed to formally review and update or amend the plan. SSCM or ILS (as appropriate) should meet with youth and their identified support system as WTLP goals are achieved or issues arise that may require an amendment of the WTLP. For example, if it is determined that a youth's grades have declined dramatically, the SSCM or ILS should engage the youth, collaterals and the youth's support team to determine the root cause of the decline. The SSCM or ILS should reach a new consensus with the youth concerning required outcomes and related tasks based on the new information. The WTLP must be modified to reflect changes including services and supports. If additional services are initiated, updates should also be documented in Georgia SHINES on Youth Detail Reporting Page under the service categories (see policy [13.13 Independent Living Program: National Youth in Transition Database](#)). Whether initiating or updating a plan, it is important that the youth assumes ownership of the goals and steps contained in the WTLP. Engagement should extend beyond the youth to the adults identified by the youth as allies or supporters. Efforts should be made to secure a commitment from the youth support system to provide assistance toward achieving the goals and steps in the WTLP. Partnerships will help lead to successful outcomes.

Action Plan

When appropriate, develop a corresponding Action Plan to overcome potential barriers to outcomes outlined in the WTLP. Like the WTLP, the Action Plan is a problem-solving tool intended to achieve outcomes, however the Action Plan differs from the WTLP as it drills down on specific tasks within the plan that may prove problematic for the youth based on their assessed level of functioning. The Action Plan should assist youth and their support system to:

1. Identify those difficult situations or tasks that the youth must manage to achieve outcomes / goals;
2. Identify early warning signs or unproductive behavior or signs that a youth is 'off track' related to goal achievement;
3. Include steps for the youth to prevent a loss of focus and direction;
4. Identify measures the youth can take to interrupt or escape unproductive behaviors and re-focus in the event the youth does lose sight of their goals.

For Example:

WTLP Outcome: Christopher will increase safety for himself and others by reducing the number of outbursts and altercations that occur in the home and community.

WTLP Task: Christopher will participate in trauma-focused cognitive behavior therapy (TF-CBT) sessions twice per week to learn coping strategies for managing difficult emotions such as depression, anger and frustration.

WTLP Task: Behavior Aide, Mr. Peters, will pick-up Christopher from school Tuesday and Thursday for transport to and from therapy sessions.

WTLP Task: Therapist, Ms. Carter, will help Christopher identify (verbally describe) thoughts and feelings that trigger mood swings.

WTLP Task: House Parent, Mr. Steele, will use a calendar to record the dates and times that Christopher appropriately responds to negative behavior triggers.

Christopher's 'Stay Calm and Carry On' Action Plan

Difficult / High Risk Situation

Riding home on the school bus with peers and getting teased

Warning Sign(s)

Feeling hot, heart beats faster, body becomes tense, mouth becomes dry

Prevention Plan

Sit in a seat close to the bus driver or bus monitor

Sit with a friend on the bus

Interruption Plan

If I can't sit next to the bus driver, monitor, or a friend on the bus and someone begins to tease me, I will wait until it is safe then move to another seat away from the person teasing.

And/or I will use earbuds to listen to music and try to ignore the teasing.

Escape Plan

If I am on the bus and begin to sense warning signs of anger or frustration, I will tell the bus driver or monitor how I am feeling and ask for help.

Regular reviews of the action plan should be conducted to assess how the youth is progressing toward goal achievement. The Action Plan is a fluid document that should be amended regularly to reflect accomplishments and to address setbacks.

Transition Roundtable (TRT)

The TRT is a youth-centered, structured, case consultation convened for the purpose of developing individualized plans to address legal permanency, permanent connections, housing, health insurance/health needs, education, employment and life skills. TRTs are most appropriate for youth 16 years of age and older with a non-reunification case plan goal (adoption, guardianship or APPLA) but may be utilized with youth as young as 14. A transition meeting is required for all youth in foster care at age 17. The resulting transition plan should be reviewed when the youth is 17 and 6 months and again at 17 and 9 months (90 days prior to their 18th birthday) to meet requirements of the Fostering Connections Act, see policy [13.4 Independent Living Program: Transition From Foster Care](#) for the full list of items that must be addressed at the 90-day meeting. The TRT is a recommended tool to achieve compliance. Youth guide and inform the meeting with help from a facilitator who assists the team in identifying supports and services that meet the individualized needs of the youth. Resulting goals and action steps are incorporated into the youth's WTLP.


Prior to the transition roundtable, youth should participate in a Preparation Meeting conducted by the SSCM, ILS, Adult or Peer Advocate to:

1. Discuss the TRT purpose and six-phase process;

2. Explore how youth are managing activities and tasks related to their developmental stage - noting any challenges as well as areas where they are performing well (case documentation and the CLSA may be used to facilitate this conversation);
3. Reach a consensus regarding individual level outcomes the youth hopes to attain;
4. Identify significant people in their lives or permanent connections who can participate in their meeting; and
5. Agree on a meeting location and time that would be convenient for the youth and their supporters.

TRT team participants will vary based on the needs and wishes of the youth however the youth must always be present unless there is a compelling reason (e.g. incapacitating disability, resides out of state). Use technology (teleconferencing, Skype / video conference) to engage relevant team members who are unable to attend in person. Other team members should include:

1. Allies / Support System invited by the youth – In addition to responsible, committed, adults, youth are permitted to invite siblings or peers (boyfriend / girlfriend) who may serve as a support and/or positive influence during transition.
2. Youth’s current caregiver (kinship caregiver, foster parent, provider) unless youth says “no”.

 If the caregiver is unable to attend for any reason, a conversation should be held in advance of the TRT to obtain their perspective on the youth’s day to day functioning and management of age and developmentally appropriate tasks

3. Youth’s Social Services Case Manager
4. SSCM Supervisor
5. Independent Living Specialist
6. Therapist / Treatment Provider / Amerigroup Care Coordinator (if the youth has unmanaged mental health needs or developmental disabilities)
7. Regional Adoption Coordinator (RAC) (if there is a Termination of Parental Rights (TPR) has occurred on at least one parent or there is a special request for a RAC to participate based on an anticipated TPR filing)
8. Education Support Monitor (if the youth is below grade level or at grade level, but failing or youth has an IEP in place or youth is pursuing a GED)

WTLP Development for Youth with Diagnosed Disability

Special consideration and planning must occur in the development of a WTLP with youth diagnosed with a physical, emotional or mental / cognitive disability - particularly those who are experiencing challenges managing typical life situations as a result of the disability. If a youth’s capacity is diminished to the extent that they cannot appreciate and/or effectively engage in the transition planning process, then the youth’s interest should be represented by a parent, CASA, GAL or other identified advocate. Collaboration with other departments or agencies such as DFCS’ Well-Being Services Section, Amerigroup Care Coordinators, Department of Aging Services (APS), Department of Behavioral Health and Developmental Disabilities (DBHDD) and the Department of Vocational Rehabilitation should be sought when developing WTLP goals for this population of youth. DFCS’


Placement Resource Operations (PRO) Unit should be engaged if placement support is needed. The SSCM and the ILS must work in conjunction with other community agencies to ensure that needed services will continue to be provided as the youth transitions to adulthood. Documentation of a youth’s disability and extent of their limitations should be indicated in the Youth Detail Page Report.

Forms and Tools

[Safety Roundtables Six Phase Process](#)

Stages of Adolescent Development

13.4 Transition from Foster Care

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(13) Independent Living Program		
	Policy Title:	Transition from Foster Care		
	Policy Number:	13.4	Previous Policy Number(s):	N/A
	Effective Date:	November 2024	Manual Transmittal:	2024-08

See [Child Welfare Services County Letter 2021-01](#) for revisions to this policy section.

Codes/References

O.C.G.A. § 15-11-201 DFCS Case Plan; Contents

O.C.G.A. § 29-4-3 Order of Preference in Selection of Guardians; Written Request Nominating Guardian; Requirements of Writing

O.C.G.A. § 29-4-10 Petition for Appointment of Guardian; Requirements for Petition

O.C.G.A. § 49-5-8 Powers and Duties of Department

O.C.G.A. § 49-5-41 Persons and Agencies Permitted Access to Records

Title IV-E of the Social Security Act Section 475(1)(D), 475(5)(D), 475(5)(H) and 475(5)(I)

CFR §1356

42 USC § 677

Public Law (PL) 106-169 John H. Chafee Foster Care Program for Successful Transition to Adulthood (Foster Care Independence Act of 1999)

PL 110-351 Fostering Connections to Success and Increasing Adoptions Act of 2008


PL 115-123 Family First Prevention Services Act of 2018

Requirements


The Division of Family and Children Services (DFCS) will:

1. *Ensure the Social Services Case Manager (SSCM), and as appropriate, other representatives of the youth, provide assistance and support to youth in foster care in developing a Transition Plan that is personalized at the direction of the youth that supports the youth in attaining successful adulthood.*

2. *Utilize the Transition Meeting (TM) to:*
 - a. *Develop the Transition Plan within 30 calendar days of the youth's 16th birthday;*
 - b. *Review the Transition Plan every six months thereafter;*
 - c. *Finalize the Transition Plan within the 90-day period immediately prior to the youth's 18th birthday and their eventual exit after age 18 if they participate in extended foster care (EFC); and*
 - d. *Complete the Scattered Site Placement Readiness Assessment for Participant in Extended Foster Care to determine the prospective youth's readiness for an Independent Living Placement within 90 days prior to the youth's 18th birthday.*
3. *Ensure the Transition Plan includes:*
 - a. *Housing Options*
 - b. *Education*
 - c. *Workforce Supports and Employment Services*
 - d. *Money Management and Finances*
 - e. *Credit Report*
 - f. *Transportation*
 - g. *Essential Documents (see [Forms and Tools](#): Foster Care Exit Documents Checklist)*
 - h. *Health (Physical, Mental, Dental and Sexual Health if appropriate)*
 - i. *Health Insurance*
 - j. *Information about the importance of designating another individual to make health care decisions on behalf of the youth, if the youth becomes unable to participate in such decisions and the youth does not have or does not want a relative who would otherwise be authorized under state/tribal law to make such decisions and provides the youth options to execute a health care power of attorney, health care proxy, or the Georgia Advanced Health Care Directive (GADHC); and is as detailed as the youth elects.*

 *Georgia has opted out of the IV-E kinship guardianship program.*

 - k. *Permanency and Supportive Relationships*
 - l. *Personal Growth and Social Development*
 - m. *Life Skills*
 - n. *Local Opportunities for Mentors and Continuing Support Services*
 - o. *Parenting and Family Planning*
 - p. *Immigration Needs*
4. *Include the following individuals/entities in the TM based on the youth's individualized circumstances:*
 - a. *Youth*
 - b. *Youth's family (parents/kin)*
 - c. *Youth supports (at least two individuals selected by the youth)*

- d. Current placement resource
 - e. Child Placing Agency (CPA)/Child Caring Institution (CCI) staff, if the youth is placed with a CPA/CCI
 - f. Psychiatric Residential Treatment Facility (PRTF) staff, if the youth is in a PRTF
 - g. Regional Independent Living Program Specialist (ILS)
 - h. Education Programming, Assessment and Consultation (EPAC)
 - i. Youth's School Counselor/Social Worker
 - j. Youth's Therapist
 - k. Probation Officer (if Applicable)
 - l. Amerigroup Care Coordinator
 - m. Guardian Ad Litem (GAL)/Court Appointed Special Advocate (CASA)
 - n. The following **additional** individuals/entities for youth that may be unable to make decisions on their own behalf:
 - i. Special Assistant Attorney General (SAAG)
 - ii. Regional Treatment Field Program Specialist (FPS)
 - iii. Care Coordination Team Unit (CCTU)
 - iv. Well-Being Programming Assessment and Consultation (WPAC)
 - v. Division of Aging Services/Adult Protective Services/ (DAS/APS)
 - vi. Department of Behavior Health and Developmental Disabilities (DBHDD)
5. Engage DBHDD prior to the initial and subsequent TM regarding any evaluation and services needed for youth with suspected or diagnosed developmental disabilities to support their transition to adulthood.
 6. Engage DAS/APS prior to the initial and subsequent TM if the youth has complex needs to discuss how they can help in determining future needs of the youth and possible options for services available to adults (see Practice Guidance: Collaboration with Division of Aging Services).
 7. For youth that may be unable to make decisions on their own behalf:
 - a. Determine by the youth's 17th birthday in conjunction with the appropriate transition planning team whether:
 - i. The youth will need ongoing support, the community supports and the least restrictive decision-making alternatives for that could be available to meet the youth's needs.
 - ii. The youth may qualify under the law for the appointment of a guardian in Probate Court if the least restrictive alternatives are not appropriate to meet the needs of the youth when they turn 18.
-  If the youth entered care after age 17, ensure the decision is made as soon as possible after their entry into care.
- b. Consult with the Special Assistant Attorney General (SAAG) regarding:
 - i. The least restrictive alternatives to meet the youth's needs.

- ii. Whether the youth may qualify for adult guardianship through Probate Court;
- iii. The filing of the petition for adult guardianship with the Probate Court within six months prior to the youth turning age 18 if it is determined adult guardianship is the best option for the youth.

8. Apply for Supplemental Security Income (SSI) for the youth if not already completed to ensure continuity of services into adulthood (see policy [9.3 Eligibility: Applying for Initial Funding](#)).



The SSI application approval generally takes several months, therefore early planning and action is essential.

9. Monitor youth's progress on their Transition Plan during monthly purposeful and collateral contacts.

10. Conduct a Foster Care Exit Meeting when youth in foster care turns 18, to:

- a. Provide them with the required documents outlined in the Foster Care Exit Documents Checklist.
- b. Obtain their signature on the Voluntary Placement Agreement for Extended Foster Care (VPA-EFC) if the youth has agreed to participate in EFC. The VPA-EFC must be signed by the youth within five business days after their 18th birthday.



If the youth has been determined to be otherwise unable to make decisions on their own behalf, someone authorized or appointed on their behalf will need to sign the VPA-EFC.

- c. If the youth is opting out of EFC, obtain the youth's signature on the Notice to Opt-Out or Terminate Extended Foster Care.

11. *Provide the following documents to each youth leaving foster care at 18 years of age or older who has been in foster care for at least six months:*

- a. *Official documentation that proves that the youth was previously in foster care;*
- b. *Official or certified copy of their United States birth certificate;*
- c. *Social security card issued by the Commissioner of the Social Security Administration;*
- d. *Education records;*
- e. *Health insurance information;*
- f. *A copy of his/her medical records; and*
- g. *Driver's license or state identification card issued in accordance with the requirements of section 202 of the REAL ID Act of 2005 (see policies [13.8 Independent Living Program: State Identification](#) and [13.9 Independent Living Program: Driver Education and Licensure for Youth in Foster Care](#)).*



Youth shall be provided with their health and education records at no cost at the time they leave foster care (regardless of how long they were in foster care), if they are leaving foster care because of having attained the age of majority under State law.

12. Adhere to confidentiality and the Health Insurance Portability and Accountability Act (HIPAA) during transition planning. This includes the use of a valid Authorization for Release of Infor-

mation when appropriate (see policies [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding of Information](#)).

13. Document all transition planning activities in Georgia SHINES within 72 hours of occurrence.

Procedures

Develop the Transition Plan

The Social Services Case Manager (SSCM) will:

1. Within 90 days prior to the youth's 16th birthday, prepare for the initial TM by:
 - a. Initiating a staffing with the Social Services Supervisor (SSS) to plan for the meeting.
 - b. Reviewing the case record to determine:
 - i. The youth's permanency plan;
 - ii. The results of the youth's Casey Life Skills Assessment (CLSA) (see policy [13.2 Independent Living Program: Casey Life Skills Assessment](#));
 - iii. The youth's Written Transitional Living Plan (WTLP);
 - iv. The youth's identified supports;
 - v. Any other pertinent information needed to develop the Transition Plan;
 - vi. Whether the following documents for the youth are in the case record:
 1. An official or certified copy of their United States birth certificate
 2. The social security card
 3. Health insurance information
 4. A copy of their medical records
 5. A copy of their Georgia driver's license or identification card
 - c. Conducting a face-to-face visit with the youth to prepare for the initial TM;
 - i. Explain the transition planning process to the youth;
 - ii. Ask the youth what their individual goals are when they leave foster care;
 - iii. Explore their thoughts regarding their permanency plan;
 - iv. Discuss the benefits and requirements of EFC, as applicable based on their permanency plan;
 - v. Discuss the plan for the meeting including:
 1. The purpose
 2. The youth's role
 3. The TM format



If the documents have not been obtained, begin efforts to obtain them.

4. What to expect at the meeting
5. The expected outcomes
6. Individuals the youth would like to invite as a support
7. Other individuals that will be attending and their role
8. Information and resources included in the Transition Plan

d. Initiating staffings, in conjunction with the SSS with applicable state agencies for more in-depth evaluation of possible future services, including but not limited to:

- i. DAS/APS, for youth with complex needs, for them to consult on what adult services may be available to that youth as they exit foster care.



DAS/APS may request a detailed social history, medical history and any other documents that would be helpful in evaluating the future needs of the youth prior to the staffing.

- ii. DBHDD regarding any needed evaluation or services/supports needed for youth with suspected or diagnosed behavioral health, mental health, or developmental disabilities.



Enlist the assistance of CCTU in engaging DBHDD and providing assistance in assessing the needs of the youth.

e. Scheduling the initial TM inviting the appropriate individuals/entities based on the youth's individual circumstances

2. Conduct the TM:

- a. Discuss the purpose of the TM and the role of the participants in the meeting and ongoing transition planning;
- b. Engage the participants to develop the Transition Plan in partnership with the youth (see Practice Guidance: Transition Plan);
- c. Identify supportive individuals to help the youth with each item identified in the Transition Plan;
- d. Develop the Transition Plan during the meeting;
- e. Provide a copy of the Transition Plan to the youth;
- f. Document the TM in Georgia SHINES including uploading the Transition Plan to External Documentation within 72 hours of occurrence.

3. Update the WTLP as needed.

Review the Transition Plan

The SSCM will:

1. Consult with the SSS to discuss and determine progress, adjustments and additional supports that may be needed on the Transition Plan.
2. Prepare the youth prior to each ongoing TM by reviewing the Transition Plan with them to determine progress made and any adjustments needed.

3. Include the attendees identified from the initial TM and others as needed based on the youth's individual circumstances to the ongoing TMs.
4. Conduct the TM every six months following the initial TM.



The TMs may be conducted in conjunction with the review of the case plan/WTLP, as appropriate.

5. Add or modify the Transition Plan to support the youth in their successful transition to adulthood.
6. Document the TM in Georgia SHINES including uploading the updated Transition Plan to External Documentation within 72 hours of the TM.

Monitor the Transition Plan

The SSCM will:

1. Conduct purposeful contacts in accordance with policy [10.18: Foster Care: Purposeful Contacts in Foster Care](#), in addition:
 - a. Discuss the Transition Plan with the youth:
 - i. The status of each item;
 - ii. Specific services and resources and the effectiveness of those services;
 - iii. The progress made, including celebrating the progress and efforts;
 - iv. Any adjustments or revisions needed.
 - b. Discuss the Transition Plan with the caregiver:
 - i. The status of each item;
 - ii. Specific services and resources and the effectiveness of those services;
 - iii. They support they are providing to the youth to ensure the items on the Transition Plan are being addressed.
 - iv. Any adjustments or revisions needed.
2. Engage collateral contacts in accordance with policy [19.16 Case Management: Collateral Contacts](#) to assess status of the youth's Transition Plan.
3. Monitor services being provided to address the items on the Transition Plan in accordance with policy [19.17 Case Management: Service Provision](#).
4. As necessitated by the specific needs of the youth, maintain appropriate contact with DHS/DAS, DHBDD, Amerigroup Care Coordinator, CCTU and WPAC to:
 - a. Initiate and follow up on required applications or assessments for youth with intellectual or developmental disabilities are completed (i.e., Medicaid Waivers, applications, etc.) and that action items from the Transition Plan are being completed.
 - b. Determine service needs and other supports for youth for a successful transition to adulthood.
 - c. Obtain support/guidance on whether youth may need an alternative decision-making support when they turn age 18.

- d. Determine progress on items in the Transition Plan.

Finalize the Transition Plan

The SSCM will:

1. Prepare the youth for the TM:
 - a. Staff with the SSS to discuss the youth's progress with the transition plan and any adjustments that may need to be discussed in the upcoming meeting.
 - b. Meet with the youth and caregiver to review the Transition Plan to discuss progress and any adjustments needed.
 - c. Engage appropriate entities to obtain information needed to determine the status of the Transition Plan.
2. Include participants to the TM based on the youth's individual circumstances.
3. Conduct a TM to finalize the Transition Plan for the youth within 90 calendar days prior to the youth's 18th birthday (and eventual exit if they are participating in EFC):

- a. Review the final Transition Plan;
- b. Complete the Scattered Site Placement Readiness Assessment for Participant in Extended Foster Care if the youth is planning to participate in EFC (see [Forms and Tools](#));



If it is determined that the youth is not ready for an ILP, develop the Scattered Site Placement Readiness Action Plan (see [Forms and Tools](#)) to support their future readiness.

- c. Discuss the youth's strengths and needs;
- d. Confirm the commitments of the youth's supports in the Transition Plan;
- e. Confirm that the youth understands how to use their support system identified in the Transition Plan;
- f. Review the option to execute the Georgia Advanced Health Care Directive (GAHCD) to the youth (see policy [13.10 Independent Living Program: Medical Insurance for Youth 18 Years of Age and Older and the Georgia Advance Directive for Health Care](#));
- g. Explain the National Youth in Transition Database (NYTD) surveys and complete the NYTD Contact Form (if applicable) (see policy [13.13 Independent Living Program: National Youth in Transition Database](#));
- h. Review the eligibility and benefits of EFC;
- i. Celebrate the completion of the Transition Plan;
- j. Provide the youth with the final Transition Plan;
- k. Document the final TM in Georgia SHINES including uploading the final Transition Plan to External Documentation within 72 hours.



All youth must participate in the TM held within 90 days prior to the youth's 18th birthday whether they intend to participate in EFC or opt out at age 18.

4. Conduct a Foster Care Exit Meeting when the youth turns 18:
 - a. Verify that the youth has a copy of the final Transition Plan.
 - b. Provide or ensure the youth has the following documents at no cost to the youth (see [Forms and Tools: Foster Care Exit Documents Checklist](#)):
 - i. Official documentation stating that the child was previously in foster care (Foster Care Verification Letter)
 - ii. Official or certified copy of their United States birth certificate
 - iii. Social security card
 - iv. Health insurance information (see policy [13.10 Independent Living Program: Medical Insurance for Youth 18 Years of Age and Older and the Georgia Advance Directive for Health Care](#)).
 - v. A copy of their medical records
 - vi. A copy of their educational records
 - vii. Driver's license or state identification card
 - viii. The final Transition Plan



The youth must be provided the required documents when they exit foster care even if they do not attend the Foster Care Exit Meeting.

- c. Provide the youth with the contact information for their AmeriGroup representative.
- d. Obtain the youth's signature on the Foster Care Exit Documents Checklist acknowledging receipt of the documents.
- e. Obtain contact information for the youth (i.e., address, phone number, email, social media information, and at least one emergency contact information).
- f. For youth turning 18 years old who have agreed to participate in EFC, discuss and provide the VPA-EFC for the youth to review and sign. Provide a copy to the youth and upload to External Documentation in Georgia SHINES.
- g. For youth 18 opting out of EFC:
 - i. Explore the reason the youth is choosing to opt out of EFC and encourage them to consider the benefits of continued participation in EFC if they are eligible.
 - ii. Obtain the youth's signature on the Notice to Opt-Out or Terminate Extended Foster Care form.
 - iii. Explain that DFCS is requesting their consent to share their information to providers for the purpose of receiving information about services and opportunities available after their exit from foster care at age 18. Review the Consent for Young Adult Support Services form with the youth and request their signature authorizing the release (see [Forms and Tools](#)).



The youth may sign the Consent for Young Adult Support Services form if they opt out of extended foster care at age 18 or at any time after.


- iv. Document the discussion in Georgia SHINES include uploading a copy of the completed

forms to External Documentation with 72 hours of occurrence.

Youth Unable to Make Decisions on their Own Behalf

The SSCM will:

1. Explore with the transition planning team what level of decision-making supports the youth will need ongoing:
 - a. Community supports available to meet the youth's need; and/or alternative decision-making support options, using the least restrictive options to meet the youth's needs (see Practice Guidance: Decision-Making Support Options).
 - b. Use the Decision-Making Support Needs Informal Assessment in Forms and Tools as a guide.
 - c. Seek guidance from the SAAG, CCTU, WPAC and GARYSE in the determination.
2. Determine by the youth's 17th birthday whether the youth will need alternative decision-making support as an adult; and if so, the least restrictive decision-making support alternatives to meet the needs of the youth.
 - a. Consult with the SAAG, in conjunction with the SSS when making the determination regarding the least restrictive decision-making support alternatives or whether the youth may qualify under law for a guardian when they turn 18, if the least restrictive options are not appropriate to meet the needs of the youth. If the decision is to seek an adult guardianship in Probate Court:
 - i. Discuss whether there is an adult in the youth's life that is willing and able to serve as the youth's guardian when they turn 18, i.e. kin, foster parent, other committed adult(s); and
 - ii. Provide the SAAG with information on the efforts made to explore and locate individuals to nominate as a guardian for the youth when they turn age 18 (see Practice Guidance: Guardianship for the order of preference in the selection of guardians from Georgia law).

 A guardian does not need to be either a blood relative or fictive kin.

 - b. If a guardian of last resort (public guardianship) will be pursued, inform the DAS/Public Guardianship Office (PGO), of DFCS' intent to proceed with filing the guardianship petition.
3. In conjunction with the SAAG, ensure the petition for guardianship is ready to be filed in Probate Court within 6 months prior to the youth's 18th birthday (see [Forms and Tools](#): Checklist to File the Petition for Appointment of an Adult Guardian).

The ILS will:

1. Participate in all TM to develop, review and finalize the transition plan.
2. Collaborate with the SSCM to support the youth in addressing the transition planning items needing attention.

The SSS will:

1. Conduct a staffing with the SSCM prior to the TM or foster care exit meeting to assist the SSCM

in directing, planning and conducting the meetings.

2. During ongoing supervisor staffings, include:
 - a. A review of the youth's progress with their transition plan;
 - b. Proactive planning with other agencies for youth with complex needs including intellectual or developmental disabilities or who may need decision-making support, to ensure they receive appropriate services; and
 - c. Discussion of adjustments that may be needed in the youth's transition plan.
3. Provide guidance to the SSCM regarding the level of decision-making supports the youth with need ongoing, including community supports available to meet the youth's need; and/or alternative decision-making support options, using the least restrictive to meet the youth's needs.
4. Participate in the consultation with the SAAG regarding the least restrictive options for the youth or the filing a guardianship in Probate Court if it appears the youth will qualify for a guardian when they turn 18.
5. Attend the TM or foster care exit meeting (if possible).
6. Review the documentation from the meeting to ensure the required items were discussed. Review and approve the Transition Plan.
7. Review the case record to ensure required documents are available for issuance to the youth prior to exit from foster care.

Practice Guidance

Transition Planning

The Fostering Connections to Success and Increasing Adoptions Act of 2008 outlines provisions for a transition plan for youth within the 90 days preceding their 18th birthday and eventual exit from foster care. Transition planning should begin on day one of a child's placement into foster care and occur over the life of the case. Transition plans help youth in foster care make a successful transition to adulthood. Successful transition plans consider the youth's age, skills and abilities. It should be developed in a manner that allows the youth to see the value of the plan as they transition out of foster care, and to ensure the youth understands it and will refer to it as a resource.

The transition plan is personalized and youth-directed and include services and resources that help ensure youth are prepared to make healthy decisions about their future. Youth, like adults, are more likely to assume ownership of a plan they participated in developing. Therefore, SSCMs should actively engage youth in the development and implementation of their transition plan to ensure its success. The transition plan must be as detailed as the youth chooses. All identified needs must be resolved or near resolution by the 90th day prior to the youth's exit from foster care.

While case planning/permanency planning is DFCS' ongoing efforts to transition youth out of foster care to a permanent living situation, transition planning is the youth's plan for after foster care if they have not achieved permanency. It describes where youth will live, how they will support themselves and other immediate daily living goals that must be met, beginning day one of their exit from foster care.

Special consideration must be given to undocumented immigrant youth in foster care approaching

age 18. In accordance with the Georgia Immigration and Security Act, no state or local government funding is available for undocumented immigrant children once they reach 18 years of age unless/until they obtain a legal immigration status. Therefore, unless the youth has a legal status, they will not be able to participate in EFC.

TRANSITION PLAN	
Item	Considerations for the Transition Plan
Housing	<ul style="list-style-type: none"> • What does the youth need to achieve their housing goals? • Where does the youth currently live? • Do they plan to move? • Would the current placement still be available once DFCS services end? • Where would they live if their current housing fell through? • Does the youth have a backup housing plan? • How will the youth handle start-up costs for housing if moving? • What about furniture, linens, and other housing essentials? • Does the youth understand leases, rental applications, and the legal rights of landlords and tenants? • For those young adults in college dormitories, where will they live when dorms are closed?
Education	<ul style="list-style-type: none"> • Is the youth attending school? If so, high school or college? • What are the youth’s educational goals? • Does the youth receive special education services/have an Individual Education Plan (IEP)? • Is the young adult working toward their GED or interested in pursuing this? • What college/technical program campuses has the youth visited? • What financial aid will they access? • Does the youth have a timeframe to take the SAT or ACT, file the Free Application for Federal Student Aid (FAFSA), and complete college applications? • Is the youth maintaining eligibility for educational services? • How many credits does the youth have toward completing their education? What is the expected graduation date? • Is the youth on track to complete their program by the expected graduation date? • Does the youth need tutoring or other support services?
Workforce Supports and Employment Services	<ul style="list-style-type: none"> • Does the youth have a job or is he/she taking steps to get a job? • What does the youth need to meet their employment goals? • Are any job skills still needed? • What supports does the youth need to maintain their employment? • Does the youth have a resume? • What does the youth want to do for a job? • What kind of career does the youth hope to have? • Have they taken a career/ interest inventory to identify what career they would like to pursue? • If the youth is in school, what type of summer employment does the youth plan to have? • If the youth is unable to work, is DFCS assisting with an SSI application?

TRANSITION PLAN

Money Management and Finances

- What does the youth need in order to achieve their financial goals?
- Has the youth received assistance in preparing a monthly budget based on their proposed housing plans and other financial responsibilities?
- Does the youth know how to access public assistance i.e. food stamps, Temporary Assistance to Needy Families (TANF)?
- Does the youth have a checking and/or savings account?
- Does the youth know how to open a bank account?
- Has the youth saved any money, or does he/she have a savings plan?
- Does the youth know how to use a banking institution and understand bank fees?
- Will the youth be able to access any trust funds, settlements, or cash benefits (child support, SSI or RSDI)?
- Does the youth understand the importance of developing and maintain a sound credit history and credit rating?

Credit Report

- Does the youth understand what is a credit report?
- Does the youth know what the three major credit reporting agencies are and how to access their credit report?
- Does the youth understand the purpose of conducting annual credit checks?
- Has the youth received training/education in understanding credit reports?
- Has the youth received a copy of their credit report from the three major credit reporting agencies annually?
- Does the youth understand how to address discrepancies on their credit report?

Transportation

- What does the youth need in order to achieve their transportation goals?
- What are the youth’s goals for accessing reliable transportation?
- Will the youth live near public transportation?
- Does the youth know how to use public transportation, if available?
- Has the youth completed a driver’s education program?
- Does the young adult have a driver’s license? If not, what steps are needed for them to obtain a driver’s license?
- Does the youth have a vehicle and vehicle insurance?
- Does the youth understand the costs of buying, registering, and maintaining a vehicle?

Essential Documents

- Does the youth know what essential documents are and purpose of having them? (A list of documents should be provided and discussed with the youth when they are leaving foster care (e.g., birth certificate, social security card, state identification card, etc.)
- Does the youth know the importance of proper and secure storage of documents?
- Does the youth know where to report/replace document if lost or stolen?

TRANSITION PLAN

Health, Health Insurance and Health Care Proxy (includes Sexual Health)

- Does the youth understand the importance of maintaining routine health and dental examinations?
- Does the youth know how to make their own healthcare appointments?
- Does the youth know their own physical, mental, and dental health needs?
- Does the youth know what is required to achieve good physical, mental or dental health?
- Does the youth know the date of last health check and dental visit and the next one scheduled?
- Does the youth know about their chronic health conditions and what it takes to manage them?
- Does the youth know which medications they take, how to take their medication, what the medication is for, understand side effects, etc.?
- Does the youth know how to maintain good oral hygiene?
- Is the youth in need of behavioral health services?
- Is the youth receiving counseling or other behavioral health services?
- Are there barriers to the youth receiving behavioral health services? And if so, are the barriers being addressed?
- Does the youth have health insurance? If not, what is needed for the youth to receive health insurance?
- Has the youth identified a health care proxy and completed the Georgia Advance Directive form?
- Has the young adult received education in pregnancy prevention and maintaining good reproductive health?
- Does the youth know how to protect themselves from sexually transmitted infections (STI)?

Permanency and Supportive Relationships

- What does the youth need in order to achieve their permanency goals?
- Who does the youth consider their family and important adult connections?
- Does the youth have a relationship with their siblings, and if separated, are they visiting regularly?
- Has the youth developed positive adult supports beyond the agency?
- Are there steps being taken to identify supportive adults? If so, what are the steps?
- Where does the youth spend or plan to spend holidays when they leave care?
- Who does the youth call when they need help/advice or to share positive experiences?

Mentoring and Continuing Support Services

- Does the youth have a mentor?
- Are there local mentoring programs that the youth can be referred?
- Are there adults in the youth’s life that he/she can talk to?
- Are there services and supports that the youth can access or continue to use after leaving foster care?

Personal Growth and Social Development

- Does the youth have goals for personal growth (i.e. Empathy, Confidence, Facing Fear, Active Listening, Getting Along with Others, Improve Body Language, Being Proactive, Stop Procrastinating, Waking up Early, Master Conflict Resolution, Read More Often, Managing Stress, Better Decision-making, Practicing Self-Care).
- What strategies are the youth using to work on personal growth?
- Have resources been identified to help the youth with their goal?

TRANSITION PLAN	
Parenting and Family Planning	<ul style="list-style-type: none"> • Has the youth received information and resources on family planning? • Does the youth have a child or children living with him/her? • What does the youth need to achieve their parenting goals? • Is the youth exhibiting good parenting skills? • What parenting support does the youth have or need? • Does the youth understand child development? • Is the youth keeping all well-baby checks and other infant/child health appointments? • Does the youth know how to apply for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)? • Does the youth have a plan for caring for their infant/child when the youth is in school or working?
Life Skills	<ul style="list-style-type: none"> • What life skills does the youth still need to address as an adult? • Is the youth registered for the Selective Service? • Is the youth registered to vote? • Does the youth understand the process of registering to vote, and keeping their voter registration active? • What essential documents does the youth have (see Essential Documents above)? • Are essential documents stored in a safe location? • Which documents are still needed? • Does the youth have skills to handle daily tasks on their own, such as grocery shopping, preparing meals, self-care, paying bills, and transportation?
Immigration Status	<ul style="list-style-type: none"> • Does the youth have legal immigration status? What are the barriers to obtaining legal immigration status? • If not, is applying for special immigrant juvenile classification appropriate? And has an application been completed? What is the status? • Does the youth qualify to apply for legal resident status? What is the status of any application? • If the youth will not be able to participate in EFC due to immigration status, what is the plan for the youth?

Transition Meeting (TM)

The purpose of the TM is to develop the Transition plan for youth to ensure they are prepared and are successful in adulthood. Before each TM, youth should be prepared for the meeting and encouraged to identify significant people in their lives or permanent connections who can participate in the meeting. The location of the TM should be convenient for the youth and their supports.

TRANSITION PLANNING TIMELINE		
Meeting Type	Timeframe	Related timeframe
Initial Transition Meeting	Within 30 calendar days of the youth turning age 16	<ul style="list-style-type: none"> • Begin planning for Initial Transition Plan Meeting 90 calendar days prior to youth turning 16

TRANSITION PLANNING TIMELINE		
Ongoing Transition Meeting	Every 6 months after the initial transition planning meeting	<ul style="list-style-type: none"> • Determine by age 17 what supports or services the youth will need on-going and whether guardianship is necessitated as a last resort • File for guardianship within 6 months of the youth turning 18 years old if it is determined they may need a guardian when they turn age 18
Final Transition Meeting	Within 90 Days prior to the youth turning age 18	
Foster Care Exit Meeting	When the youth turns age 18	

Scattered Site Placement Readiness Assessment for Participant in Extended Foster Care

The purpose of this assessment tool is to determine youth readiness for placement in an Independent Living Scattered Site Placement setting on their 18th birthday. The assessment must be completed by the Independent Living Specialist assigned to the participant’s legal region. This assessment should be completed with the participant, the participant’s case manager, and other members of the participant’s support network. The assessment may take up to 45 minutes to complete. It is recommended that the assessment is completed at the transition planning meeting held within 90 days of a youth turning age 18 if the youth is planning to participate in EFC, to support their transition.

Transition Planning for Youth Assessed Unable to Make Decisions on their Own Behalf

The CCTU, WPAC, DAS, DBHDD, Amerigroup among other appropriate entities should be engaged to assess whether youth may need decision making support when they become an adult. If so, it is each department’s responsibility to plan, in advance, to ensure that the youth’s identified needs are met without a gap in services when they turn 18 years old. To accomplish this transition, all agencies will need to collaborate to develop the best plan for the youth based on his/her individual needs, beginning as early as possible. As the legal custodian of the youth, DFCS should take the lead and serve as the facilitator for the youth’s transition team.

Care Coordination Treatment Unit


Provides consultation for youth with high-end mental/behavioral health needs, intellectual/developmental disabilities, and complex medical issues via regionally assigned Therapeutic Support Specialists (TSSs). If a youth is identified as having an intellectual/developmental disability, or medical condition which may impact their decision-making capacity, the TSS should be contacted to attend the initial TM staffing. TSSs offer the ability to support the county by reviewing key documentation/files, identifying service gaps, providing case consultation, coordination of follow-up meetings as needed, referrals to the appropriate resources, guidance on necessary assessments, and assistance with connections to affiliate agencies.

Wellness Programming Assessment and Consultation (WPAC)

Participates in the transitional planning for youth by assisting in identifying appropriate assessments that would aid in transition planning, addressing barriers in accessing medical services/coverage, provide guidance in planning youth's medical transition from pediatric care to adult care providers, and reviewing health information in Georgia SHINES to ensure appropriate documentation.

Collaboration with Division of Aging Services

APS investigates allegations of reports of abuse, neglect, and exploitation of disabled adults age 18 years or older and elder persons 65 years of age or older who are not residents of a licensed or long-term care facility. Investigations of allegations of abuse or exploitation of persons (any age) residing in facilities are reported to and conducted by the Department of Community Health, Healthcare Facility Regulation Division. APS also evaluates and arrange for services needed to prevent or alleviate further maltreatment (abuse, neglect or exploitation).

 APS can only file for guardianship when there is abuse/neglect or exploitation involved in the case of an adult subject to their authority. In such cases, APS will consult with PGO.

APS can assist DFCS on complex cases by participating in case staffings or transition planning meetings and provide information regarding available services and supports. Complex cases include but are not limited to medically fragile youth and youth who cannot self-advocate. It is preferred to engage APS when youth reach 16 years old for future planning purposes. Before the staffing/transition planning meeting, DFCS should provide APS with a detailed social history, medical history, and any other documents to help in determining the future needs of the youth.

DECISION MAKING SUPPORT OPTIONS	
Type	Description
Supported Decision-Making (SDM)	Allows individuals with disabilities to make choices about their own lives with support from a team of people they choose. Individuals with disabilities choose people they know and trust to be part of a support network to help with decision-making. Supported decision-making is an alternative to guardianship. Instead of having a guardian make a decision <i>for</i> the person with the disability, SDM allows the person with the disability to make his or her own decisions.

DECISION MAKING SUPPORT OPTIONS

Power of Attorney (POA)	<p>A legal document that gives one adult legal authority to act for another adult. The person giving the authority is called the “principal.” The person who is given the authority to make decisions on behalf of the principal is called the “agent.” The agent can give as little or as much power as they want to give to the principal. This means the principal may limit a POA to a very specific transaction or grant full power to someone over all of their affairs. A POA can cover tasks like writing and signing checks to more complex matters likes selling a person’s home or property. With a POA, the principal can choose who they want to act as their agent. Types of POA:</p> <ol style="list-style-type: none"> 1. General POA: grants agents’ powers that end at the principal’s incapacity. 2. Durable POA: grant agents’ powers that are not terminated by the principal’s incapacity. A POA becomes a Durable Power of Attorney (DPOA) when it states that the agent’s power continues when the principal is unable to communicate his or her wishes. Types of durable POA are: <ol style="list-style-type: none"> a. Limited Durable POA b. General Durable POA 3. Special or Limited POA (for specific purpose limited) 4. Springing POA (effective upon incapacity)
Advance Directives for Healthcare	<p>Authorizes the agent to make health care decisions for the individual, consistent with the terms of the document and based on the wishes of the individual. A person can name someone as an agent to make healthcare decisions. It can also include statements of the person’s wishes concerning medical treatment.</p>
Representative Payee	<p>A representative payee is a person, or an organization appointed as a payee to receive the Social Security or SSI benefits for anyone who can’t manage or direct the management of their benefits. A payee’s main duties are to use the benefits to pay for the current and future needs of the beneficiary, and properly save any benefits not needed to meet current needs. A payee must also keep records of expenses. When a report is requested, the payee must provide an accounting of expenses to SSA of how the benefits were used or saved.</p>
Fiduciary/Conservator	<p>A fiduciary is an agent in whom complete confidence is placed by another in regard to either a particular transaction or all of one’s general affairs or business. The relationship is not necessarily formally or legally established as in a declaration of trust but can be one of moral or personal responsibility, due to the superior knowledge and training of the fiduciary as compared to the one whose affairs the fiduciary is handling.</p>
Adult Guardianship	<p>A legal process where a court decides if a person lacks the capacity to make decisions for themselves and there are no less restrictive alternatives than guardianship. A guardian is granted custody and control (including decision-making) over the ward by the court. Guardians can be given limited or broad authority over the ward. Guardians are responsible for making sure the ward has adequate medical attention, an acceptable place to live, adequate food, etc. No guardian, including DHS as guardian of last resort, is required to use any of their own funds to acquire or pay for the needs of the ward including housing or medical care; rather the guardian assists the ward in utilizing the ward’s own resources and income to meet their needs to the extent possible.</p>

Limits on Guardianship Authority

The court may impose limits on the duties of a guardian of the person in its order. The court also may limit the duration of the guardianship. In addition, a guardian of the person must respect the expressed wishes and preferences of the individual to the greatest extent possible. The guardian also must encourage the individual to participate in all decision to the maximum extent of the individual’s abilities in all decisions that affect him or her and must encourage the ward to regain the capacity to handle their own affairs. The guardian cannot restrict with whom the ward communicates or visits and cannot monitor or supervise the personal visitations of the ward. A guardian cannot force a ward to take medication or undergo medical care against the will of the ward.

The guardian of the person must submit annual reports to the court concerning the services the individual is receiving, the number and length of times the guardian visited the person during the year, and any major medical or mental health problems the individual experienced during the year.

Guardianship - Rights Retained by the Ward

The ward retains the right to have a guardian who is qualified to serve as guardian, acts in their best interest, and is reasonably accessible. They also maintain the right to file motions or actions relating to the guardianship, have their property used to provide for their support, care, education, health, and welfare, have the least restrictive form of guardianship, tailored to the person's functional limitations, personal needs, and preferences; for the guardianship to end or be terminated at the earliest possible time; and to communicate and visit freely and privately with persons other than the guardian (unless a court has issued an order prohibiting or limiting contact). The ward does not lose other rights that are not mentioned in the guardianship law. This includes the right to refuse psychotropic medications, refuse in-patient psychiatric treatment, maintain physical integrity. Generally, the ward can still refuse invasive surgeries, such as amputations, organ removals, etc. The guardian should obtain the permission of the court to override the person's refusal to undergo procedures this drastic.

Guardianship - Rights Removed from the Ward

A full guardianship removes from the ward the following rights:

- To get married and to get divorced;
- To make, modify, or terminate any and all contracts, which includes examples such as hiring or firing professional supports or care, enrolling in college, signing a lease, starting or stopping cell phone, TV, or internet service or adding apps to smart devices, joining a gym, buying an airplane ticket or concert ticket, purchasing products for home delivery from an online retailer, getting a shopper's discount/reward card or account for a pharmacy, grocery store, or fast-food restaurant, getting or cancelling a credit card or debit card, adding or dropping insurance for a car
- To consent to medical treatment, which includes therapies (occupational, speech, etc.), medications, procedures, and surgeries
- To decide where to live
- To change legal address/residence
- To revoke a revocable trust established by the respondent
- To bring or defend any court case, administrative agency decision, or other legal claims, whether in arbitration, mediation, an agency, or in court, except:
 - In probate court, anything related to the guardianship,
 - Civil commitment,
 - Involuntary administration of psychotropic medications,
 - Some medical procedures, and
 - Criminal cases.

Any limited or full guardianship removes the right of the person to obtain a weapon carry permit.

Guardianship Proceeding

In a guardianship proceeding, the court must first determine if the individual is in fact in need of a guardian under the law, then who is the appropriate party to be appointed as guardian. The court appoints a guardian to assist in making personal decisions on behalf of the individual deemed to lack capacity (ward). A person will be deemed to lack capacity if their ability to receive and evaluate information effectively and to communicate decisions is so impaired that he or she cannot meet the essential requirements for his or her physical health or safety. The authority of a guardian to make decisions on behalf of an incapacitated person depends in large part on the scope of the court's order.

The court can appoint a person to act as a "plenary" guardian of the person or as a "limited" guardian of the person. If the court appoints a "limited" guardian of the person, it must designate the guardian's specific duties, such as general care and maintenance of the individual; deciding where the individual will live; assuring that the individual receives necessary services and health care. A person who is the plenary guardian of the person can make all such decisions on behalf of the individual and many other significant personal decisions.

Prior to appointing any guardian, the petitioners must present evidence as to whether alternatives to guardianship have been pursued to ensure the continued protection and preservation of the rights of the person under guardianship. Alternatives to guardianship may include informal or formal support structures that exist without court action or the removal of constitutional rights, i.e. Supported Decision Making, having a financial or healthcare Power of Attorney to assist with specific needs, or having a Representative Payee to handle limited financial needs. The SSCM should make and document efforts to explore the least restrictive alternatives before making the decision to take the matter to court.

The Probate Court determines the guardian pursuant to Georgia law which provides the following order of preference in the selection of guardians:

1. The individual last nominated by the proposed ward;
2. The spouse of the proposed ward or an individual nominated by the proposed ward's spouse;
3. An adult child of the proposed ward or an individual nominated by an adult child;
4. A parent of the proposed ward or an individual nominated by a parent of the proposed ward;
5. A guardian appointed during the minority of proposed ward;
6. A guardian previously appointed in Georgia or another state,
7. A friend, relative or any other individual;
8. Any other person, including a volunteer to the court, found suitable and appropriate who is willing to accept the appointment; or,
9. The county guardian.

The Probate Court Guardianship Process

1. Any interested adult, including the proposed ward, may file a petition for the appointment of a

guardian in the Probate Court. The petition shall be:

a. Sworn to by two people as petitioners; or

i The SAAG cannot be the petitioner, however, can file the petition on behalf of DFCS.

b. Supported by one petitioner and a notarized affidavit of the professional working with the youth (i.e. a psychiatrist, psychologist, licensed clinical social worker).

i Any affidavit shall be based on personal knowledge and shall state that the affiant has examined the proposed ward within 15 days prior to the filing of the petition and that, based on the examination, the proposed ward was determined to lack sufficient capacity to make or communicate significant, responsible decisions concerning the proposed ward's health or safety. The affidavit shall state the foreseeable duration of the guardianship and may set forth the affiant's opinion as to any other limitations on the guardianship.

2. Upon the filing of the petition and affidavit, if any, the court will determine if there is probable cause to believe the proposed ward is in need of a guardian. If there is no probable cause, the case is dismissed.

3. If the Probate Court finds probable cause:

a. The proposed ward will be personally served with notice informing them:

i. A court action has been initiated to have a guardian appointed for them;

ii. The Probate Court will conduct an evaluation and the date and time to submit to the court's evaluation; and

iii. Of their right to counsel, which will be appointed by the court within two days of service unless the proposed ward indicates he or she has retained counsel in that timeframe.

i The Probate Court may appoint a GAL for the subject of the petition.

4. The Probate Court will:

a. Conduct a hearing.

b. Determines if the petitioners have presented clear and convincing evidence at the hearings that the proposed individual meeting the qualification for needing a legal guardian and appoints a guardian if the court finds the proposed ward lacks sufficient capacity to make or communicate significant responsible decisions concerning their health or safety.

c. Determines the fitness of the proposed guardian. (This includes using information from background checks (criminal history, credit check), etc.).

d. Ask why other individuals cannot serve as a guardian when an appointment of DHS as guardian of last resort is being sought.

5. The order for guardianship must be obtained before the appointed guardian can take the oath of guardianship.

6. Fees vary depending on the jurisdiction of the Probate Court. Each jurisdiction may have add-on fees based on what is allowable by law.

Guardian of Last Resort (Public Guardian)

In Georgia, DHS DAS/Public Guardianship Office (PGO) may serve as the guardian of an adult when there is no one qualified, suitable, or available to serve. This is referred to as “guardian of last resort.” The court appoints DHS as an entity. Prior to appointing DHS as guardian, the court must first determine that guardianship is necessary and second, that no other alternate guardians as listed in the priority section are willing or appropriate to serve in that role. Before considering DHS as a guardian the SSCM should make and document efforts to locate an interested and appropriate individual in the youth’s life to serve as a guardian and rule out these options before seeking a last resort guardian.

Before filing the petition for a guardian of last resort, the SSCM should inform the DAS/PGO of the intent to file the petition to facilitate a DAS/PGO case manager’s attendance at the hearing.



The DAS/PGO was created and split from APS. PGO has its own staff, supervisory structure, and training protocols.

Forms and Tools

[Checklist to File the Petition for Appointment of an Adult Guardian](#)

[Consent for Young Adult Support Services](#)

[Decision-Making Support Needs Informal Assessment](#)

[Foster Care Exit Documents Checklist](#)

[Foster Care Verification Letter](#)

[ILP Transition Packet](#)

[Notice to Opt-Out or Terminate Extended Foster Care](#)


[NYTD Contact Form](#)

[Scattered Site Placement Readiness Assessment for Participant in Extended Foster Care](#)

[Scattered Site Placement Readiness Action Plan](#)

[Voluntary Placement Agreement for Extended Foster Care](#)

13.5 Individual Development Accounts (IDA)

			
Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(13) Independent Living Program		
Policy Title:	Individual Development Accounts (IDA)		
Policy Number:	13.5	Previous Policy Number(s):	1012.4
Effective Date:	January 2015	Manual Transmittal:	2015

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Offer any youth that meets the eligibility requirements the option to open a matched savings account known as the Individual Development Account (IDA). The purpose of the IDA is to assist eligible youth, in or out of foster care, with the accumulation of assets and resources needed for independent living. To qualify for the IDA, youth must meet the following eligibility criteria:
 - a. Be enrolled in the Georgia Independent Living Program (ILP)
 - b. Be between 16 to 21 years of age;
 - c. Qualify to open a banking account (i.e., meet the financial institution's identification and previous banking history requirements); and
 - d. Participate in an IDA orientation and financial literacy training.
2. Match up to \$1,000 of a youth's deposits for qualified asset purchases.



The DFCS match component of the IDA is determined based upon the availability of funding. If match funding is not available, existing participants will be notified in writing, and future participants will be notified during the IDA sign-up process. If funding becomes available later, participants will be informed in writing at that time of the new availability of matching funds.

3. Allow eligible youth to make emergency withdrawals of IDA funds that are not qualified asset purchases on a case-by-case basis. Emergency withdrawals shall only include funds deposited by the applicable youth and shall not include any DFCS matching funds.
4. Periodically review the participation of youth enrolled in the IDA program to determine their level of engagement.



The ILP Business Operations Specialist (BOS) shall exercise administrative oversight authority over Individual Development Accounts.

Procedures

Determining Eligibility for an IDA and Enrollment

The Social Services Case Manager (SSCM) or Independent Living Specialist (ILS) will:

1. Verify that the youth is between the ages of 16-21, and enrolled in the Independent Living Program;
2. Confirm that the youth satisfies the requirements of the financial institution, including the following:
 - a. The youth possesses documents that are accepted as verification of his or her identity such as a government issued photo ID card or Driver's License, etc. If the youth does not possess proper identification, DFCS must assist the youth with obtaining a valid state identification card (see Georgia's Department of Driver Services' website for information on how to obtain a state identification card).
 - b. The youth has a satisfactory previous banking history, if applicable.
3. Confirm that the youth has attended the required IDA orientation and Financial Literacy Training.
4. Assist the youth with opening an IDA at an authorized financial institution.

5. Provide the ILP BOS with the required bank account information within five business days of verifying the youth has completed all IDA enrollment requirements.

The ILP Business Operations Specialist (BOS) will:

1. Provide an IDA Award Letter to eligible youth, the youth's SSCM, and the ILS within five business days of receiving the banking information and verification of eligibility.
2. Assign a Survey ID to eligible youth which enables youth to participate in the Opportunity Passport Baseline Survey.

Account Matching Procedures

To initiate the request for DFCS to match their deposits eligible youth must complete an Asset Purchase Intent Form and submit the form to their ILS or SSCM.

Within five business days of receipt of the Asset Purchase Intent Form from the youth, the ILS will:

1. Verify the youth's bank account has been open for at least three months;
2. Verify at least \$5.00 has been deposited into the youth's bank account monthly for at least the last three consecutive months prior to the request;
3. Verify that there is a balance of at least \$250 in the youth's bank account;
4. Forward each approved Asset Purchase Intent Form to the ILP BOS within 72 hours of completing the verification process.

Within five business days of receiving the approved Asset Purchase Intent Form, the ILP BOS will:

1. Inform the youth's banking institution that the youth is eligible for DFCS to match IDA funds; and
2. Ensure the appropriate documentation is provided to the youth and the banking institution.

Emergency Withdrawal Procedures

To initiate a request for an emergency withdrawal from their IDA account, eligible youth must:

1. Contact the ILS to discuss the emergency;
2. Provide a specific explanation as to why the emergency funds are needed; and
3. Identify other resources that were explored prior to making an emergency withdrawal request.

Upon receiving an emergency withdrawal request from a youth the ILS will:

1. Discuss the emergency withdrawal request with the youth and remind the youth that DFCS does not match funds in emergency withdrawal situations;
2. Verify that the request is a legitimate emergency and that the youth has explored other options prior to requesting emergency funds from their IDA account;
3. Assist the youth with identifying and exploring other resources to assist in meeting his or her needs prior to approving the emergency withdrawal request.
4. If the emergency withdrawal is deemed appropriate, notify the ILP BOS of the specific amount

that is approved for withdrawal. Emergency withdrawals may be approved for day-to-day living expenses such as food, bills (in the youth's name), prescriptions for the youth or the youth's child, clothing for school or work, etc.

When contacted by the ILS with an approved request for an emergency withdrawal of IDA funds, the ILP BOS will:

1. Inform the appropriate banking institution that the youth has been approved to withdraw funds, including the specific amount that has been approved for withdrawal from the IDA account; and
2. Provide the bank and youth with the appropriate documentation to release the funds.

Monitoring Youth's Participation in the IDA Program

During periodic reviews of a youth's engagement in the IDA program the SSCM or ILS will:

1. Discuss IDA contributions and/or withdrawals during monthly contacts, as part of the Written Transitional Living Plan (WTLP) discussion, or at other meetings.
2. For youth ages 18-21 who are not participating in the EYSS program, contact the youth at least every six months to discuss the youth's contributions and/or withdrawals to their IDA account;
3. Contact the ILP BOS at least every six months to discuss the balance in the youth's IDA bank account and any contributions or withdrawals that occurred during this period; and
4. Document the youth's participation, level of engagement and IDA account status in Georgia SHINES, the Statewide Automated Child Welfare Information System.

In order to allow as many youth as possible to actively participate and benefit from the IDA program, the ILP BOS will:

1. Review the IDA program participant rolls at least once per year to determine if current enrollees are actively engaged in the program and contact their SSCM or ILS if participation issues are noted.
2. Remove IDA program participants from the active roster and ensure their IDA is closed if any of the following has occurred:
 - a. A youth has reached their savings or asset purchase goals;
 - b. DFCS has met the match contribution maximum of \$1,000;
 - c. A youth has not made a deposit beyond DFCS participation incentive funds for nine months after the account was opened;
 - d. A youth has kept an account open for at least nine months with no deposit activity in the most recent six consecutive months.
3. Mail a certified to the last known address of the youth to inform them of their account status and offer an opportunity to discuss the account status prior to the closing of the account;
4. Update the records, file all correspondence into the participant's file, and proceed with closure of the IDA if the youth does not respond to the certified letter within 30 calendar days, or notifies the ILP BOS of their desire to proceed with closing the IDA.



Youth who are removed from the active participation roster are not eligible to re-enter the IDA program for a period of at least one year. However, they maintain access to the funds in their account after the closure of the IDA.

Practice Guidance

Overview of the Individual Development Account Program

The IDA program helps eligible youth, that are either in or transitioning from foster care, to accumulate assets. The IDA helps ensure they have the resources needed to begin living on their own as adults. The IDA is established at a financial institution within the community and is opened in the name of the youth. The account earns interest, usually at the bank's savings rate. Withdrawals from the account may only occur with the approval of the IDA administrator, which is the ILP BOS.

As the administrator for the IDA program in Georgia, the ILP BOS is responsible for monitoring the program's activities, tracking participation at orientations and financial literacy trainings, processing match and incentive funds, and all other administrative functions of the program. The SSCM and ILS are responsible for informing eligible youth about the benefits of the IDA program, supporting their participation and trouble-shooting any issues with opening bank accounts, making regular deposits, understanding asset purchase requirements or requesting matches.

ILP encourages all enrolled youth to participate in the IDA program to the fullest extent possible. However, some participants are unable to continue their participation or become disinterested in continuing the program for a variety of reasons. When youth reach their savings or asset purchase goals, or discontinue participation in the IDA program, the IDA is closed with DFCS. However, the youth maintains access to the remaining funds in their account.

Individual Development Account (IDA) Asset Goals

The goal of the IDA program is to help youth transitioning to adulthood to accumulate the assets they will need to become self-sufficient. The IDA program accomplishes this by presenting opportunities for youth to obtain matching funds from DFCS (up to \$1,000) to reach savings or asset goals. When determining if an asset goal is an acceptable for the Georgia ILP IDA program, two general guidelines are applied:

1. **Economic self-sufficiency:** the goal should enable participants to sustain themselves as they transition to self-sufficiency.
2. **Value appreciation:** Investment goals should likely increase in value, or provide enhanced usage for the youth, over time.

When youth become eligible to participate in the IDA program, they indicate which asset they plan to purchase with the funds in their IDA on the Georgia Youth Opportunities Initiative Application. Once the youth has saved their portion of the cost of the asset, the youth must complete the Asset Purchase Intent Form, which describes the specific asset for which the youth is requesting matching assistance to purchase.

Common asset purchases qualifying for DFCS matching funds include, but are not limited to:

1. Purchasing a vehicle;

2. Car Insurance/Repairs;
3. Investments;
4. Housing;
5. Educational expenses;
6. Health and dental care;
7. Microenterprise; and
8. Credit building.

The ILP BOS may approve matching funds for assets not listed above, on a case-by-case basis.

IDA Orientation

The orientation required for IDA eligibility includes:

1. An overview of the application process and legal documentation requirements such as a government issued photo ID card or Driver's License; (Youth must bring their ID to the orientation if available);
2. Discussions around the youth's commitment to and understanding of the IDA savings/matching process;
3. The process for opening a bank account, including the financial institution's account opening requirements and record check systems such as the CHEXSystem reporting service. Youth that are identified in the CHEXSystem as having a negative banking record must attend a class offered by the banking institution in order to resolve the negative banking history prior to enrolling in the IDA program.
4. Expectations regarding financial literacy training, and options for attending upcoming training courses;
5. Explanations of financial incentives provided at various checkpoints during the participation in the IDA program;
6. IDA specifics, such as the amount and frequency of deposits, desired goal amount (maximum), purpose of the account, matching fund ratio, authorized withdrawal purposes, and beneficiary information;
7. Developing a plan to open a bank account within 30 calendar days of the completion of the IDA orientation; and
8. Completion of the Georgia Youth Opportunities Initiative Application.

Participation Incentives

(See COSTAR Manual for specifics and official amounts)

In addition to matching youth deposits, incentive dollars can be earned by the youth and deposited into their respective IDA. Incentives include the following:

1. Financial Literacy Training Incentive;
2. IDA Savings account match;

3. Seed Payment
4. IDA Survey Incentives
5. IDA Incentives

Opportunity Passport Surveys

The IDA program is a component of the Georgia Youth Opportunities Initiative (GYOI). Along with participants in other states Georgia ILP youth participating in the IDA program will complete surveys as a part of the national database. The purpose of the surveys is to learn more about the impact of the program and whether it has made a difference to participants in the areas of permanency, education, employment, financial capability, housing, physical and mental health, and social capital. Surveys are administered online at the time of enrollment into the program (baseline) and twice a year thereafter.

Applying for a State of Georgia Identification Card

To meet eligibility requirements for opening a bank account a government issued picture identification document is required. To obtain a State of Georgia Identification Card the youth will need to supply:


1. Proof of his/her identity (1 document), such as:
 - a. Valid U.S. passport;
 - b. U.S. birth certificate (issued by the *Office of Vital Statistics* or equivalent); or
 - c. Certificate of Birth Naturalization (N-550/N-570) issued by the Department of Homeland Security (DHS).
2. Proof of Georgia residency (2 documents), such as:
 - a. Utility bill issued within 60 days;
 - b. Financial statement (bank, credit card, etc.);
 - c. Current rental agreement; or
 - d. If the youth is a dependent and cannot prove residency, the Georgia Department of Drivers Services (DDS) will also accept:
 - i. A State or Federal income tax return for the current or preceding year (listing the youth as a dependent); or
 - ii. School transcript with the youth's residence shown
3. Proof of Social Security number (1 document), such as:
 - a. Social Security card (original or copy);
 - b. W-2 form; or
 - c. Social Security denial/refusal letter.

Forms and Tools

[Asset Purchase Intent Form](#)

[Field Fiscal Services COSTAR Manual Section 3005 ILP: 582 Individual Development Account \(IDA\)](#)

13.6 Credit Reports for Youth in Foster Care

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(13) Independent Living Program (ILP)		
	Policy Title:	Credit Reports for Youth in Foster Care		
	Policy Number:	13.6	Previous Policy Number(s):	N/A
	Effective Date:	October 2015	Manual Transmittal:	2015-05

Codes/References

O.C.G.A. § 10-1-913 Definitions as amended in HB 915

O.C.G.A. § 10-1-914 Consumer Requested Security Freeze on Credit Report; Timing; Notifications; Temporary Lifting of Freeze; Application; Fees as amended in HB 915

The Child and Family Services Improvement and Innovation Act (P.L.112-34)

Title IV-E of the Social Security Act Section 475 (5)(l)

Requirements

The Division of Family and Children Services (DFCS) will:

1. *Ensure that each child in foster care who has reached 14 years of age receives a free copy of their consumer credit report from each of the three nationwide credit report agencies^[3] each year they remain in foster care until age 18; and receives assistance (including when feasible, from any court appointed advocate for the child) in interpreting and resolving any inaccuracies in the report.*



Only one report from each credit-reporting agency may be obtained in a 12-month period unless there is a discrepancy that requires resolution. Upon resolution of the discrepancy, an updated credit report may be obtained free of charge prior to a new 12-month period beginning.

2. Ensure youth age 14 years and older in foster care participate annually in consumer credit education, including information on interpreting and understanding consumer credit and credit reports.
3. Ensure that if any of the credit reporting agencies reports that a youth has a credit history that the youth receives assistance in interpreting the credit report and resolving any inaccuracies in the report.
4. Ensure that youth are offered a copy of their credit report beginning at age 14 and annually thereafter while in foster care.



If the youth does not accept a copy of their report, it must be destroyed immediately (shredded).

5. Provide youth opting out of foster care upon reaching 18 years of age with information describing how to obtain credit reports independently.

Procedures

Within thirty calendar days of a youth in foster care reaching 14 years of age and annually through age 17, the Social Services Case Manager (SSCM) will:

1. Update the Written Transitional Living Plan (WTLP) to include the following goals:
 - a. The SSCM will request a credit report court order in order to obtain the three credit agencies' reports and will provide assistance with interpreting and resolving any inaccuracies in the report(s) as needed; and
 - b. The SSCM shall ensure that the youth participates in an approved consumer credit course that provides information on interpreting and understanding consumer credit and credit reports. (See Consumer Credit Training Courses Practice Guidance)
 - c. Document the completion of receipt of the training course in Georgia SHINES, Youth Reporting Detail Page under Budget Management (see policy [13.13 Independent Living Program: National Youth in Transition Database](#)).
2. Send a Legal Action Request form to the Special Assistant Attorney General (SAAG) and request a Credit Reporting Court Order.
3. Once received, upload a copy of the court order into Georgia SHINES external documentation.
4. Complete the Credit Report Request for Youth in Foster Care (CRR) and email it to the ILP Credit Report Specialist (ILP CRS) at ilpcredit@dhs.ga.gov.



The ILP CRS is responsible for obtaining the youth credit reports after receipt of the CRR and authorizing court order.

5. Document the completion of all steps related to obtaining the youth's credit report in Georgia SHINES within six months of the incorporation of goals 1a-b (above) into the WTLP.

Receipt and Review of Credit Reports

Upon receipt of responses from all three credit agencies, the ILP CRS will:

1. Create an encrypted PDF document for each credit report;
2. Upload the credit report responses into Georgia SHINES external documentation using the following document type names, as applicable:
 - a. Equifax Credit Report;
 - b. Trans Union Credit Report; and
 - c. Experian Credit Report
3. Complete a memorandum summarizing the findings of each report and upload to external documents in Georgia SHINES.
4. Email the assigned SSCM upon receipt of all three credit reports notifying them of their availability to review.

Within 30 calendar days of receiving the email from the ILP CRS, the SSCM will:

1. Review and discuss the results with the youth during a face to face contact. Ensure the discussion with the youth includes:
 - a. That all three credit reporting agencies responded that no credit history exists for the youth; or
 - b. That any of the three credit reporting agencies responded that the youth does have a credit history (i.e., Credit History Found-Resolution Needed or Other).
2. If there is no credit history, document the discussion with the youth in Georgia SHINES within 72 hours.
3. If there is credit history reported, the SSCM should, in addition to discussing the report with the youth:
 - a. Download the credit report from Georgia SHINES;
 - b. Provide a copy of the report to the youth during the face-to-face contact;
 - c. Ensure the youth understands the content of the report(s);
 - d. Complete the Youth Acknowledgement of Credit Report Receipt form with the youth and upload the signed copy in Georgia SHINES;



If the youth refuses to accept the paper copy of his or her credit report, the copy of the report must be destroyed immediately (shredded). Indicate the date and method of how the credit reports were destroyed on the Youth Acknowledgement of Credit Report Receipt Form and upload into Georgia SHINES.

- e. In collaboration with the youth, develop an action plan to initiate the process for resolving all inaccuracies; and
- f. Document the discussion and action plan to resolve all inaccuracies noted in the youth's credit report in Georgia SHINES within 72 hours.



If the discussion of the credit reports occurs in conjunction with Every Child Every Month (ECEM) contact, the documentation must clearly indicate that a-c noted above occurred.

Subsequent Annual Credit Reports and Consumer Credit Training

Youth ages 14-17 who remain in foster care must have an annual credit report completed and receive annual consumer credit training. In order to obtain subsequent annual credit reports the ILP CRS will:

1. Track when annual credit reports are due for each youth ages 14-17 in foster care;
2. Request the annual credit report for the youth within 30 calendar days of the youth becoming eligible to receive his or her annual report; and



A new Court Order is not required to obtain subsequent annual credit reports.

3. Upon receipt of all three credit agencies reports, follow the same procedures for uploading credit reporting information, memorandum completion, and notification to the SSCM as out-

lined in Receipt and Review of Credit Reports.

The SSCM will:

1. Follow the same procedures for discussion, resolution and documentation as outlined in Receipt and Review of Credit Reports;
2. Ensure youth ages 14-17 complete Consumer Credit Training sessions annually. See Consumer Credit Training Course Practice Guidance



The youth may participate in individual, group, or electronic learning to meet the yearly training requirement.

3. Document the specific annual training the youth completed in Georgia SHINES.



RBWO providers should document all credit report training provided in the ILP Monthly Services Report under Budget and Finance Management.

Assisting Youth with Resolving Credit Report Inaccuracies

To help the youth resolve all inaccuracies on their credit report, the SSCM will:

1. Collaborate with the youth's Guardian Ad Litem (GAL) and/or Court Appointed Special Advocate (CASA) to assist the youth in disputing and resolving the credit report findings by following the steps outlined in the article Taking Charge: What to do if Your Identity is Stolen;
2. Complete written correspondence with all three credit reporting agencies and any businesses listed on the youth's credit report. In the correspondence include:
 - a. A copy of the temporary or permanent custody court order that authorizes DFCS to act as a representative on behalf of the youth;
 - b. A police report or affidavit explaining that the youth is a minor and as a protected consumer cannot enter into any type of contract;
 - c. A request that the account(s) be closed and a security freeze placed on the youth's credit profile; and
 - d. A request for a written response confirming that the disputed accounts were closed and the fraudulent debts were discharged.



Any information shared in electronic form with an outside entity (credit bureaus etc.) must be sent in an encrypted file. Contact the Business Application Specialist (BAS) for assistance in creating an encrypted email.

3. Forward all correspondence received concerning resolution of the youth's credit report to the ILP CRS and request that the youth's credit history information memorandum is updated;
4. Upload all correspondence from the credit reporting agencies into Georgia SHINES External Documentation.

The ILP CRS will:

1. Complete a new credit history memorandum within **30 calendar days** upon receipt of information resolving the youth's credit history including:

- a. The date of the resolution;
 - b. Which credit agency was involved; and
 - c. How the credit agency resolved the issue(s).
2. Upload the updated memorandum into Georgia SHINES External Documentation.

Practice Guidance

Consumer Credit Training Courses

The following may be used to meet the annual credit training requirements for youth:

1. Individual or group training that includes information on interpreting and understanding credit reports that is facilitated by a SSCM, Room, Board and Watchful Oversight (RBWO) provider, Independent Living Specialist (ILS) or other provider who has been trained in a consumer credit counseling curriculum (Credibility, etc.)
2. Electronic learning such as webinars, DVD programs, podcasts, or other electronic trainings. The following options are free of charge:

- a. TransUnion Consumer Education: [Understanding How Credit Reporting Works](#)
- b. National Foundation for Credit Counseling: College Credit for Life: The College Credit for Life video and Tool Kit introduces students to lessons surrounding the temptations and responsible use of credit cards. Much of the video features young people talking about the mistakes they themselves made in college. The video also features other voices, in the form of an apartment rental agent, a car salesman, and a human resources executive, all discussing the implications that both responsible or irresponsible use of credit can have as students prepare to move on from college and into the real world. This video may be accessed through the following link: College Credit for Life.
- c. Consumer Credit Basics PowerPoint-Michigan Credit Unit League

This presentation includes basic information about lending and credit that everyone needs to know in order to use credit wisely and enjoy personal financial health. This training is appropriate for middle and high school students, as well as adult audiences and may be accessed through the following link: [Consumer Credit Basics Power Point](#)



Other consumer credit training sources may be used, but must include information on interpreting and understanding credit reports.

Credit Reports for Older Youth in Foster Care

The Child and Family Services Improvement and Innovation Act (P.L. 112-34) requires that all youth in foster care who are 16 to 18 years of age receive assistance in obtaining a copy of their consumer credit report each year until they leave foster care. The law also includes the provision that the youth receives assistance in interpreting the credit report and resolving any discrepancies. The Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183) amended this provision to increase the requirement for credit reports for youth in care to begin at age 14. The youth's credit report must be generated from all three (3) credit reporting agencies and reviewed every 12 months from age 14 thru age 18 as long as the youth remains in foster care. Georgia law (O.C.G.A.

10-1-914) allows for additional protection for consumers under the age of 16 for whom a guardian has been appointed.

All youth, in or out of foster care, should be educated on the importance that credit history plays in their lives. Youth should be well informed and understand:

1. The information contained in credit reports is used to evaluate applications for loans, cell phones, cable, utilities, credit cards, insurance, employment, purchasing a car or home, renting an apartment, etc.
2. Regular monitoring of their credit report is important to ensure information is accurate, up-to-date, and to prevent identity fraud.
3. Once a youth reaches 18 years of age they can request their own annual free credit report at www.AnnualCreditReport.com.
4. If they have a less than favorable credit score, they can be denied many of the aforementioned services, be asked for a large deposit to cover the cost of a service, or be denied employment opportunities.
5. The importance of correcting discrepancies and/or negative information on the credit report when they are first discovered.
6. The importance of protecting their identity and ways to protect their personal identifying information such as social security numbers and birth dates, etc.

Identity Theft (also referred to as Identity Fraud)

Identity Theft/Fraud occurs when someone uses your identifying information, like your name, Social Security number or credit card number, without your permission, to commit fraud or other crimes.

Some examples of identity theft include, but are not limited to, the following:


1. Credit card accounts that the youth has not opened;
2. Utility bills in the youth's name created prior to the youth residing on their own, in their own home;
3. Car purchases if the youth does not have a vehicle;
4. Recurring electronic payments that are set up using the youth's debit or credit card information; or
5. The filing of income taxes using the youth's information.

All youth need to be aware that fraud or identify theft can occur in multiple ways such as by placing card readers or "skimmers" on ATM machines or gas pumps. Similarly, thieves are also able to use handheld devices, or "hack" into online accounts to obtain credit or debit card information from consumers, including personal identification numbers (PIN). Foster youth are at even greater risk of identity fraud due to the number of individuals that have access to their personal information, such as birthdates or social security numbers. As such, in addition to having an awareness concerning their personal information and finances, youth also need to know that if they find that their ATM or Debit card information has been used without their permission, their bank should be contacted immediately to assist the youth in deactivating their account information and assist in

the recovery of funds. For more information on identity theft or fraud, visit [Consumer Information-Protecting Your Identity](#).

Initial Fraud Alert

When discrepancies are noted on a consumer's credit report at least one of the three credit reporting agencies should be contacted and a request made to place a fraud alert on the consumer's credit history. If an initial fraud alert is placed on an account, potential creditors must verify a person's identity before extending credit. Initial fraud alerts are free and remain in effect for 90 days. An extended fraud alert may also be placed on a consumer's credit history if requested and remains in effect for seven years.

 Each credit reporting agency that receives a request to initiate a fraud alert is required to notify the other two agencies in order that they also place a fraud alert on the consumer's credit history.

Federal Government Consumer Credit Protection and Assistance Agencies

The Federal Trade Commission (FTC) is the nation's consumer protection agency. The FTC's Bureau of Consumer Protection works to prevent fraud, deception, and unfair business practices in the marketplace including enforcing the Fair Credit Reporting Act (FCRA) with respect to the nation's consumer reporting agencies — Equifax, Experian, and TransUnion. The FCRA requires these agencies to provide consumers with free copies of their credit reports, upon request, once every 12 months. The FCRA promotes the accuracy and privacy of information in the files of the nation's consumer reporting companies. A credit report includes information on where you live, how you pay your bills, and whether you have been sued or arrested, or have filed for bankruptcy. Nationwide consumer reporting companies sell the information in your report to creditors, insurers, employers, and other businesses that use it to evaluate your applications for credit, insurance, employment, or renting a home. An FTC informational brochure entitled Facts for Consumers is located at [Consumer Information-Free Credit Reports](#)

National Identity Theft Victim Assistance Network (NITVAN)

The National Identity Theft Victim Assistance Network is funded by the United States Department of Justice and is a resource that offers victim compensation and assistance throughout the United States. In addition, NITVAN offers programs to service providers in order to enhance their ability to assist identity theft victims.

WTLP Goal

Credit reporting goals are required to be added to the WTLP. Once included in the WTLP, the two goals related to credit reporting must be completed within the next six months in which they were included or prior to the next WTLP update.

Youth Age 18 and Older Participating in the Extended Youth Supportive Services (EYSS) Program

Although the requirement to obtain a credit report for youth in foster care ends in Georgia when the youth turns 18, the SSCM should assist youth participating in the EYSS program in obtaining their own annual free credit report online at www.AnnualCreditReport.com.

i www.AnnualCreditReport.com is the only authorized source for the free annual credit report that adults can obtain pursuant to the Fair Credit Reporting Act.

For adults to obtain a free credit report online annually:

1. Go to www.AnnualCreditReport.com;
2. Select State and click "Request Report";
3. Complete the form - including Social Security number, date of birth, etc.;
4. Click "Continue" which will navigate to a page that* lists all three reporting agencies (Equifax, Experian, TransUnion);
5. Click the check box for all three names;
6. You will be led through each agency;
7. The reports can be reviewed, saved and printed;

i The FREE credit report is only available ONCE per year (additional reports will cost). As such, try to establish a good time to do the credit reports annually – such as birthdays, etc. The reports will also provide information on what to do to resolve any false or inconsistent information.

Forms and Tools

[Annual Credit Reporting.com](http://AnnualCreditReporting.com)

[College Credit for Life](#)

[Consumer Credit Basics PowerPoint](#)

[Consumer Information-Free Credit Reports](#)

[Consumer Information-Protecting Your Identity](#)

[Credit Report Request for Youth in Foster Care](#)

[Credit Reporting Court Order Example](#)

[Federal Trade Commission](#)

[How to Get Your Credit Report](#)


[National Identity Theft Victim Assistance Network \(NITVAN\)](#)

[Taking Charge: What to do if Your Identity is Stolen](#)

[Understanding How Credit Reporting Works](#)

[Youth Acknowledgement of Credit Report Receipt](#)

13.7 Youth Rights and Responsibilities

 Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(13) Independent Living Program		
Policy Title:	Youth Rights and Responsibilities		
Policy Number:	13.7	Previous Policy Number(s):	N/A
Effective Date:	April 2024	Manual Transmittal:	2024-04

See [Child Welfare Services County Letter 2021-01](#) for revisions to this policy section.

Codes/References

O.C.G.A. § 49-5-3

Public Law 113-183 Preventing Sex Trafficking and Strengthening Families Act of 2014

Requirements

Each youth in foster care who has attained the age of 14 years will have the following rights:

1. The right to fair and equitable treatment by the Division of Family and Children Services (DFCS), foster parents, and other partners in the care of children in foster care;
2. The right to information regarding their heritage and cultural background;
3. The right to be safe from abuse, neglect and exploitation;
4. The right to know why they are in the child welfare system;
5. The right to have their educational needs met;
6. The right to have their health needs met;
7. The right to family and community connections, including visitation, telephone calls, etc.^[4];
8. The right to have regular, ongoing opportunities to engage in age or developmentally appropriate activities as defined in O.C.G.A. Section 49-5-3;
9. The right to have intensive, ongoing efforts made to reunify them with their birth family (i.e. parents or relatives) or to secure a safe, permanent home;
10. The right to participate in the development of the case plan and to review, sign, and receive a copy of the case plan. One member of the case planning team may be designated to be the youth's advisor/advocate, with respect to the application of the reasonable and prudent parent standard to the youth;
11. The right to choose up to two members of the case planning team who are neither their foster parent nor caseworker^[5];
12. The right to participate in Juvenile court proceedings regarding their family;
13. The right to receive the services needed to help them transition to adulthood;
14. The right to receive a free copy of their consumer credit report (see policy [13.6 Independent Living Program: Credit Reports for Youth in Foster Care](#));
15. The right to receive an official or certified United States birth certificate, Social Security card, driver's license or identification card, health insurance information, and medical records upon exiting foster care at age 18 or above^[6]; and
16. The right to receive an age appropriate description of their rights, and a personal copy.
17. The right to have a personal advocate to support them through the grievance process.

Each youth in foster care who has attained the age of 14 years will have the following responsibilities:

1. The responsibility to treat themselves and others with dignity and respect;
2. The responsibility for their own choices, decisions, actions and behaviors;
3. The responsibility to try to learn from their mistakes so they can make positive choices in their lives;
4. The responsibility to try to the best of their ability in school, to take full advantage of educational opportunities and achieve their educational needs;
5. The responsibility to cooperate with services recommended to meet their health needs;
6. The responsibility to set and keep safe boundaries with family members, friends, acquaintances, and others with whom they maintain connections;
7. The responsibility to do their best to communicate openly with others when they have a problem;
8. The responsibility to ask for help when they need it, even when they have trouble asking for help; and
9. The responsibility to make amends if their actions harm others.
10. The responsibility to make every effort not to cause harm to themselves or others and to speak up when they feel their rights have been violated.

The rights of youth with respect to education, health, visitation, court participation, the right to be provided with a consumer report, and the right to stay safe and avoid exploitation are sanctioned by federal and/or state law and are to be incorporated into the initial and subsequent Written Transitional Living Plan (WTLP) for all applicable youth.

Procedures

Social Services Case Manager

1. Explain these rights and responsibilities to each youth in foster care age 14 years or older including those receiving Extended Youth Support Services (EYSS).
2. Explain these rights and responsibilities to each youth in foster care within 30 calendar days after they attain 14 years of age or within 30 calendar days of their return to foster care after opting out at age 18 or older.
3. Give each youth the opportunity to ask questions about any of the rights or responsibilities the youth does not clearly understand.
4. Continue to review the rights and responsibilities with the youth until the youth has a clear understanding of each of them.
5. Ask youth age 14 years and older to provide signed acknowledgement that they have been provided an explanation of their rights and that they understand their rights.
6. Ensure these rights are included as part of each youth's WTLP.
7. Provide youth age 14 years and older with a copy of the document listing their rights and responsibilities.
8. Explain the grievance procedure to the youth and assist them in submitting a grievance as needed.

9. When appropriate, encourage youth to make efforts informally to address concerns and attempt to resolve the issues prior to filing of a formal grievance. This may include discussion with:
 - a. The offending person or their supervisor to attempt to come to resolution;
 - b. An individual that the youth trust;
 - c. The youth's Guardian Ad Litem (GAL) or Court Appointed Special Advocate (CASA).

Youth

To file a grievance, youth will:

1. **Step One Grievance:** Submit a written complaint electronically by email to the Independent Living Specialist (ILS) explaining which of their rights they feel have been violated and how. The ILS, in consultation with the local DFCS County Director and Region Director, will investigate the complaint and issue a written response to the youth within 10 business days.
2. **Step Two Grievance:** If the complaint is not satisfactorily resolved within 10 business days from the date the complaint is received by the ILS, submit a written complaint with a copy of the original complaint filed with the ILS, the written response, and any other pertinent documentation to the Division Director or Designee by:

- a. Email (preferred): askilp@dhs.ga.gov, or
- b. Mail:

Division of Family and Children Services
Georgia Department of Human Services
47 Trinity Ave.
S.W., 2nd Floor
Atlanta, Georgia 30334



If the Step Two Grievance is not filed within 10 business days of the response from the Step One Grievance, the grievance is considered closed.

3. Comply with any requests for additional information within three business days of receipt.
4. Accept the outcome from the Division Director/Designee as final and determinative of all issues.

Independent Living Specialist

1. Acknowledge receipt of a Step One grievance in writing (i.e. email).
2. Investigate the grievance [i.e. staff with all pertinent individuals, including Child Placing Agency (CPA) personnel] and try to resolve all concerns during Step One of the grievance process.
3. Within 10 business days of receiving the complaint, send a written response to the youth indicating the proposed resolution or decision reached.
4. Upon request, assist the youth with filing a Step Two grievance.
5. Within three business days, comply with any requests from the office of the DFCS Division Director for additional information.

6. Accept the outcome from the Division Director as final and determinative of all issues.

Division Director or Designee

1. Acknowledge receipt of a Step Two grievance in writing (i.e. email).
2. Investigate the grievance and request additional information as needed.
3. Within 15 calendar days of receiving the complaint, determine what if any corrective action is warranted on the part of DFCS or the CPA.
4. Formally conclude the grievance process by notifying all parties of the final decision.

Practice Guidance

Rights and Responsibilities

The discussion of youth rights and responsibilities should occur in a manner that is most effective for each individual youth. During the discussion, words and terminology that make sense to the youth should be used. The case record should be documented if a child has cognitive, physical or behavioral challenges that would prevent the youth from fully appreciating the rights and responsibilities presented. A description of a related challenge or limitation should be recorded in SHINES.

Right to Information Regarding Heritage and Cultural Background

Children who indicate that they are not aware of the racial identity and/or religious preference of their parent(s) should be provided with such information if known. Youth should be provided opportunity to participate in age and developmentally appropriate, cultural activities when possible.

Right to Know Why They are in the Foster Care System

Youth should be encouraged to exercise their rights to participate in case plan development and attend juvenile court proceedings where reasons for foster care entry are addressed. Youth may also consult with their SSCM, GAL and/or CASA regarding reason(s) for removal from their parent or guardian.



Youth may NOT receive a copy of the related investigation or any other case record documentation that would violate laws regarding confidentiality as in O.C.G.A 49-5-41.

Grievance Process

There may be occasions in which youth feel they have not been treated appropriately by their caregivers or case managers. A formal grievance procedure has been developed for such occasions. However, youth should first seek to address their concerns informally by talking to the offending person, whether it is a caregiver, case manager, or a member of a private agency's staff. If necessary, youth should address the matter with that person's direct supervisor. Youth may also talk to their GAL or CASA. Youth should continue to seek resolution of their concerns through informal measures until reaching the point where youth feel a formal grievance is required.

Learning how to advocate for oneself is an important life lesson. It's important to encourage youth to address their concerns in a constructive manner. The formal grievance process affords youth the


opportunity to learn how to accept decisions made by those entrusted with the authority to make them (e.g. parents, teachers, employers, judges, etc.). Moreover, the grievance process serves as a way for DFCS and CPAs to monitor business operations and customer service.

The rights and responsibilities outlined in this policy section were developed in collaboration with a group of youth who have been through Georgia’s foster care system and now serve in an advisory capacity.

Forms and Tools

NA

13.8 State Identification

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(13) Independent Living Program		
	Policy Title:	State Identification		
	Policy Number:	13.8	Previous Policy Number(s):	1012.11, 1012.12, 1012.13
	Effective Date:	July 2024	Manual Transmittal:	2024-06

Codes/References

O.C.G.A. § 40-5-100 Personal Identification Cards; Contents

O.C.G.A. § 49-5-8 Powers and Duties of the Department

Title IV-E of the Social Security Act § 475(5)(I)

Public Law (PL) 109-13 Real ID Act of 2005

PL113-183 Preventing Sex Trafficking and Strengthening Families Act of 2014

Requirements

The Division of Family and Children Services (DFCS) will:

1. Assist each youth in foster care and young adult in extended foster care (EFC) with obtaining a state identification (ID) card issued in accordance with federal and state “Secure ID” requirements to facilitate access to services, benefits, and opportunities to support their successful transition to adulthood:
 - a. Within 90 days following the youth in foster care 14th birthday;
 - b. Within 90 days of a youth ages 14-17 entering foster care; or
 - c. Within 90 days of a young adult in extended foster care (EFC) signing a Voluntary Placement Agreement (VPA) for Extended Foster Care (VPA-EFC), if they do not have a state ID or valid driver’s license.



A state ID or a driver’s license issued by the Georgia Department of Driver Services (DDS) meets the “Secure ID” requirements. Per Georgia law, DDS shall not be authorized to col-

lect a fee for an identification card from a child or youth who is in the legal custody of DFCS or from a young adult receiving EFC. However, DDS will charge a fee for youth/young adults who wish to obtain a driver's license (see policy [13.9 Independent Living Program: Driver's Education and Licensure](#)).

2. Verify that each youth exiting foster care at age 18 or older if they participate in EFC has a state ID in accordance with policy [13.4 Independent Living Program: Transition from Foster Care](#).



Title IV-E of the Social Security Act requires that youth receive a state identification card issued in accordance with the requirements of section 202 of the REAL ID Act of 2005 when they are leaving foster care at age 18 or older if they participate in EFC services.

3. Verify the youth or young adult's foster care or extended foster care status by completing the Verification of Foster Care or Extended Foster Care Status for State Identification form for submission to DDS to obtain a state ID.
4. Provide verification of the youth or young adult's foster care or EFC status by completing the Verification of Foster Care or Extended Foster Care Status for State Identification form and provide to the youth/young adult or applicable caregiver for submission to DDS to obtain the state ID.



The Verification of Foster Care or Extended Foster Care Status for State Identification form is valid for 30 calendar days from the date of the form. DDS will not accept an expired form.

5. Assist youth and young adults in obtaining the documentation needed to obtain their state ID.



Any eligible applicant child or youth 14 to 17 years of age who is in the legal custody of the DFCS shall not be required to have a parent, guardian, or responsible adult sign or verify the application for a state ID.

6. Incorporate the goal to obtain a state ID into the Written Transitional Living Plan (WTLP).
7. Review progress of required activities to obtain the state ID at monthly purposeful contacts. Discuss action items and barriers with the youth and their placement resources.
8. Ensure youth or young adult update their state ID within 30 calendar days of an address change (i.e., placement change).



A new completed Verification of Foster Care or Extended Foster Care Status for State Identification form must be presented to DDS, along with proof of the new address.

9. Document all activities in Georgia SHINES within 72 hours of occurrence.

Procedures

The Social Services Case Manager (SSCM) will:

1. Explain to the youth/young adults the importance of them obtaining a state ID to support their successful transition to adulthood, including but not limited to:
 - a. Officially verifying their identity, which is required for various activities like opening a bank account, applying for a job, enrolling in educational programs, or even something as simple

as proving age for certain purchases.

- b. Facilitating access to services, benefits, and opportunities, including government assistance programs, health care services, housing assistance, public transportation discounts, and more.
- c. Assisting with daily functioning as an adult, including signing leases, traveling, voting in elections, entering certain establishments.

2. If youth/young adult does not currently have a valid state ID or driver's license:

a. Complete the Verification of Foster Care or Extended Foster Care Status for State Identification form.

- i. If a youth is age 14-17, the form must be signed by the SSCM, youth and the DFCS representative that will be accompanying the youth to DDS to obtain their state ID.



For the purpose of obtaining the state ID, a DFCS representative may include the youth's placement resource, SSCM or other DFCS staff, child placing agency or child caring institution staff.

- ii. If a young adult is in EFC, the form must be signed by the SSCM and the young adult.



A DFCS representative is not required to accompany a young adult in EFC to DDS to obtain their state ID.

- iii. The youth/young adult must retain the original Verification of Foster Care/Extended Foster Care Status for State Identification form to present to DDS, along with any other required documentation (see below).

- iv. Upload copy of Verification of Foster Care or Extended Foster Care Status for state ID form to Georgia SHINES.

b. Assist the youth/young adult and caregiver (if applicable) in obtaining the documents required by DDS to obtain their state ID (for a complete list of DDS Acceptable Real ID Documents visit dds.georgia.gov/real-id-documents-list):

- i. Proof of Identify - U.S. Citizens (one document):

- 1. Certified copy of Birth Certificate; or
- 2. U.S. Passport; or
- 3. Certificate of Naturalization.

- ii. Proof of Georgia Residency verifying the youth/young adult's Georgia residential address (two documents):

- 1. School records or transcripts showing the youth's residential address;
- 2. A letter from the placement provider (child placing agency or child caring institution) on their official letterhead that includes the youth's name, date of birth, the residential address where youth is placed, and the name and phone number of an official representative of the agency/facility.



These documents must be originals, not copies.

- iii. Proof of Social Security (if required):

1. A social security card issued by the Commission of the Social Security Administration; or
 2. A W-2, SSA-1099, or Paystub that shows the youth's full social security number.
- iv. Proof of Identity and Lawful Status - non U.S. Citizens (one document for identity and one document for proof of lawful status):
1. Visit dds.georgia.gov/real-id-documents-list for the list of applicable documents.
- c. In conjunction with the caregiver, where applicable, assist the youth/young adult, with completion of the online application for the state ID with DDS. The placement resource may also assist youth ages 14-17 with the online application.



The application may be completed online, however the youth/young adult must go in person to finalize and complete the application process, which includes presenting the Verification of Foster Care or Extended Foster Care Status form and the other required documents outlined above. For directions on how to apply online go to DDS dds.georgia.gov/how-do-i-id-card.

- d. Provide the youth/young adult and DFCS representative the location of the local DDS office to apply/continue application for the state ID in person.
3. Follow up with the youth/young adult and placement resource during monthly purposeful contacts on the status of the youth/young adult obtaining their ID.
 4. Verify that the youth/young adult has obtained their state ID and discuss with them and the caregiver secure storage of their state ID.
 5. Update the WTLP with the youth/young adult's progress obtaining their state ID.
 6. Coordinate with the Independent Living Specialist (ILS) to assist with the cost of obtaining a replacement state ID card if needed.

Social Services Supervisor

1. Provide guidance to the SSCM regarding assisting the youth/young adult in obtaining a state ID.
2. Review case documentation and the youth/young adult's WTLP to ensure that all activities related to the youth/young adult obtaining a state ID card are documented and occurring timely.
3. Verify the youth/young adult has obtained their state ID within the required timeframe, including received their state ID, prior upon their exit from foster care or EFC.

Practice Guidance

Identification for Youth in Foster Care


States establish requirements that seek to ensure that the person requesting proof of identification is truly the person who is the subject of the document.^[7] These requirements have become progressively more stringent in federal and state law and can often make it difficult for youth/young adults in foster care to access the vital records they need to make a successful transition to adulthood or prevent homelessness. This is because many of these youth/young adults may not have access to the information or documents needed. For these youth/young adults, the challenge of obtaining an ID can be almost as daunting as trying to navigate in today's world without it. It is critical that SSCM,

ILS and the caregiver work together with the youth to obtain an ID.

Forms and Tools

[Verification of Foster Care/Extended Foster Care Status for State Identification](#)

13.9 Driver Education and Licensure

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(13) Independent Living Program		
	Policy Title:	Driver Education and Licensure		
	Policy Number:	13.9	Previous Policy Number(s):	1012.11, 1012.12, 1012.13, 13.8
	Effective Date:	July 2024	Manual Transmittal:	2024-06

Codes/References

O.C.G.A. § 40-5-20 License Required; Surrender of Prior Licenses; Local License Prohibited

O.C.G.A. § 40-5-22 Persons not to be Licensed, Minimum Ages for Licensees

O.C.G.A. § 40-5-24 Instruction Permits; Graduated Licensing and Related Restrictions

O.C.G.A. § 40-5-26 Applications of Minors

O.C.G.A. § 49-5-8 Powers and Duties of the Department

Title IV-E of the Social Security Act § 475(5)(I)

Georgia Department of Driver Services 375-3-1-.34 Applications of Minors


Teenage and Adult Driver Responsibility Act (TADRA)

Public Law (PL) 109-13 Real ID Act of 2005

PL 113-183 Prevent Sex Trafficking and Strengthening Families Act of 2014


Requirements

The Division of Family and Children Services (DFCS) will:

1. Obtain written consent prior to youth under the age of 18 in foster care seeking a driver's license or taking a community-based driver's education course, as follows:
 - a. If the youth is in the temporary custody of DFCS, from the youth's parent/guardian/legal custodian;
 If the parent/guardian/legal custodian cannot be located obtain consent from the County Director in the county that has legal custody of the youth.
 - b. If the youth is in the permanent custody of DFCS, from the County Director in the county that has legal custody of the youth.
2. Assist youth in obtaining the documentation needed for driver's education or licensure.
3. Ensure that youth in foster care who are obtaining a driver's license adhere to the Teenage and Adult Driver Responsibility Act (TADRA) and Joshua's Law.



Methods for complying with Joshua's Law may be found in the Parent/Teen Driving Guide at dds.georgia.gov/document/publication/40-hour-parent-teen-driver-guide/download or dds.georgia.gov.

4. Verify that any personal vehicle that a youth under age 18 in foster care will be driving (including for instructional or practice experience) is insured, and that the youth's name appears on the insurance declaration. Obtain a copy of the insurance declaration that includes the youth's name as a driver.
 5. Review the Acknowledgement of DFCS Driving Policy for Youth in Care with the youth's caregiver:
 - a. Inform them that DFCS assumes no responsibility or liability caused by allowing the youth to drive their motorized vehicle; and that they assume responsibility for any damages or injuries incurred to their property or a third party's property.
-  The caregiver will assume responsibility for any vehicle-related expenses, such as vehicle payments, routine maintenance expenses, repairs due to accidents or other damage to the vehicle, moving violation tickets, fees resulting from a suspended license, emissions test, tag renewal, illegal parking, and towing or booting.
- b. Obtain their signature on the Acknowledgement of DFCS Driving Policy for Youth in Care and provide them a copy of the signed form.
 6. Incorporate the goal of obtaining a driver's license into the youth's Written Transitional Living Plan (WTLP) within 30 calendar days of approval being granted for them to obtain a driver's license. In addition:
 - a. Review progress of required activities at monthly purposeful contacts and WTLP meetings;
 - b. Discuss action items and barriers with the youth and caregivers.
 7. Document all activities in Georgia SHINES within 72 hours, including uploading the following into External Documentation:
 - a. Signed consent giving authorization for the youth to seek a driver's license or take a community-based driver's education course.
 - b. Signed and notarized Responsible Adult Affidavit, if used.
 - c. Signed Acknowledgement of DFCS Driving Policy for Youth in Care.
 - d. A copy of the vehicle insurance declaration showing the youth is insured as a driver.

Procedures

Consent to Obtain a Driver's License and/or Obtain Driver's Education

For youth in the temporary custody of DFCS, the Social Services Case Manager (SSCM) will:

1. Contact the parent(s)/guardian(s) or legal custodian to discuss the youth's request to obtain driver's education and licensure within seven business days of the request and:
 - a. Determine if the parents will be participating in the youth's driver education or providing access to a vehicle for instructional or practice experience, if appropriate;

- b. Discuss the requirement for the youth to have full coverage automobile insurance as a driver if the youth will be operating their personal vehicle. Obtain a copy of the vehicle insurance coverage indicating the youth as a driver;



The insurance company may automatically add all licensed drivers to the policy, which could result in a change to the caregiver's policy coverage costs.


- c. Explain DFCS' policy on youth obtaining driver education and licensure and that DFCS' does not assume legal liabilities related to youth driving; and obtain their written authorization on the Consent for Youth to Obtain Drivers Education, Driver's License and/or Drive a Motorized Vehicle form. Provide a copy of the signed consent to the youth's parent(s)/guardian(s)/legal custodian(s);
 - d. Document the discussion including their consent or denial in Georgia SHINES within 72 hours of occurrence. Upload a copy of the Consent for Youth to Obtain Drivers Education, Driver's License and/or Drive a Motorized Vehicle form, and a copy of any vehicle insurance coverage to Georgia SHINES External Documentation.
2. If the parent(s)/guardian(s) or legal custodian(s) cannot be located:
 - a. Document the efforts made to locate them in Georgia SHINES;
 - b. Prepare a written waiver request and obtain the County Director's approval via the Consent for Youth to Obtain Drivers Education, Driver's License and/or Drive a Motorized Vehicle form.
 3. Engage the youth's caregiver(s):
 - a. Explain DFCS' policy on youth obtaining driver education and licensure, and that if the youth will be using their motorized vehicle, DFCS' does not assume legal liabilities related to youth driving. Obtain their signature on the Acknowledgement of DFCS Driving Policy for Youth in Care Form;
 - b. Discuss the requirement for the youth to have full coverage automobile insurance as a driver if the youth will be operating their personal vehicle. Obtain a copy of the vehicle insurance coverage to verify that the youth is included as a driver;
- A circular icon with a lowercase letter 'i' inside, indicating a note or important information.
- The insurance company may automatically add all licensed drivers to the policy, which could result in a change to the caregiver's policy coverage costs.
- c. Document the discussion in Georgia SHINES and upload a copy of the signed Acknowledgement of DFCS Driving Policy for Youth in Care Form, and the vehicle insurance coverage to External Documentation within 72 hours of occurrence.
4. If the youth's request is approved, within 30 calendar days of the youth's request, coordinate with the youth's school counselor and/or ILS to enroll the youth in the next available driver's education course.
 5. Develop the youth's driver's education plan with the youth, parent(s)/guardian(s)/legal custodian(s), caregiver(s), and/or Room Board Watchful Oversight (RBWO) provider and incorporate into the WTLP.

For youth in the permanent custody of DFCS, the SSCM will:

1. Obtain written approval from County Director via the Consent for Youth to Obtain Drivers Edu-

cation, Driver's License and/or Drive a Motorized Vehicle form.

2. Engage the youth's caregiver(s):
 - a. Explain DFCS' policy on youth obtaining driver education and licensure, and that if the youth will be using their motorized vehicle, DFCS' does not assume legal liabilities related to youth driving. Obtain their signature on the Acknowledgement of DFCS Driving Policy for Youth in Care Form.
 - b. Explain the requirement for the youth to have full coverage automobile insurance as a driver if the youth will be operating their personal vehicle. Obtain a copy of the vehicle insurance coverage indicating the youth as a driver.


 The insurance company may automatically add all licensed drivers to the policy, which could result in a change to the policy coverage costs.
 - c. Document the discussion in Georgia SHINES and upload a copy of the signed Acknowledgement of DFCS Driving Policy for Youth in Care Form and the vehicle insurance coverage to External Documentation within 72 hours of occurrence.
3. If the youth's request is approved, within 30 calendar days of the youth's request, coordinate with the youth's school counselor and/or ILS to enroll the youth in the next available driver's education course.
4. Develop the youth's driver's education plan with the youth, caregiver(s), and/or Room Board Watchful Oversight (RBWO) provider and incorporate into the WTLP.

Obtaining Driver's Education and Licensure


Upon obtaining written consent for a youth to obtain driver's education and licensure, the SSCM will:

1. Assist the youth in obtaining the required identification and documentation necessary to enroll in Driver's Education and/or obtain their Instructional Permit/Intermediate License (Class CP). These are as follows:
 - a. Documentation needed show the youth's identity, which may include:
 - i. A certified copy of Birth Certificate,
 - ii. A state identification (ID) card issued in accordance with federal and state "Secure ID" requirements (see policy [13.8 State Identification](#));
 - iii. U.S. Passport; or
 - iv. Certificate of Naturalization.
 - b. Two documents that prove the youth's residential address. For a complete list of Acceptable Real ID Documents, go to the DDS website and under the DDS Proof of Georgia Residency section. The website is dds.georgia.gov/real-id-documents-list. These may include:
 - i. School records or transcripts showing the youth's residential address;
 - ii. A letter from a placement provider on their official letterhead that includes the youth's name, date of birth, the address of the facility, and the name and phone number of an official representative of the facility; or

- iii. A letter from the DFCS office that has legal custody of the child that is written on official letterhead and includes the youth's name, date of birth, address, and the name and phone number of the County Director.
- c. Full social security number, which may be provided by:
- i. A social security card issued by the Commission of the Social Security Administration; or
 - ii. A W-2, SSA-1099, or Paystub that shows the youth's full social security number.


 Complete and submit a Responsible Adult Affidavit to the Department of Driver Services (DDS) for youth who do not have all the required documentation to support their application. The Responsible Adult must sign the affidavit stating the relationship to the minor, provide a State-issued Identification or a Letter from a State Agency to verify their identity, and submit documentation to show the relationship (for example, the minor is in the custody of DFCS, and the Responsible Adult is an employee of the agency that has custody). This is only required for Driver's License purposes and not acquiring a new state ID.

2. Assist the youth in obtaining an instructional permit (learner's permit) through DDS.

 Contact the ILS if the youth is unable to successfully pass the exam following three attempts.

3. Assist the youth in enrolling in an accredited Driver's Education course (a Driver Education course is not mandated for youth 17 years or older but is highly recommended):

- a. This may be done through their school, local community, or Independent Living Specialist (ILS);
- b. Coordinate with the ILS to pay all applicable fees for the youth to complete a community-based driver's education course if there is not a course offered through the youth's local school system.

 It is preferred that the Driver's Education Course selected by the youth also include the Alcohol and Drug Awareness Component (ADAP), as the youth will be required to take this portion of driver's education separately if not included in the curriculum. Review the COSTAR Manual for guidance on fees and note that there is a cap for these costs. If the cost of the course is more than the cap, the DFCS county office will be responsible for the additional costs or will need to seek a course within the budget limit.

4. Assess the youth's driving experience with the youth, caregiver or RBWO provider, and the parent(s)/guardian(s) (when applicable) as a part of the WTLP review and adjust the plan as necessary based on the youth's performance and maturity to determine the youth's readiness to obtain their driver's license.
5. Assist the youth in obtaining upgrades in licensure as the youth completes the graduated licensing requirements.
6. Advise youth that:
- a. Upon reaching age 18, if they seek to purchase and own a vehicle, they should do so in consultation with their caregiver and SSCM; and
 - b. Independent Living Program (ILP) funds may not be used to purchase or maintain a vehicle.

- c. They will be legally responsible for all acts or omissions that result from their driving or owning a vehicle.

The Social Services Supervisor will:

1. Monitor the youth’s WTLP to ensure that all activities related to the youth obtaining a driver’s license are occurring in a timely manner;
2. Ensure consent and acknowledgement forms are signed and uploaded into Georgia SHINES in a timely manner;
3. Verify the youth’s insurance coverage for the vehicle they will be driving.


Practice Guidance

N/A

Forms and Tools

[Acknowledgement of DFCS Driving Policy for Youth in Care](#)
[Consent for Youth to Obtain Drivers Education, Driver’s License and/or Drive a Motorized Parent/Caregiver - Teen Driving Agreement](#)
[Georgia Department of Driver’s Services](#)

13.10 Medical Insurance for Youth 18 Years of Age and Older and the Georgia Advance Directive for Health Care

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(13) Independent Living Program		
	Policy Title:	Medical Insurance for Youth 18 Years of Age and Older and the Georgia Advance Directive for Health Care		
	Policy Number:	13.10	Previous Policy Number(s):	13.10
	Effective Date:	October 2015	Manual Transmittal:	2015-10

See [Child Welfare Services County Letter 2021-01](#) for revisions to this policy section.

Codes/References

Foster Care Independence Act of 1999, P.L. 106-169 as incorporated in the Social Security Act, 42 U.S.C. § 677 and amended in 45 C.F.R. 1356
 Affordable Care Act of 2010

Requirements

The Division of Family and Children Services (DFCS) will:

1. Determine if youth 18 years of age and older are eligible for Child Welfare Foster Care (CWFC), Chafee Independence Program Medicaid, or Former Foster Care Medicaid.
2. Extend Medicaid coverage to individuals who age out of foster care or age out of Chafee Independence Program Medicaid, through the last day of the month in which the individuals reach 26 years of age. Applicants may not be determined ineligible based on a diagnosis or pre-existing condition.
3. Use the following basic eligibility criteria for Chafee Independence Program Medicaid or Former Foster Care Medicaid:
 - a. Age:
 - i. Must have been in foster care (in Georgia or any other state) on their 18th birthday;
 - ii. Must be under the age of 21 for Chafee Independence Program Medicaid;
 - iii. Must be under the age of 26 for Former Foster Care Medicaid.
 - b. Enumeration: Must have a Social Security Number or an application for a Social Security Number
 - c. Residency: Must be a resident of the state of Georgia
 - d. Citizenship/Immigration Status/Identity: Individuals who were in foster care under Title IV-B or Title IV-E of the Social Security Act are exempt from providing additional documentary evidence of citizenship/immigration status/identity as long as they were in foster care in Georgia
 - e. There are no income or resource limits for either Chafee or Former Foster Care Medicaid.
4. *Educate youth about the importance of designating another individual to make health care related decisions on his or her behalf if the youth is unable to participate in such decisions; and, assist the youth in completing and executing the Georgia Advance Directive for Health Care (GADHC) if they choose this option upon reaching age 18 or older.*

Procedures

Youth in Foster Care Reach 17 Years of Age

The Social Services Case Manager (SSCM) and Independent Living Specialist (ILS) will:

1. Discuss with youth the advantages of receiving Extended Youth Support Services (EYSS) at age 18 and older.
2. Inform youth both verbally and in writing of their possible eligibility to receive Chafee Independence Program Medicaid or Former Foster Care Medicaid if they choose to opt out of Foster Care and EYSS at age 18 or older. This may occur at any time, including the following:
 - a. During the initial transition planning meeting;
 - b. During regular monthly contacts;
 - c. During the Foster Care exit meeting.
3. Discuss with youth the importance of designating another individual to make health care related decisions on his/her behalf should the youth become unable to participate in such decision making.

- a. Provide youth with the Georgia Advance Directive for Health Care if the youth elects to designate such an individual.
- b. If necessary, assist youth with completing and executing the Georgia Advance Directive for Health Care.
- c. Advise youth to maintain the document in a secure location with other important documents.
- d. The SSCM or ILS will maintain a copy of the form in External Documents in Georgia SHINES, the Statewide Automated Child Welfare Information System.

Youth Receives EYSS at Age 18

SSCM will:

1. Notify Rev Max when the youth reaches 18 years of age with a Notification of Change via Georgia SHINES.
 - a. At age 18, youth are no longer Title IV-E eligible.
 - b. Rev Max will determine the class of assistance for the 18 year old (i.e. Child Welfare Foster Care).
2. Document in the Case Narrative in Georgia SHINES the Medicaid Class of Assistance (COA) determined by Rev Max.
3. Update all changes in the youth's physical placement (e.g. youth resides in a college dorm, transitional housing, etc.)

Youth Opt's out of Foster Care at Age 18 or Older

The SSCM or ILS will:

1. Send Rev Max the youth's new residential address and legal status.
 - a. Rev Max will complete the transition to another Medicaid COA. This keeps youth from having to complete a new application online at a DFCS office, or at a Right From the Start (RSM) Outreach Project office.
 - b. At the beginning of the month following the youth's exit from foster care, the new Medicaid COA will automatically take effect and a Medicaid card will be sent out.
 - c. Annual renewal will entail verification of continued Georgia residency.
 - d. After Rev Max changes the COA, a youth may then apply for SNAP with the Medicaid linked in SUCCESS to the Food Stamp case.
2. Provide or assist the youth with obtaining his/her identification information
 - a. Georgia Identification Card;
 - b. Social Security Card; and
 - c. Birth Certificate

Practice Guidance

Regular preventive health care is important for all people and medical bills can be financially disastrous even for those who are generally healthy. Many children enter foster care suffering from poor health and chronic physical and emotional illnesses. As they reach age 18 and older, these young people need continuous health care to successfully transition to adulthood. Medicaid coverage serves as the primary safety net for this population, even if they opt out of foster care at age 18 or older.

Medicaid

The Medicaid program is a joint federal/state program that is authorized under the Social Security Act. Funds are available to states for providing medical services to eligible recipients and for reimbursing activities that support the administration of the Medicaid program. DFCS accesses Medicaid funds through the Department of Community Health (DCH) and the Division of Medical Assistance (DMA) for case management and services for children in out-of-home care. Consequently, the Medicaid Class of Assistance (COA) for which these youth may qualify must be determined. Each COA has resource limits and certain deductibles. Most children in foster care are eligible for Medicaid.

Child Welfare Foster Care (CWFC)

CWFC Medicaid provides medical coverage to youth 18 to 21 years of age receiving EYSS or participating in the ILP after opting out of foster care. Eligibility continues through the month in which the youth reaches age 21 provided that eligibility requirements are met after the youth turns 18. The youth must meet citizenship/alien/age requirements. Youth 18-21 years of age receiving EYSS may continue to receive CWFC.

John H. Chafee Foster Care Independence Program Medicaid Coverage

Effective July 1, 2008, the Foster Care Independence Act allowed Medicaid coverage to be extended to age 21 for youth who opted out of foster care at age 18. The youth's Medicaid eligibility is allowed to continue unless one of the following occurs:

1. The youth dies;
2. The youth moves out of state;
3. The youth requests closure of their Medicaid case;
4. DFCS determines another Medicaid program would be more beneficial;
5. The youth is incarcerated; or
6. The youth fails to cooperate with their eligibility redetermination or case review.

Chafee Medicaid is also available to youth who were in foster care during the month of their 18th birthday, but choose to exit. For example, if a youth decides to exit EYSS/ILP at age 20, the youth is still eligible for Chafee Medicaid until age 21 if the youth was in foster care during the month in which the youth reached the age of 18.

Former Foster Care Medicaid

This type of Medicaid became effective 01/01/ 2014 in accordance with the Affordable Care Act

(ACA). The ACA allows Medicaid coverage to be extended for individuals who opt out of foster care, or out of Chafee, until the last day of the month in which they reach 26 years of age. Applicants may not be determined ineligible based on a diagnosis or pre-existing condition. The eligibility month is the month following the youth’s 18th birthday, the month following the closure of Chafee Medicaid, or until the youth reaches the age 26 (as long as the youth was in foster care during the month of their 18th birthday).

Georgia Families 360

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


Advance Directive for Health Care

Effective October 1, 2010 the Foster Care Independence Act required that adolescents participating in the Chafee program be provided with education about the importance of designating another individual to make health care treatment decisions on their behalf if the youth becomes unable to participate in such decisions. Youth should be educated about the importance of this designation, and must understand how to execute a health care proxy or health care power of attorney. Youth should understand that if they become unable to participate in their own health care decisions, and do not have a relative authorized under State Law to make such decisions on their behalf, there are options available to designate an individual to make health care decisions on their behalf and in line with their wishes.

Forms and Tools

[Georgia Advanced Directive for Health Care](#)

13.11 Post Foster Care Resources

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(13) Independent Living Program		
	Policy Title:	Post Foster Care Resources		
	Policy Number:	13.11	Previous Policy Number(s):	1012.8
	Effective Date:	April 2024	Manual Transmittal:	2024-04

See [Child Welfare Services County Letter 2021-01](#) for revisions to this policy section.

Codes/References

O.C.G.A. §15-11-2 Juvenile Code Definitions

45 CFR § 205.10

Public Law 106-169 John Chafee Foster Care Independence Program (Foster Care Independence Act of 1999) as incorporated in the Social Security Act, 42 USC § 677 and amended in 45 CFR 1356

Requirements

The Division of Family and Children Services (DFCS) will:

1. Provide the following Post Foster Care (PFC) services, as funding permits, based on youth eligibility:
 - a. **Transitional Living Supportive Services:** Provides eligible youth with supportive services to assist in the development of daily living skills and supports the youth's transition from foster care to self-sufficiency;
 - b. **Emergency Financial Assistance:** Provides eligible youth with emergency financial assistance for up to 90 days in order to stabilize living conditions and/or personal circumstances;
 - c. **Post-Secondary Education Financial Support:** Provides eligible youth or youth who were adopted from foster care at age 16 or older with funds to provide financial support toward the completion of post-secondary education.



Eligibility for ILP services are outlined in policy [13.1 Independent Living Program: Eligibility and Enrollment](#).

2. Not deny or terminate an eligible youth's participation in PFC services without a thorough review of the circumstances and efforts to resolve any conflicts.



Should DFCS move forward with the decision to deny PFC services, the youth shall be provided written notice of the denial or termination of his or her PFC.


3. Inform all youth requesting PFC of their right to a Fair Hearing concerning the denial or termination of PFC funding in accordance with policy [17.16 Legal: Fair Hearing](#).
4. Monitor budgetary limits and evaluate a youth's participation and cooperation with the applicable PFC program.

Procedures

Post Foster Care (PFC) Services for Youth in Foster Care and EFC

1. **Within five business days** of receiving a request from the youth for Transitional Living Supportive Services, or Post-Secondary Financial Support the Social Service Case Manager (SSCM) will:
 - a. Provide the youth with the Chafee/ETV Grant Program Application; and
 - b. Advise the youth to submit the application and supporting documentation to the Independent Living Specialist (ILS).

2. **Within five business days** of receiving the completed application from the youth, the Independent Living Specialist (ILS) will:
 - a. Determine the youth's eligibility to receive requested funds;
 - b. Upon receipt of the required information from the youth, assess the amount that will be required of the youth to contribute financially and the ability to meet his or her needs in the absence of funding;
 - c. Determine the amount and duration of the financial support; and
 - d. Inform the SSCM of the determination to approve or not approve the youth's request for PFC services.
3. **Within 30 calendar days** of determining that the youth is eligible to receive PFC services the SSCM will:
 - a. Coordinate with the ILS to ensure the youth enters into the appropriate agreement and fully understands their responsibilities in order to remain eligible for the specific PFC resource being provided:
 - i. Transitional Living Services- Transitional Living Supportive Services Program Agreement;
 - ii. Post-Secondary Educational Support-Post Secondary Financial Agreement.
 - b. Request the Social Services Supervisor (SSS) to add the ILS as a secondary worker in Georgia SHINES; and
 - c. Update the youth's Written Transition Living Plan (WTLP) to reflect the agreement as well as any other steps or goals needed to support PFC services.
4. As a part of monthly visits with the youth, the SSCM will:
 - a. Monitor the youth's participation in the applicable services and their compliance with the Post-Secondary Financial Assistance Agreement;
 - b. Discuss any non-compliance issues or barriers the youth is having and assist the youth in resolving the issues and barriers;
 - c. Facilitate mediation between the youth and the service provider if conflicts arise and continue to follow up and monitor the relationship;
 - d. Inform the youth that continued non-compliance with the PFC agreement that cannot be resolved will result in the youth's dismissal from the PFC program;
 - e. Staff the case and any non-compliance issues with the SSS on a monthly basis;



Optional staffings/meetings with the youth, the youth's support system, the ILS, Life Coach or other relevant parties may be convened, when necessary.
 - f. Document contacts in Georgia SHINES within 72 hours.

The SSS will:

1. Complete the request to add the ILS as a secondary worker in Georgia SHINES within 72 hours of receipt;
2. Review and discuss the request for PFC services with the assigned SSCM;

3. If PFC is determined appropriate and approved, review and approve the updated WTLP;
4. Participate in monthly staffings with the SSCM to discuss the youth's progress and assist the SSCM in resolving any conflicts or barriers the youth may be experiencing; and
5. Participate in meetings with the ILS and/or service providers and youth when available.

Post Foster Care (PFC) Services for Youth 18-21 Previously in Foster Care or Opted Out of EFC

1. **Within five business days** of a youth requesting PFC services by submitting a completed application, the Independent Living Specialist (ILS) will:
 - a. Determine the youth's eligibility to receive requested funds;
 - b. Upon receipt of the required information from the youth, assess the amount that will be required of the youth to contribute financially and the ability to meet his or her needs in the absence of funding; and
 - c. Determine the amount and duration of the financial support.
2. **Within 72 hours** of the youth being determined to be eligible, the ILS will contact the legal county of the youth and request a post foster care (PFC) stage be opened and assigned to the ILS in Georgia SHINES.



Youth that elect to participate in the EFC program who receive PFC services will maintain an open case in the FCC stage in Georgia SHINES.

3. **Within 30 calendar days** of determining that the youth is eligible to receive PFC services the ILS will:
 - a. Ensure the youth enters into the appropriate agreement based upon the PFC resources being provided:
 - i. Transitional Living Services: Transitional Living Supportive Services Program Agreement;
 - ii. Emergency Financial Assistance: Emergency Assistance Supportive Services Participant Agreement; and/or
 - iii. Post-Secondary Educational Support: Post-Secondary Financial Agreement.
 - b. Develop the youth's Written Transition Living Plan (WTLP) to reflect the applicable PFC agreement.

Youth Receiving Post-Secondary Education Financial Support

For youth receiving, Post-Secondary Education Financial Support, the ILS will:

1. Re-determine eligibility for continued funding at the end of each grading period by obtaining and reviewing the youth's grades within **14 calendar days** of availability to ensure:
 - a. The youth is still in good academic standing with the school;
 - b. The youth is maintaining at least a 2.0 Grade Point Average (GPA); and
 - c. The youth is working toward degree completion.
2. Consult with the youth at least once per semester (or academic quarter, if applicable) regarding

maintaining their eligibility and compliance with the Post-Secondary Financial Assistance Agreement (including loan stipulations);

3. Beginning at age 20 and every six (6) months thereafter, request and obtain the youth's timeline for graduation from the youth's academic advisor.



DFCS may provide support to youth up to age 25 for Post-Secondary Education Services on a case-by-case basis.

Denial or Termination of Post Foster Care Services

1. Prior to denying or terminating PFC services for youth that are in foster care, or EFC the SSCM will:
 - a. Attempt to discuss and resolve the issues with the youth that are having a negative impact on the youth receipt of PFC services;
 - b. Schedule a meeting with the youth, the youth's identified support system, ILS, SSCM and/or SSS, if available, to discuss the issues that are having a negative impact on the youth receiving PFC services;
 - c. If resolution is not possible, because the youth is not willing to meet or work on a resolution, or cannot be located, submit a request to deny or terminate PFC to the State GARYSE Chafee Independent Living Program Director or Designee within five business days of meeting with the youth or of the youth's refusal to discuss the denial or termination of his or her PFC services;
 - d. Document the meeting or youth's refusal to meet and relevant steps taken to resolve the issue in Georgia SHINES within 72 hours of occurrence.
2. **Within 30 calendar days** of the receipt of the request to deny or terminate PFC funding, the State GARYSE Chafee Independent Living Program Director or Designee will:
 - a. Review the request and any other supporting documentation necessary; and
 - b. Provide a written response to the SSCM or ILS concerning the youth's ability to receive PFC services.
3. Upon receipt of the written response from the State GARYSE Chafee Independent Living Program Director or Designee concurring with the decision to deny or terminate PFC the ILS or SSCM will:
 - a. Provide the youth with a 30-day written notice of the intent to deny or terminate the specific PFC resource being provided, including:
 - i. A description of the action being taken (denial or termination of PFC);
 - ii. The reasons PFC is being denied or terminated;
 - iii. The policy supporting the denial or termination of PFC; and
 - iv. Process for youth to request fair hearing to appeal denial/termination decision (see policy [17.16 Legal: Fair Hearing](#))
4. If the State GARYSE Chafee Independent Living Program Director or Designee disagrees with the County Department regarding the denial or termination of PFC services, the county shall take the necessary steps to provide or continue to provide the services.

If a youth decides to terminate PFC, the SSCM or ILS will:

1. Convene a meeting, including the youth and the youth's identified support system, and if available the youth's SSCM as well as the SSS to attempt to resolve the issue(s) that may be impacting the youth's decision to terminate PFC.
2. If the issues cannot be resolved in the meeting with the youth, or the youth is unwilling to participate in a meeting and/or still wishes to terminate PFC services, the ILS will submit notice to the State GARYSE Chafee Independent Living Program Director of the youth's intent to terminate PFC services including the specific reasons and resolutions attempted with the youth within five calendar days of the meeting (or attempted meeting) with the youth.

Practice Guidance

Emergency Financial Assistance

Chafee Foster Care Independence Act supports youth with services and financial support to prevent homelessness.^[8] Youth applying for emergency assistance will be offered time limited supportive services along with life coaching to assist them in maintaining self-sufficiency. Emergency Assistance must fall under the following guidelines:

1. Food: Perishable or Non-Perishable food items;
2. Clothing
 - a. Wardrobe items
 - b. Uniforms required for employment or training or educational activities
3. Rent: Cannot receive funds for more than three (3) months
4. Medical
 - a. Prescriptions
 - b. Medical, Dental, or Vision Exams
 - c. Medical, Dental or Vision procedures
5. Transportation
 - a. Transit or Bus Pass
 - b. Train or Airline Ticket

To receive emergency assistance funds, the youth will be required to enter into an Emergency Assistance Supportive Services Participant Agreement. This agreement will:

1. Outline steps associated with remedying the underlying issues which caused the need for emergency assistance;
2. Provide specific and agreeable terms that define how financial concerns will be resolved; and
3. Denote the duration of payments (not to exceed 90 days).



Emergency financial assistance funds are distributed directly to the vendor for payment for services.

Life Coaches

Life coaching is a practice aimed at helping youth achieve goals related to successfully transitioning to adulthood by providing them with a resource that can provide one on one targeted life skills training based on the individual's particular need. When identified as a need, the ILS can assign a youth a life coach who will use various methods to assist the youth in meeting an identified need. Expectations of Life Coaches are:

1. To meet with the youth, face-to-face, within two business days of being assigned;
2. To participate in the development of agreements and plans with youth;
3. To monitor and ensure compliance with the agreement;
 - a. The life coach must immediately contact the youth to address issues of noncompliance and assist the youth in rectifying the identified issues.
 - b. Ensure the youth understands that continued noncompliance issues that cannot be rectified will result in the youth's dismissal from the program.
4. To conduct a face-to-face weekly meeting with each youth and provide a monthly report to the ILS regarding the youth's progress toward self-sufficiency; and
5. Email the ILS the monthly summary by the 5th of the following month.

If a youth is not satisfied with services provided by the Life Coach or ILS, the State GARYSE Chafee Independent Living Program Director or Designee may be contacted via the Georgia Independent Living Website at georgiailp@dhs.ga.gov.

Post-Secondary Education Financial Support

Post Foster Care services also allow DFCS to provide post-secondary education financial assistance to youth who qualify. Based upon the youth's educational plan, history, abilities and current interests, which may include vocational training, certificate programs and two or four year colleges, the SSCM and ILS can assess a youth's readiness to receive further schooling or training. DFCS should continue to encourage the youth to seek a degree of his or her choice, or otherwise further their education as much as possible, and provide assistance to the youth as much as possible.

The Independent Living Program funds Post-Secondary Financial Support services through the Federal Education and Training Vouchers (ETV) Program as well as State Independent Living Program college funding. Services that may be funded through these programs include:

1. Application fees (waiver of fees should be requested);
2. Registration fees;
3. Tuition;
4. Room and board (On campus housing and meal plans must be used, if available);
5. Course books & supplies;
6. Tutoring;
7. Testing (SAT, ACT, etc.);
8. Educational stipends for hygiene and personal maintenance (youth may be eligible for funds up

to \$75.00 a month if youth live on campus, or up to \$150 a month for youth living off campus); and

9. Transportation assistance

To be eligible for Post-Secondary Education Financial Support, youth must meet the following criteria:

For ETV:

1. Meet ILP eligibility requirements;
2. Be between the ages of 18 and 21 years old and participating in the EFC program;
3. Be between the ages of 18 to 23 years old and not participating in the EFC program; or



If the youth meets the eligibility requirements stated above, but graduated high school between the ages of 20-22, the youth will be assessed for post-secondary state funding support.

4. Adopted from foster care after his or her 16th birthday



If a former foster youth requests ILP post-secondary funding on the date of their 21st birthday, the youth must provide documentation that supports their previous enrollment in a full-time post-secondary educational or training program at least 6 months prior to their 21st birthday.

For State ILP College Funding:

1. Meet ILP eligibility requirements;
2. Be under the age of 25; and
3. Have been adopted on or after age 14 but prior to the 16th birthday.

Monitoring Post-Secondary Education Financial Support

To access post-secondary education funding and maintain support, the youth must:

1. Submit acceptance letter, scholarship, application, award letters, financial aid application and any other documents to validate enrollment in a post-secondary education/training program;
2. Be interested or enrolled in a certification program that is at least 12 months in length or a two-year college;
3. Develop and maintain the Post-Secondary Financial Assistance Agreement;
4. Be enrolled part-time and must provide a post-secondary academic completion plan as documented by their institution's academic advisor and WTLP to receive funding after the age of 21; (for youth age 20.05);
5. Maintain a minimum GPA of 2.0 or be in good standing with the institution;



Youth failing to achieve a 2.0 GPA will be referred for tutoring or any other known supports available through their educational institution.

6. Notify the ILS immediately if they receive notice that they will be placed on academic probation, probation based on the institution's code of conduct or ethics policies, or is otherwise being threatened with a suspension from the institution; and
7. Submit their grades within 14 days of grades being posted by the educational institution;



If grades are not submitted timely, youth will have to reapply for post-secondary support to receive financial support for the next semester. Youth, ages 18 to 23 failing to maintain a 2.0 GPA for two consecutive semesters will be ineligible for funding for one academic year, only if they are not in good standing with the institution.

8. Enroll in the next available enrollment session offered by the applicable educational institution if his or her chosen course of study or institution is changed for which he or she is currently receiving funding.

If a youth is dismissed from his or her educational institution for failure to maintain an adequate Grade Point Average (GPA), ILP services will discontinue financial payments to the school. If the youth determines that he or she wishes to re-enroll and requests Post-Secondary Education Financial Support the youth must participate in a meeting with the ILS, SSCM (current or former, as needed), life coach, and any other supporting person identified by the youth. During the meeting, the youth must be prepared to discuss the reasons he or she feels they are ready to re-enroll in school, and what changes have been made so that they will be able to maintain an acceptable GPA. During this meeting, remedial tutoring should be offered to the youth in addition to assistance in re-enrolling the youth in school if it were determined that Post-Secondary Education funds would be appropriate.

Transitional Living Supportive Services

Transitional Living Supportive Services for youth who are no longer in foster care but is supported entirely by Chafee Foster Care Independence Program^[9] (CFCIP) funds for a period of one year or until the youth reaches his or her 21st birthday.^[10] Funds are monitored and distributed via the Independent Living Program and may be used for the following based on the youth's identified needs:

1. Transitional Living Assessments to determine youth's eligibility and needs;
2. Life Coaching Services;
3. Short term Counseling and Support Group related expenses; and
4. Start-up Costs that include:
 - a. First month's rent, security deposits, renter's insurance, start-up utility and telephone connection fees (No cable or satellite television installation fees are allowable);
 - b. Basic furniture items (bed, chest of drawers, table and chairs);
 - c. Cooking and cleaning supplies;
 - d. Monthly housing support;
 - e. Rental assistance; and
 - f. Emergency assistance.

Forms and Tools

[Chafee/ETV Grant Program Application](#)

[Emergency Assistance Supportive Services Participant Agreement](#)

[Post-Secondary Financial Assistance Agreement](#)


[Transitional Living Supportive Services Application](#)

[Transitional Living Supportive Services Program Agreement](#)

[Transitional Living Program DFCS/Independent Living Specialist Responsibilities](#)

[Transitional Living Program Youth Responsibilities](#)

13.13 National Youth in Transition Database (NYTD)

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(13) Independent Living Program		
	Policy Title:	National Youth in Transition Database (NYTD)		
	Policy Number:	13.13	Previous Policy Number(s):	1012.9
	Effective Date:	December 2014	Manual Transmittal:	2015

Codes/References

Chapter 45 of the Code of Federal Regulations (C.F.R.) § 1355.20 and §1356

John Chafee Foster Care Independence Program (Foster Care Independence Act of 1999 (P.L. 106-169))

Requirements

The Division of Family and Children Services (DFCS) will:

1. Ensure compliance with federal requirements regarding data collection of case-level information of youth in foster care; otherwise known as the National Youth in Transition Database (NYTD). Data collection must include the following:
 - a. Services paid for or provided through the state administered Independent Living Program.
 - b. Outcome information on youth who are in, or who have aged out of foster care.
2. Ensure participation and collect data on the following three (3) distinct populations as required by NYTD:
 - a. Served population: consists of any youth receiving at least one formal or informal independent living service paid for or provided by the Independent Living Program (ILP) whether through a Social Services Case Manager (SSCM), foster parent or group home staff, etc.
 - b. Baseline population: consists of all youth in foster care as defined by Chapter 45 of the Code of Federal Regulations (C.F.R.) § 1355.20 any time between their 17th birthday and the 45 days following the youth reaching the age of 18; and
 - c. Follow-up population: for Georgia, includes all youth who reach their 19th or 21st birthday in a Federal Fiscal Year and who have participated in data collection as part of the baseline

Population.

3. Gather data related to Independent Living services provided to youth in the applicable served and baseline population that is reported to NYTD by entering independent living activities and services into the Youth Detail Page in Georgia SHINES.
4. Ensure that youth identified in the baseline population complete the Foster Club online survey between their 17th birthday and the 45 days following their 17th birthday. Effective October 1, 2010 and every FFY three-year cycle thereafter,
5. Ensure that youth identified in the follow up population participate in the outcomes data collection survey. Effective October 1, 2010 and every FFY three-year cycle thereafter,
6. Ensure data is submitted to NYTD semi-annually, based on two reporting periods; October 1 through March 31, and April 1 through September 30 of the reporting year utilizing information captured on the Youth Detail Page in Georgia SHINES for applicable populations.

Procedures

Reporting NYTD Data

In order to capture all Independent Living services that are being provided to a youth who meets the criteria to be considered part of the Served, Baseline, or Follow Up populations the Social Services Case Manager (SSCM) and Independent Living Specialist (ILS) will:

1. Update the Youth Detail Page in Georgia SHINES during the six-month reporting periods of October 1 through March 31, and April 1 through September 30 with specific information related to services and activities provided for the applicable youth including but not limited to:
 - a. Independent living needs assessment
 - b. Academic support
 - c. Post-secondary educational support
 - d. Career preparation
 - e. Employment programs or vocational training
 - f. Housing education and home management training
 - g. Budget and Financial management
 - h. Health education and risk prevention
 - i. Family support and healthy marriage education
 - j. Mentoring
 - k. Supervised independent living
 - l. Room and board financial assistance
 - m. Education financial assistance
 - n. Any other financial assistance provided



An independent living service is considered provided by DFCS if it is delivered by DFCS staff, or an agent of DFCS, including but not limited to: a foster parent, Room Board Watchful Over-

sight (RBWO) provider; or if the service is provided pursuant to a contract between DFCS and a provider agency. Services may be formal and informal.

For youth who have been identified as a part of the baseline population; effective October 1, 2010, and every FFY three-year cycle thereafter the SSCM and ILS will ensure that youth identified in the baseline population complete the Foster Club online survey upon reaching the age of 17 and no later than 45 calendar days subsequent to the youth's birthday.

 The survey cannot be completed prior to a youth's 17th birthday.

In order for a youth to receive a survey, the SSCM or ILS must ensure the youth:

1. Has an email account established;
2. Is capable of completing the survey without assistance; or
3. Has assistance to complete the survey, if deemed necessary.

The Social Services Supervisor (SSS) will:

1. Discuss youth participation in Independent Living skills activities and services with the SSCM in a monthly staffing;
2. Review the Youth Detail Page in Georgia SHINES during each of the two reporting periods to ensure the page has been updated with the most current information concerning the Independent Living services the youth has received, or is currently receiving.

NYTD Surveys and Participation in the Baseline and Follow Up Population

In order to ensure that a youth identified as a member of the baseline or follow up population participates in the NYTD data collection process during applicable reporting periods the SSCM and ILS will:

1. Identify the baseline population eligible to participate in the Foster Club online survey within the **first 15 calendar days** of each reporting period;
2. Identify the follow up population eligible to participate in the outcomes data collection survey within the **first 15 calendar days** of each reporting period;
3. Attempt to locate the youth whose whereabouts are unknown within the **first 30 calendar days** of the applicable reporting period;
4. Upon determining the youth's whereabouts;
 - a. Invite the youth to participate in the survey;
 - b. Provide the necessary information needed to complete the survey; and
 - c. Inform the youth of the timeframe for survey completion.
5. Follow up if the youth does not complete the survey and identify a valid reason for why the youth did not complete the survey. Valid reasons for not completing a survey include:
 - a. **Youth Declined:** The agency located the youth successfully and invited the youth's participation, but the youth declined to participate in the data collection;
 - b. **Parent Declined:** The agency invited the youth's participation, but the youth's par-

ent/guardian declined to grant permission. This response may be used only when the youth has not reached the age of majority in State law or policy requires a parent/guardian's permission for the youth to participate in information collection activities;

- c. **Youth Incapacitated:** The youth has a permanent or temporary mental or physical condition that prevents him or her from participating in the outcomes data collection;
- d. **Youth incarcerated:** The youth is unable to participate in the outcomes data collection because of his or her incarceration;
- e. **Runaway/Missing:** A youth in foster care is known to have run away or to be missing from his or her foster care placement;
- f. **Unable to locate/Invite:** The agency could not locate a youth who is NOT in foster care or otherwise invite such a youth's participation;
- g. **Death:** The youth died prior to his participation in the outcomes data collection;
- h. **Not in Sample:** The 19-year-old youth participated in the outcomes data collection as part of the baseline Population at age 17, but the youth is not in the state follow-up sample. This response option applies only when the outcomes data collection is required on the follow-up population of 19-year-old youth.



A youth has participated in the outcomes data collection if the youth completes one valid response to any of the survey questions.

Practice Guidance

Baseline Population Criteria

The Baseline Population consists of all youth in foster care^[11], at any time between their 17th birthday and the 45 days following their 17th birthday, and youth who turn 17 within the FFY of each applicable reporting year. A youth does not have to be in foster care on his/her 17th birthday to be included, but must be in foster care at some point within the 45 days following his/her birthday. When determining whether a youth should be included in the NYTD Baseline Population, consider the following:

1. Did the youth's 17th birthday occur during a FFY in which baseline data are required to be collected (i.e., a youth in the first NYTD Baseline cohort must have a 17th birthday between October 1, 2010 and September 30, 2011); and,
2. Was the youth in foster care on this or her 17th birthday; or
3. Did the youth enter foster care between his or her 17th birthday and 45 days after this date?

For the purpose of the baseline survey, Foster Care does not include the following:



1. Youth who are in their own homes under the responsibility of the DFCS, including, for the purpose of the NYTD only, those home on trial visits;
2. Youth Development Centers/Youth Forestry Camps;
3. Detention centers (or facilities that are primarily for the detention of children who are adjudicated delinquent);
4. Secure residential facilities;

5. Psychiatric Residential Treatment Facilities (accredited-PRTF); or
6. Hospitals (general hospitals or freestanding psychiatric hospitals).

Follow-up Population Criteria

The Follow-Up Population includes:

1. All youth who reach their 19th or 21st birthday in a FFY who have participated in data collection as part of the Baseline Population at age 17; or
2. A youth who participated in the data collection at age 17, but not at age 19 for a reason other than being deceased.

-  A youth is in the Follow-Up Population as described regardless of the youth's foster care status at ages 19 or 21, and regardless of whether the youth ever received independent living services.
-  Youth that complete the survey outside of the 45-day window for survey collection will not be a part of the Follow-up Population.

NYTD Implementation

The Administration for Children and Families (ACF) required states to collect both Baseline Population data and Served Population data beginning October 1, 2010. The first reporting period data was then due no later than March 15, 2011. Subsequent data submission to NYTD is required semi-annually based on two reporting periods, October 1 through March 31, and April 1 through September 30 of the reporting year.

In order to comply with Federal statutes and to ensure that all youth are receiving life skills development services the SSCM and ILS must ensure that the NYTD services categories are documented each reporting period. Service providers include DFCS or an agent of DFCS including but not limited to:

1. Non-relative foster homes;
2. Kinship foster homes (whether or not payments are being made to the caregiver);
3. Group homes;
4. Emergency shelters;
5. Residential facilities;
6. Child care institutions (public facilities with less than 25 beds);
7. Private facilities (with any number of beds); and
8. Pre-adoptive homes.

Served Population Criteria

A youth meets the criteria to be classified as in the Served Population if during the reporting period:

1. The youth is eligible to receive independent living services; and

- The youth receives an independent living service paid for or provided by DFCS during the reporting period.




The Served Population is not limited on the Federal level by placement type. Tribal youth, youth involved with the juvenile justice system, youth who receive services through foster care providers, and youth no longer in foster care are a part of the served population, if they receive an independent living service paid for or provided by DFCS during the reporting period.

Forms and Tools

[NYTD Contact Form](#)

13.14 Asset Inventory

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(13) Independent Living Program		
	Policy Title:	Asset Inventory		
	Policy Number:	13.14	Previous Policy Number(s):	1012.15
	Effective Date:	December 2014	Manual Transmittal:	2015-04

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will properly account for and safeguard all Independent Living Program (ILP) assets by tracking ILP disbursements, monitoring the supply of ILP assets, and bi-annually reconciling ILP assets.

Procedures

Asset Approval and Tracking Process

In order to ensure fiscal responsibility and track ILP disbursements and assets, the Independent Living Specialist (ILS) will:

- Obtain approval from the State ILP Manager/Designee prior to making any purchase with Independent Living Program Funds to:
 - Ensure the asset(s) purchase is essential;
 - Reduce purchase overages; and/or
 - Minimize storage fee expenditures.
- Complete the ILP Event Purchase Request Form and submit the completed form to the State ILP

Manager/Designee for approval;

3. As the preferred priority, complete the ILP asset purchase(s) by using the purchase order process as outlined in Department of Administration Services Georgia Procurement Manual [Chapter 6 - Award Process Section 6.3 State and Supplier Finalize Contract Award - 6.3.1 Purchasing Order](#) or using the State of Georgia's VISA® Purchasing Card (P-Card), if deemed necessary;
4. Track the asset purchase by completing the ILP Inventory Asset Log to include:
 - a. A description of the item;
 - b. Quantity purchased;
 - c. Date of purchase;
 - d. Vendor purchased from;
 - e. Cost of the item(s)
 - f. Funding source;
 - g. Location of the purchased asset (see Field Fiscal Services [Administration Manual Section 1200: Equipment](#))
5. Update the ILP Inventory Asset Log as purchases are added or deducted from the inventory;
6. Update the ILP Incentive Log as assets are distributed to eligible youth.



Approvals for purchases will only be granted through the submission of the ILP Purchase Request Form. Upon approval, the purchase order and P-Card process may be initiated


Upon receipt of an ILP purchase request from the ILS, the State ILP Manager/Designee will:

1. Review the purchase request to ensure the items requested are essential and that funding is available for purchases;
2. Approve or deny the purchase request **within 10 business days** of receipt;
3. If pre-approved, and upon submission from the ILS, review the ILP Event Purchase Request Form to verify that the items pre-approved are consistent with items actually being requested for purchase;
4. Return the approved PR form to the ILS within **10 business days** of receipt.

Gift Card Distribution and Tracking

A gift card is considered an ILP asset and must follow the above procedures for approval and tracking prior to making any purchases or distributing the gift cards to eligible youth. In order to maintain and track the gift cards purchased with ILP funds, the ILS will:

1. Maintain a Gift Card Log of all gift card numbers (see Field Fiscal Services Financial Manual Section [2308.1 Direct Benefits: Employability Services Programs - TANF Gift/Gas Card Policy/Procedures](#));
2. Update the Gift Card Log as the cards are disbursed to eligible youth to include:
 - a. The date the gift card was disbursed to the youth;

- b. The name of the youth;
 - c. UAS Program Code used to purchase the Gift Card; and
 - d. A signature from the youth acknowledging receipt of the Gift Card
3. Secure unused Gift Cards in a locked area;
 -  Unused Gift Cards should be included in the ILP Inventory and Asset Log.
 4. Complete a monthly Gift Card Reconciliation Report and provide a copy to Regional Accounting and the ILP Business Operations Specialist.

The ILP Business Operation Specialist (BOS) will perform a full accounting reconciliation of all ILP assets at least bi-annually.

Practice Guidance

ILP Business Operations Specialist

The ILP Business Operations Specialist (BOS) is a state-level position that reports to the State ILP Manager. The BOS is primarily responsible for managing the fiscal operations and budget of ILP including Chafee funds and Educational Training Vouchers. The BOS may serve as the designee to sign purchase orders, authorizations for disbursements, and ILP event approval and purchase request forms.

Promotional Items

Promotional items are a type of asset designed to promote and further the Independent Living Program. These promotional items still follow the asset approval process; however, these items are not tracked nor do they require a signature as they are distributed. The State ILP Manager will determine if a purchase qualifies as a promotional item based on the planned use of the product, cost, and quantity. The ILS will add the promotional items to the ILP Inventory and Asset Log as “PROMO” for record keeping purposes.

Forms and Tools


[Gift Card Log](#)

[ILP Event Purchase Request Form](#)

[ILP Incentive Log](#)

[ILP Inventory Asset Log](#)

13.15 Events

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(13) Independent Living Program		
	Policy Title:	Events		
	Policy Number:	13.15	Previous Policy Number(s):	1012.16
	Effective Date:	December 2014	Manual Transmittal:	2015-04

Codes/References

John H Chafee Foster Care Independence (Foster Care Independence Act of 1999, P.L. 106-149)

Requirements

The Division of Family and Children Services (DFCS) will ensure that the Independent Living Program (ILP) events are in support of one or more of the Chafee purpose goals for eligible youth by adhering to the following process:

1. Developing an annual ILP Event Plan for the fiscal year;
2. Requiring all ILP Events and related purchases have advance approval by the ILP Manager/Designee;
3. Tracking the success of ILP Events; and
4. Requiring a plan for handling purchase overages for ILP Events.

Procedures

State ILP Manager or Designee

1. Develop, with the participation of the Independent Living Specialist (ILS), an annual ILP Event Plan for the upcoming fiscal year. Events may be updated or added throughout the year to meet youth needs. The Annual ILP Event Plan will be prepared for and incorporated in the fourth quarter report.

Independent Living Specialist

1. Obtain advance approval for all ILP events by completing the ILP Event Purchase Request (PR) Form. The PR will include, at minimum:
 - a. Agenda
 - b. Event objective
 - c. Logistics
 - d. Marketing Plan for the targeted population
 - e. RSVP plan
 - f. Incentives being offered
 - g. Refreshments (meals and snacks)



All vendors that are not under a formal contract and identified to provide a good/service for an ILP event, at minimum, must be vetted through the Secretary of State, Federal Excluded Parties List and the State Suspended and Debarred Suppliers List (see policy [13.16 Independent Living Program: Vendor Contracts](#)).

2. Notify the County Director for county specific events, or the Regional Director for regional functions.
3. Submit the PR form to the ILP Manager or Designee for final approval.



The State of Georgia P-Card should be used for all ILP event purchases unless the vendor does not accept VISA® credit card purchases. In this case, the purchase should be made using the Purchase Order process (see Department of Administration Services Georgia Procurement Manual [Chapter 6 - Award Process Section 6.3 State and Supplier Finalize Contract Award - 6.3.1 Purchasing Order](#)).

4. Ensure that all youth that attend the ILP events are accounted for by having the youth sign in using the ILP Event Sign-In Log.
5. At the time of the event, require any youth that received an incentive sign the ILP Incentive Log and/or Gift Card Log indicating receipt of the item(s) obtained during the ILP Event (see policy [13.14 Independent Living Program: Asset Inventory](#)).

At the conclusion of the ILP Event, the ILS will:

1. Disburse excess food to the following individuals/groups:
 - a. Participating youth;
 - b. Groups homes;
 - c. Caregivers; and/or
 - d. Local non-profits.
2. Complete and submit the ILP After Event Review Form (AER) within seven (7) business days to the ILP Manager. The AER must include, at minimum:
 - a. Any invoices or receipts associated with the ILP Event;
 - b. Description of what occurred with the excess refreshments and incentives;
 - c. Documentation on whether the registered youth actually attended the event.



The ILS should notify County Directors or Room Board and Watchful Oversight (RBWO) agency Directors when a pattern of “no shows” and/or attendance without reservation occur regarding youth in their care or placement.

Social Services Case Managers, ILS and/or Providers

1. Document the youth attendance at the ILP event and relevance to their Written Transitional Living Program (WTLP) goals in Georgia SHINES, Log of Contacts.
2. Update the Youth Detail Page in Georgia SHINES, if applicable. (**SSCM only**)



This is required for all events applicable to the services category subjects.

Practice Guidance

The John H Chafee Foster Care Independence Program (CFCIP) provides flexible funding to support the personal achievement and development of youth likely to remain in foster care through 18 years of age successfully transition to adulthood. In support of those goals, the state Independent Living Program (ILP) hosts events for eligible youth that include life skills workshops, support groups, social outings, and other such group activities. Youth who attend these events are able to socialize with their peers and build lasting relationships that can carry into their transition to adulthood. ILP events further enable youth to engage in learning that will be directly applicable to goals outlined in their WTLP and develop skills that can be applied during the transition out of foster care.

Forms and Tools

[Federal Excluded Parties List](#)

[Gift Card Log](#)

[ILP After Event Review Form](#)

[ILP Event Purchase Request Form](#)

[ILP Event Sign-In Log](#)


[ILP Incentive Log](#)

[ILP Inventory Asset Log](#)

[Secretary of State](#)

[State Suspended and Debarred Suppliers List](#)

13.16 Vendor Contracts

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(13) Independent Living Program		
	Policy Title:	Vendor Contracts		
	Policy Number:	13.16	Previous Policy Number(s):	1012.18
	Effective Date:	December 2014	Manual Transmittal:	2015

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will initiate and manage all Independent Living Program (ILP) contracts at the state level.

Procedures

Independent Living Specialist

1. Notify the ILP Manager if there is a need for a contract related to the ILP on the county or regional level.

ILP Manager

1. Collaborate with the DFCS Contracts Liaison to initiate ILP contracts.
2. Serve as the programmatic manager for all ILP contracts.

Practice Guidance

DFCS will frequently engage in contracts that employ vendors to perform tasks outside the scope of the department. Similarly, ILP uses vendors to provide an array of services to youth. Vendors are an asset and essential to the success of the ILP. Still, it is imperative that vendors are evaluated to ensure they are qualified, reliable and accountable. Contract centralization is the key to consistency and necessary for the security of all parties involved, including the youth. It is of greater benefit to establish a vendor contract for the purchase of goods/services instead of developing an informal agreement with vendors. It is understood that a contract is not appropriate or required for every good/service purchase; however, it is important that whenever feasible a contract is developed. Should there be a circumstance when a contract is not developed; the vendor must be fully vetted through the Secretary of State, Federal Excluded Parties List, and the State Suspended and Debarred Suppliers List.

Forms and Tools

[Federal Excluded Parties List](#)

[Secretary of State](#)

[State Suspended and Debarred Suppliers List](#)

[1] The six months is a noncontiguous time. For example: the youth was in care for 3 months when he was 5 and then for 2 months at age 9 and finally for 1 month at age 14. This youth would meet the six-month requirement. All eligible youth must be in care at some point on or after their 14th birthday. A youth could accumulate the six months prior to 14 years old and be eligible for some after care services.

[2] May be used for a youth ages 18 to 21 when appropriate.

[3] Equifax, TransUnion, and Experian are the three nationwide credit reporting agencies.

[4] Unless the court determines unsupervised visitation is not in the child's best interest (O.C.G.A 15-11-112).

[5] DFCS may reject an individual selected by a youth if it has good cause to believe that individual would not act in the best interest of the youth.

[6] This right applies only to youth who have been in foster care for at least six months prior to their exit.

[7] Proving I Exist: Strategies for Assisting Youth in Obtaining Identification Documents by Laura Kolb and Jenny Pokempner, American Bar Association October 2, 2017

[8] Emergency financial assistance is limited both in dollar amount per request as well as frequency of requests per Federal Fiscal Year (FFY).


[9] The Chafee Foster Care Independence Program funding allows expenditures for all services provided through the transitional living support program. DFCS may utilize other housing resources (e.g., Section 8, subsidized housing vouchers) to supplement housing support to eligible youth.

[10] Please note there is a maximum funding limit for this assistance.

[11] Foster Care is defined as 24-hour substitute care for all youth placed away from their parent(s) or guardian(s) and for whom the child welfare agency has placement care and responsibility.

Chapter 14 Resource Development

14.0 Introduction to Resource Development

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(14) Resource Development		
	Policy Title:	Introduction to Resource Development		
	Policy Number:	14.0	Previous Policy Number(s):	N/A
	Effective Date:	November 2024	Manual Transmittal:	2024-09

Codes/References

O.C.G.A. § 15-11-2 (33) and (62). Definition of fictive kin and relative

O.C.G.A. § 49-5-3 (2) and (4). Definition of caregiver and child-placing agency

O.C.G.A. § 49-5-281. Bill of rights for foster parents; filing of grievance in event of violations

Title IV-E of the Social Security Act Sections 471(a)(9), 471(a)(10), 471(a)(18)(A) & (B), 471(a)(20)(B), 471(a)(22), 471 (a)(24), 471(a)(36)(A), 472(c)(1), 472(c)(1)(A)(ii)(III), and 472(c)(1)(B), 475(9), (10), and (11)

Public Law (PL) 103-382 Multiethnic Placement Act of 1994 as amended by the Interethnic Placement Act of 1996 (MEPA-IEPA)

PL 104-191 Health Insurance Portability and Accountability Act (HIPAA) of 1996

PL 105-89 Adoption and Safe Families Act (ASFA) of 1997

PL 109-248 Adam Walsh Child Protection and Safety Act of 2006

PL 110-351 Fostering Connections to Success and Increasing Adoptions Act of 2008

PL 113-183 Preventing Sex Trafficking and Strengthening Families Act of 2014

PL 115-123 Family First Prevention Services Act (FFPSA) of 2018

Discussion

Georgia's Foster Care Program seeks to strengthen families, protect children from further child abuse, and ensure permanency for every child in care. When it is necessary for children to experience out-of-home placements due to safety threats in their own homes, the Division of Family and Children Services (DFCS) is committed to ensuring their safety and well-being. To fulfill this commitment, DFCS recruits and works closely with the child's kin (relatives, fictive kin), and members of the community interested in serving as caregivers for this population of children. DFCS also works in partnership with Child Placing Agencies (CPAs), which expands the number of placement family resources available to children in foster care. CPA caregivers who are to be considered for placement of children in DFCS custody must be approved, re-evaluated, and held accountable to and supported according to the policies in this chapter.^[1]

DFCS and CPAs will adhere to the requirements of the Multiethnic Placement Act of 1994 as amended by the Interethnic Placement Act of 1996 (MEPA-IEPA). In addition, qualified individuals with disabilities will be afforded an equal opportunity to participate in, and benefit from, the DFCS foster care and adoption program. DFCS and CPAs will not discriminate based on disability in deci-

sions relating to the selection, retention, or termination of participants in the foster care and adoption program. This applies in every phase of the process to become a foster or adoptive parent, from initial inquiry to approval. For more information, see policies [1.4 Administration: Non-Discriminatory Child Welfare Practices](#) and [1.5 Administration: Americans with Disabilities Act \(ADA\)/Section 504 and Reasonable Modifications](#).

The DFCS caregiver practice model is called **Partnership Parenting**. Partnership Parenting is a trauma-informed shared parenting model between caregivers and birth parents that is designed to keep parents *parenting* while their children are in out-of-home placement. By keeping parents connected and involved with parenting their children, permanency can be achieved faster, the trauma of placement can be reduced, child and parent bonds can be preserved, and parents can demonstrate and increase their parental protective capacities. Partnership Parenting also emphasizes and supports concurrent permanency planning.

Caregiver Types

Throughout this chapter, the general term “caregiver” is used to collectively refer to all foster parent types, including those who serve through CPAs. The Partnership Parenting model has the following types of caregivers:

1. **Partnership Parents (PPs)** are foster parents who provide temporary homes for children in foster care. They are expected to work in partnership with birth families and act as parenting mentors whenever possible. PPs share parenting responsibilities with birth parents through “parenting opportunities.” Parenting opportunities are any favorable times, occasions, situations, or conditions that allow a parent to safely teach, support, nurture, discipline, care for, or guide children.
2. **Kinship Partnership Parents (KPPs)** are foster parents related by blood, marriage, or adoption to children placed in their home. This includes the spouse of any of those persons even if the marriage was terminated by death or dissolution. Kinship includes “**fictional kin**”, which means a person who is not related to the child by blood, marriage, or adoption but who, prior to the child’s placement into foster care is known to the family, has a substantial and positive relationship with the child, and is willing and able to provide a suitable home for the child. KPPs follow the same approval process as regular PPs and have all the benefits and responsibilities associated with being a PP, including full foster care per diem reimbursement.
3. **Adoptive Parents** are “forever families” who make a lifelong commitment to a child. They serve children whose birth parents’ parental rights have been voluntarily surrendered or terminated by a court, thus making the children legally free for adoption. Adoptive Parents may also be part of a child’s kinship circle, in which case they are called **Kinship Adoptive Parents**.
4. **Adoptive Parent-Legal Risk Parents** are adoptive parents who accept placement of children who are not completely legally free for adoption and thus, legal risk exists in accepting the placement.
5. **Resource Parents (RPs)** are foster parents who are willing to become the adoptive parent (permanent family) for a child placed in their home. Children placed with RPs have a concurrent permanency plan, meaning that two permanency goals are being pursued simultaneously. At least one of the permanency goals is adoption with the RP named as the permanency resource. RPs must be able to concurrently fulfill the roles of being a PP and an adoptive parent. A RP may also be part of a child’s kinship circle in which case they are called **Kinship Resource Parents**.

- Caregivers serving children through the Interstate Compact on the Placement of Children (ICPC) are known as **ICPC-Partnership Parents, ICPC- Adoptive Parents, ICPC-Kinship Partnership Parents** and **ICPC-Kinship Adoptive Parents**.

Caregiver Applicants

Prior to final approval, all prospective caregivers are referred to as applicants. Applicants are evaluated to ensure they possess the protective capacities needed to ensure children in foster care remain safe from danger and can provide appropriate nurturing and family life for the children. Applicants who meet the qualifications for approval partner with DFCS, CPAs, and parents to ensure the safety, well-being and permanency of children.

The caregiver preparation and service continuum helps applicants make an informed decision about becoming a caregiver. Applicants receive information and training to enhance their parenting knowledge and skills, as well as to clarify their role when working with children, their families, and other community partners. The preparation and training continuum includes a mechanism for providing practical knowledge of available financial, structural, and administrative support. It also addresses skills and competencies required to meet the behavioral and psychosocial needs of children in care. Moreover, the preparation and service continuum serves as a strategy to develop and enhance the pool of approved caregivers. A well-prepared and supported caregiver directly impacts the strength, success, and overall positive outcomes of Georgia's foster care program.

Caregiver Preparation and Service Continuum


The preparation and training continuum addresses three important phases of family readiness in caring for children in foster care:

- Phase 1: Inquiry:** Inquiry is made through the Foster Georgia Inquiry Line (1-877-210-KIDS [5437]) or the Foster Georgia Website (www.fostergeorgia.com).
- Phase 2: Information Session:** Provides basic information about the child welfare system, types of caregivers, safety screening requirements and other key points to help prospective caregivers decide whether to proceed or opt out of the evaluation process.
- Phase 3: Pre-service Training and Initial Home Evaluation**

Continued Parent Development

After final approval of their Initial Family Evaluation, caregivers are re-evaluated every two years. Support services including on-going educational activities are also provided. Continuing education is crucial and impacts the continued readiness of families to meet the ever-changing and varied needs of children in care. This requires honest disclosure by families and keen observations by DFCS Case Managers regarding the training needs of these families. These on-going skills and competencies may be obtained through specialized training sessions based on specific needs and expectations, seminars, workshops, conferences, etc. Families may also have additional opportunities to experience personal growth by reflecting on their own personal needs and experiences in order to give their best to children placed in their care. The annual continuing parent development requirement continues to focus on skills and competencies required by families for the on-going challenge of parenting children placed in their home.

14.1 Safety and Quality Standards (SQS)

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(14) Resource Development		
	Policy Title:	Safety and Quality Standards (SQS)		
	Policy Number:	14.1	Previous Policy Number(s):	14.1
	Effective Date:	November 2024	Manual Transmittal:	2024-09

Codes/References

O.C.G.A. § 31-19-1 (The Rabies statute)

O.C.G.A. § 40-8-76.1 (Use of safety belts in passenger vehicles)

Title IV-E of the Social Security Act Sections 471(a)(10), 471(a)(22), 471(a)(36)(A), 472(c)(1), 472(c)(1)(A)(ii)(III), and 472(c)(1)(B)

Public Law (PL) 113-183 Preventing Sex Trafficking and Strengthening Families Act of 2014

PL 115-123 Family First Prevention Services Act (FFPSA) of 2018

Taylor v. Ledbetter, 818 F.2d 791 (11th Cir. 1987)

Requirements

The Division of Family and Children Services (DFCS) will:

1. *Establish and maintain standards for foster family homes which are reasonably in accord with recommended standards of national organizations concerned with standards for such homes, including standards related to admission policies, safety, sanitation, protection of civil rights and which shall permit use of the reasonable and prudent parenting standard (see policy [10.14 Promoting Normalcy for Children in Foster Care](#)). The standards so established are applied by the State to any foster family home receiving funds under Titles IV-E or IV-B.*
2. *Have approval standards for family foster homes that include policies related to the liability of foster parents and private entities under contract by the state involving the application of the reasonable and prudent parenting standard to ensure appropriate liability for caregivers when a child participates in an approved activity and the caregiver approving the activity acts in accordance with the reasonable and prudent parenting standard.*
3. *Allow waivers of non-safety standards (as determined by the State) on a case-by-case basis in relative foster family homes for specific children in care (see policy [22.6 Kinship: Waiver of Non-Safety Approval Standards for Kinship Foster Homes](#)).*
4. *Develop and implement standards that ensure children in foster care placements in public or private agencies are provided quality services that protect the safety and health of the children.*
5. *Maintain approval standards that are in accord with model standards identified by the Secretary of Health and Human Services. The standards require all approved caregivers and their household members to meet the following Safety and Quality Standards (SQS) at initial approval and for the duration of time their home remains open. This includes homes affiliated with Child Placing Agencies (CPA).*

a. Foster Home Eligibility

i. Threshold Requirements

1. Caregivers must be at least 21 years of age. Relative/fictive kin caregivers must be at least 18 years of age.
2. Caregivers must be a U.S. citizen or Permanent Legal Resident.
3. Caregivers must have income or resources to make timely payments for shelter, food, utility costs, clothing, and other household expenses prior to the addition of a child or children in foster care.
4. Caregivers must be able to communicate with the child, DFCS/CPA, health care providers, and other service providers.
5. At least one caregiver in the home must have functional literacy, such as having the ability to read medication labels. This is to ensure at least one caregiver reads and writes at the level necessary to participate effectively in the community in which they live.

ii. Physical and Mental Health

1. All applicants must provide proof of a physical exam (conducted within the last 12 months) from a licensed health care professional.




Household members 18 years of age or older must be screened for Tuberculosis (TB).

2. All household members must disclose current mental health and/or substance abuse issues.
 - a. Household members shall sign an attestation that they do not have any current untreated mental health or substance abuse issues (if applicable).
 - b. If household members are receiving treatment for mental health or substance abuse issues, a reference from the treating professional is required.
3. All household members must provide information on their physical and mental health history, including any history of drug or alcohol abuse or treatment.
4. All children who are household members must be up to date on immunizations unless the immunizations are contrary to the child's health as documented by a licensed health care professional or the caregiver expresses a sincere religious objection to immunization of their child.




Immunizations must be consistent with the recommendations of the American Academy of Pediatrics (AAP), the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (ACIP), and the American Academy of Family Physicians (AAFP).

5. Recommend that all household members who will be caregivers of infants have an up-to-date pertussis (whooping cough) vaccination unless the immunization is contrary to the individual's health as documented by a licensed health care professional or the caregiver expresses a sincere religious objection to the vaccination.


 Caregivers with the up-to-date vaccine may be given preference when the agency makes placement decisions regarding infants.

6. Recommend that all household members who will be caregivers of infants and children with special medical needs have an up-to-date annual influenza vaccination unless the immunization is contrary to the individual's health as documented by a licensed health care professional or the caregiver expresses a sincere religious objection to the vaccination.

 Caregivers with the up-to-date vaccine may be given preference when the agency makes placement decisions regarding infants and children with special medical needs.

iii. Background Checks

1. Caregivers and their adult household members (age 18 years and over) must submit to a fingerprint-based criminal history record check of national criminal information databases in accordance with policy [19.8 Case Management: Criminal Records Checks](#).
2. Caregivers and their adult household members (age 18 years and over) must submit to safety screenings including a check of the child abuse or neglect registry in any state or tribe in which they have resided in the preceding five years in accordance with policy [19.9 Case Management: Safety Screenings](#).
3. Caregivers and their adult household members (age 18 years and over) must have no substantiated Child Protective Services (CPS) history.

 Existing household members reaching 18 years of age must submit to a criminal history record checks and safety screening.

iv. Home Study

1. Caregivers must have a completed home study, which is a written comprehensive family assessment (see policy [14.10 Resource Development: Initial Family Evaluation](#)).
2. The home study must include at least one scheduled on-site visit to assess the home to ensure that it meets the state and/or local standards applicable to the safety and care of the home.
3. The home study must include at least one scheduled in-home interview for each household member to observe family functioning and assess the family's capacity to meet the needs of a child or children in foster care.
4. The home study must include a total of three applicant references (per family) that attest to the capability of the applicant to care for the child, including at least one from a relative and one from a non-relative (see Practice Guidance: References).

b. Foster Family Home Health and Safety

i. Living Space

1. Caregivers must reside in a house, mobile home, housing unit or apartment.

2. The home must have an adequate supply of safe drinking water.
 3. The home must have a properly operating kitchen with a sink, refrigerator, stove, and oven.
 4. The home must have at least one toilet, sink and tub or shower in operating condition.
 5. The home must have heating and/or cooling as required by the geographical area. It must be consistent with accepted community standards and in safe operating condition.
 6. The home must have no cameras or video recording devices in bedrooms where children sleep or, in/near bathrooms that children use.
- ii. Caregivers must have a working phone or access to a working phone in close walking proximity.

 Residences must meet state and local code requirements.

iii. Condition of Home

1. The caregiver's home, grounds, and all structures on the grounds of the property must be properly maintained in a clean, safe, and sanitary condition and in a reasonable state of repair within community standards.
2. The interior and exterior of the home must be free from dangerous objects/conditions, and from hazardous materials.
3. The home must have adequate lighting, ventilation and proper trash and recycling disposal, if recycling is available.
4. The home must be free from rodents and insect infestation.
5. The home must have proper water heater temperature.

 The Department of Energy recommends 120 degrees Fahrenheit.

6. Firearms and ammunition must be stored under lock and key, inaccessible to children.
 - a. Ammunition must be removed from firearms for storage purposes.
 - b. Keys to locked storage devices containing firearms or ammunition must remain in the possession of an adult or be reasonably secured from children.
7. Pets must be vaccinated in accordance with state, tribal and/or local law.
 - a. Animals with any history of violence or aggressiveness toward people must be safely secured in a cage, fence, or similar enclosure.
 - b. Caregivers with exotic animals or wildlife (e.g., chimpanzees, snakes, racoons, large mammals, etc.) must obtain a health and suitability statement from a veterinarian and approval from DFCS and, if applicable, the CPA Director.
 - c. Caregivers must report any acts of violence toward a child or others by an animal in the foster home to DFCS within 24 hours.
8. The home must have conditions that prevent a child's access (as appropriate for his

or her age and development) to all medications, poisonous materials, cleaning supplies, other hazardous materials, and alcoholic beverages.

- a. Prescription medication must be administered to children by authorized caregivers.
 - b. Prescription medication must be stored and transported in the original containers.
9. Swimming pools, hot tubs, and spas must meet all state and local safety requirements.
- a. Caregivers must provide direct adult supervision of children around a body of water (e.g., beach, lake, pool, etc.) at all times.
 - b. Caregivers must enroll children age three years and older in a swimming/water safety course taught by a certified instructor within the first year of placement if the children do not know how to swim.
 - c. Swimming pools must have a barrier on all sides.
 - i. Fences used as a safety barrier must be at least four feet in height, surround all sides of the pool, and have a gate that locks.
 - ii. Fences must be constructed in such a manner that a young child cannot climb through or under the fence.
 - iii. In order for the side structure of an above-ground pool to be considered an adequate safety barrier to a pool/body of water, the steps or ladders must be removed to make the pool inaccessible when not in use.
 - d. Swimming pools must have their methods of access through the barrier equipped with a safety device, such as a bolt lock.
 - e. Swimming pools must be equipped with lifesaving and flotation devices (e.g., reaching poles and ring buoys).
 - f. Pool covers must be kept free of standing water and be completely removed when the pool is in use.
 - g. If swimming pools cannot be emptied after each use, the pools must have a working pump and filtering system.
 - h. Hot tubs and spas must have safety covers that are locked when not in use.
- c. Foster Home Capacity
- i. *The total number of foster children that may be cared for in a foster family home must not exceed six except for the reasons listed below.*
 - ii. *The number of foster children cared for in a foster family home may exceed six for any of 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.*

d. Foster Home Sleeping Arrangements

- i. 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.
- ii. All children in the home must be treated equitably, meaning each child has sleeping arrangements similar to other household members.
- iii. Caregivers must not co-sleep or bed-share with children in foster care.
- iv. Caregivers with infants must adhere to the infant safe sleeping practices outlined in the Infant Safe to Sleep Guidelines and Protocol.

e. Emergency Preparedness, Fire Safety, and Evacuation Plans


- i. Caregivers must have emergency preparedness plans and items in place as appropriate for the home's geographic location.
- ii. Caregivers 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.
- iii. Caregivers must maintain a comprehensive list of emergency telephone numbers, including poison control, and post those numbers in a prominent place in the home.
- iv. Caregivers must maintain first aid supplies.
- v. The caregiver's home must meet the following fire safety and emergency planning requirements:
 1. Have at least one operable smoke detector on each level of occupancy of the home and at least one near all sleeping areas.
 2. Have at least one operable carbon monoxide detector on each level of occupancy of the home and at least one near all sleeping areas.
 3. Have at least one operable fire extinguisher that is readily accessible.
 4. Be free of obvious fire hazards, such as defective heating equipment or improperly stored flammable materials.
 5. Gas heaters in the 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 homes.



Fire extinguishers and smoke detectors must be inspected regularly to ensure effectiveness.

f. Transportation

- i. Caregivers must have reliable, legal and safe transportation. Reliable transportation includes a properly maintained vehicle or access to reliable public transportation.
- ii. 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.

- iii. Safety restraints (as appropriate for the child in accordance with the law) must be used when transporting a child in foster care.
 - 1. Children must be individually secured in an appropriately fitting seat belt (one child to a seat belt) when being transported in a motorized vehicle.
 - 2. Children under eight years of age must be transported in a federally approved child safety seat in accordance with the manufacturer's instructions.
 - 3. Children 12 years of age and under must be transported in the rear seat of a motor vehicle to protect young children from air bag injuries.
 - iv. No child may be left unattended in a motor vehicle.
 - v. Caregivers must comply with all DFCS policy and guidelines regarding the operation of a motor vehicle by youth in foster care (see policy 13.08 Independent Living Program: Driving Education, Licensure, and State Identification).
 - vi. Caregivers must provide a properly fitted and securely fastened safety helmet for any child who is operating a bicycle or riding as a passenger on a bicycle.
 - vii. The safety and suitability of a recreational vehicle for use by a child must be determined for each child on an individual basis.
- g. Training
- i. Caregivers must complete pre-service training (see policy [14.8 Resource Development: Pre-service Training](#)).
 - ii. Caregivers must participate in training and receive instruction to support their parental roles and ensure the parent is up to date with agency requirements (see policy [14.9 Resource Development: Continued Parent Development](#)).
- h. Foster Parent Assurances
- i. Caregivers must not use corporal or degrading punishment.
 - ii. Caregivers must 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.
 - iii. Caregivers and their guests must not smoke in the presence of a child in foster care.
 -  Caregivers will sign an attestation that no smoking (including the use of e-cigarette products) will occur in the presence of children in foster care, within the foster home, or in any vehicle used to transport children in foster care.
 - iv. Caregivers must adhere to the title IV-E agency's reasonable and prudent parent standard (see policy [10.14 Promoting Normalcy for Children in Foster Care](#)).

Procedures

DFCS Caregiver Recruitment and Retention Specialist / CPA Resource Development Staff

1. Become familiar with the Safety and Quality Standards (SQS) for approved homes and review them periodically with caregivers.
2. Continue to monitor active placement resources to ensure compliance with SQS.

3. Review the Caregiver Child Safety Agreement with all approved families and obtain their signatures at the following times:
 - a. Prior to approval of the Initial Family Evaluation;
 - b. At the time of a home re-evaluation; and
 - c. Whenever there are child safety concerns (i.e., discipline or foster care policy violations, etc.).
4. Inform caregivers of any observations of circumstances or conditions that pose a risk or potential risk to the health and safety of the child in the home and, if possible, provide measures for correction. Document all discussions and recommendations with the caregiver in the Contact Summary in Georgia SHINES.
5. Notify the Resource Development Supervisor in writing of any safety concerns observed during home visits and the outcome of any discussion with the caregivers regarding observations (see policy [14.22 Resource Development: Policy Violations](#)).
6. Provide follow-up to ensure the home's compliance with home safety guidelines.



CPA providers should also see policy [16.8 Room Board Watchful Oversight: Minimum Standards](#).

Practice Guidance

Firearms

Under limited circumstances (including but not limited to firearm safety lessons or safe and lawful hunting activities) children may be allowed to handle firearms while under the direct supervision of the caregiver or another approved adult. If parental rights have not been terminated, prior written approval must be obtained from each parent whose rights remain intact. If parental rights have been terminated, approval must be obtained from the County Director or their designee.

References


Three references should be obtained as part of the SAFE Home Study. When securing references for an applicant couple, select references that apply to both members of the couple. Obtain additional references if conflicting, ambivalent, or inadequate information is received from those initially requested. Children residing in the applicant's home will be interviewed as part of the household being evaluated and are not treated as references. Permission should be obtained from applicants prior to contacting their children who reside outside of the applicant household. If permission is not granted, or a child refuses to provide a reference, then the reasons should be reviewed with the applicant and addressed in the SAFE Home Study Report. The applicant's children cannot be used for all three references. Below are suggestions for references:

1. Extended family members not residing in the home of the applicant(s).
2. Previous or current employers, if the applicant is or has been employed in a setting that involves children (e.g., school, childcare facility, group home, etc.).
3. Any prior agency for which an applicant served as a foster or adoptive parent.

Forms and Tools

- [Caregiver Child Safety Agreement](#)
- [Caregiver Child Safety Agreement - Spanish](#)
- [Foster Parent Manual](#)
- [Infant Safe to Sleep Guidelines and Protocol](#)
- [Safety Barrier Guidelines for Residential Pools](#)

14.5 Family Child Care and Personal Care Home Operation in Foster Homes

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(14) Resource Development		
	Policy Title:	Family Child Care and Personal Care Home Operation in Foster Homes		
	Policy Number:	14.5	Previous Policy Number(s):	N/A
	Effective Date:	May 2024	Manual Transmittal:	2024-03

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Require prior notice from approved caregivers who wish to operate a family child care center in their home.



Utilization standards for foster homes must continue to be met at all times when children in foster care are involved (see policy [14.1 Resource Development: Safety and Quality Standards](#)).

2. Disqualify prospective caregivers from approval consideration when their primary place of residence (the home into which a child would be placed) is used as a Personal Care Home or is located on the same property as the Personal Care Home.
3. Check with Bright from the Start for any safety and compliance issues with family child care centers during initial family evaluations and family re-evaluations or at any time circumstances warrant such a check.
4. Notify the licensing agency if a DFCS foster home that also holds a childcare license or provides family daycare is closed because a substantiated CPS investigation in accordance with policy [6.9 Special Investigations: Notifications in Special Investigations](#).

Procedures

When foster parents notify the agency of their desire to operate a family childcare center in their home or is operating a family child care center prior to approval, DFCS or CPA staff will:

1. Discuss with the caregivers the impact of the child care center operation in relation to each child currently placed in the home considering such issues as:
 - a. The age of the child;
 - b. The special needs of the child;
 - c. The frequency of birth parent-child visits;
 - d. The effects of birth parent contacts on the child;
 - e. The length of time the child has been in foster care;
 - f. The permanency plan for the child; and
 - g. The child's adjustment to and sense of security in the foster home.
2. Discuss with the caregivers the impact of the child care operation on future placements of children in the home and identify the type of child that might be appropriate for placement.
3. Confer with the RD Supervisor and the County Director/Designee to determine whether to request a waiver from the Division Director/Designee.
4. Notify the caregivers of the agency's decision whether or not to grant them approval as a DFCS foster home with the operation of a family child care center.
5. Document the DFCS's decision and update the foster home record appropriately in Georgia SHINES.
6. Promptly intervene when it is determined that a child is adversely affected by a caregiver providing family child care services in the home and consult with the caregiver, RD Supervisor, and County Director/Designee regarding whether to remove the child.

When applicants interested in becoming foster parents or an existing foster parents are licensed as a Personal Care Home, the Resource Development (RD) Case Manager will:

1. Notify applicants at the point of inquiry, or the earliest point thereafter, that their home cannot be approved as a foster home for children in DFCS custody while their primary place of residence is licensed and/or used as a Personal Care Home.
2. Notify any existing foster homes that are licensed as a Personal Care Home that no additional children will be placed in their home while their place of residence continues to be licensed as a Personal Care Home.



Such cases will need to be staffed individually to determine the most appropriate and least restrictive placement for the children involved. A waiver must be requested from the Division Director/Designee for children to remain in such placements.

3. Notify Personal Care Home providers who close their home for such business that they may be approved as a DFCS foster home, provided all other DFCS requirements are met.

Practice Guidance

Foster Parent Providing Family Childcare

Children in foster care have experienced separation from their families often resulting in trauma and anxiety. Observing other parents and children separating and reuniting daily can be traumatic for already vulnerable children. It is possible that a child care provider known to the children in foster care may be less stressful, such as providing child care for children who:

1. Are relatives or friends of the foster parent;
2. Live in the neighborhood;
3. Attend the same school, church, etc. as the child.

The decision regarding the number of children for whom a particular foster home can provide family childcare is based on the home's approval specifications as well as the number of children that would be in the home from the time school is out until the children in the childcare setting leave.

Assessing Impact on Placement

When a child is adversely affected by caregivers providing family child care in the home, consider the following questions in deciding whether or not to move the child:

1. What areas of the child's functioning are being negatively affected in the home?
2. What would be the effect of moving the child to another placement?
3. Which possible placement resources could meet the needs of the child?
4. What type of child is appropriate for future placements in this home?

Meet face-to-face with the caregivers to discuss areas of concern.

Family Child Care Center

This is a program that operates in a private residential home less than 24 hours per day. The operator receives pay for providing care for three to six children under 13 years of age or 18 years of age if the child meets the criteria for CAPS special needs or court-ordered supervision. Bright from the Start: Georgia Department of Early Care and Learning (DECAL) oversees the licensing and monitoring of all home-based child care facilities, including investigating complaints of child care programs and reports of unlicensed child care. For more information visit the Bright from the Start website.


Personal Care Homes

"Personal Care Home", "home" or "facility" means any dwelling, whether operated for profit or not, which undertakes through its ownership or management to provide or arrange for the provision of housing, food service, and one or more personal services for two or more adults who are not related to the owner or administrator by blood or marriage.

Forms and Tools

[Bright from the Start: Georgia Department of Early Care and Learning \(DECAL\)](#)

14.6 Recruitment and Retention

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(14) Resource Development		
	Policy Title:	Recruitment and Retention		
	Policy Number:	14.6	Previous Policy Number(s):	N/A
	Effective Date:	May 2024	Manual Transmittal:	2024-03

Codes/References

Title IV-E of the Social Security Act Section 471(a)(18)(A) & (B)

45 CFR Part 1355.38 (a)(2) & (5)

Multiethnic Placement Act of 1994 as amended by the Interethnic Placement Act of 1996 (MEPA-IEPA)

Requirements

The Division of Family and Children Services (DFCS) will:

1. *Adhere to the requirements of the Multiethnic Placement Act of 1994 as amended by the Interethnic Placement Act of 1996 (MEPA-IEPA) and **shall not**:*
 - a. *Deny to any person the opportunity to become an adoptive or foster parent on the basis of race, color, or national origin of the person or of the child involved;*
 - 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; or*
 - c. *Maintain any statute, regulation, policy, procedure or practice that, on its face, is a violation as defined in sections 471 (a)(18)(A) and (B).*



Compliance with the Indian Child Welfare Act of 1978 shall not constitute a violation of section 471 (a)(18).

2. Direct recruitment activities toward a broad cross-section of the community and develop recruitment plans that provide for the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed, in accordance with the MEPA-IEPA.
3. Meet MEPA-IEPA’s diligent efforts requirements by ensuring each DFCS County Office develops a comprehensive recruitment plan that addresses the following:
 - a. A description of the characteristics of waiting children.
 - b. Specific strategies to reach all parts of the community.
 - c. Diverse methods of disseminating both general and child-specific information.
 - d. Strategies for assuring that all prospective substitute caregivers have timely access to pre-service preparation and training, including convenient locations and hours of service.

- e. Strategies for training staff to work with diverse cultural, racial, and economic communities.
- f. Strategies for dealing with linguistic barriers.
- g. Non-discriminatory fee structures (i.e., cost of drug screens, medical evaluations, fingerprints, residential modifications, etc.).

Procedures

Caregiver Recruitment and Retention Unit

1. Provide monthly monitoring plans of regional recruitment and retention activities.
2. Present a quarterly report focused on five major issues (recruitment indicators, retention indicators, closures, foster parent support, and statewide initiatives) during the Statewide Recruitment and Retention Meeting.

Practice Guidance

The recruitment and retention of caregivers is critical to the overall success of the foster care and adoption programs in Georgia. An effective recruitment and retention program is necessary to ensure the availability of appropriate resources for children who enter the foster care system. Recruitment and retention efforts must be designed to provide the community with information about the characteristics and needs of the children (and their families) requiring foster or adoptive homes, as well as the basic requirements and minimum standards. In addition to presenting information, it involves providing feedback and consultation. Effective recruitment strategies build public interest and awareness of the need for foster and adoptive parents for children. Recruitment efforts must not focus solely on developing a certain number of families, but on developing the most appropriate families to meet the needs of children in foster care.

MEPA-IEPA and Recruitment

Experience demonstrates that minority communities respond when given information about the need for homes and when they are treated with respect. Recruitment strategies must not systematically discourage or deter the interest of prospective caregivers in trans-racial or interethnic placements. In addition, placement of a child in an appropriate household must not be delayed by the search for a same race placement. Moreover, DFCS must avoid the arbitrary use of race-neutral recruitment factors (e.g., income, age, educational level, family structure, home ownership status, etc.) that have the effect of excluding groups of people based on race, color, or national origin.

General Recruitment Strategies

Examples of general recruitment strategies include, but are not limited to:

1. Posting information about foster care and adoption on bulletin boards in various places of business within the community.
2. Hosting an information table at farmers markets, fairs, and community festivals.
3. Partnering with pizza places and other local restaurants to have them attach small flyers to pizza boxes or use tray liners that encourage people to considering becoming foster or adoptive parents.

4. Utilizing existing caregivers to share their firsthand knowledge of the needs of children in care and their experience working with DFCS to help meet those needs.
5. Partnering with faith-based communities to inform the public about the needs of children in foster care.
6. Engaging the medical community by providing information regarding the special medical needs of children in foster care.

Targeted Recruitment Strategies

Targeted recruitment strategies target a specific population in need of foster or adoptive home resources (e.g., teens). One strategy might include developing community-based recruitment teams to build a resource pool for specific populations of children in care. Recruitment activities should provide potential foster and adoptive parents with information about the characteristics and needs of the target population. Recruitment efforts should focus on identifying an adult or groups of adults (e.g., church group, nurses, teachers, etc.) that potentially meet the needs of the target population. Targeted recruitment efforts may also focus on a particular area (i.e., zip code or school zone) in which there is a high removal rate.

Child Specific Recruitment Strategies

Child specific recruitment strategies help to identify caregivers for specific children in foster care. These strategies begin with a comprehensive child assessment and preparation process. Examples of child specific recruitment strategies include:

1. Conducting intensive case file mining, including talking with older youth to explore past connections and important relationships with supportive adults who might be able to provide permanency at this time, even if they were unable in the past;
2. Featuring children in photo listing services (i.e., It's My Turn Now Georgia and Adopt Us Kids);
3. Using local media partnerships such as Wednesday's Child for featuring a child, youth, or sibling group;
4. Developing a Heart Gallery – a traveling exhibit of high quality, compelling photographs capturing the unique personalities of children in care; and
5. Creating presentations with youth using technology (e.g., PowerPoint and iMovie) that can bring the personalities and stories of youth to life in their own words, pictures, and graphics.

Retention Variables

In order to maintain an adequate pool of caregivers to meet the needs of children in foster care, special attention must be made to the support that is offered. Homes are closed for a variety of reasons. Some home closures are related to positive events, such as a child being adopted by their foster parent. On the other hand, some caregivers request closure of their home due to negative experiences related to retention variables such as the following:

1. Satisfaction with DFCS Staff – This includes customer service, response to phone calls, or any other interaction with DFCS staff or providers.
2. Confidence in Ability to Meet the Needs of Children – This includes how confident the caregiver

feels about being able to manage the demands of being a partnership or resource parent.

3. The ability to express concerns without fear of retaliation from DFCS.

Retention Plans


County retention plans must address local issues affecting foster parent retention and may include activities such as the following:

1. **Customer service training for DFCS staff** - Webinars and on-site presentations may help address general customer service issues, such as how to best respond to visits and phone calls from foster parents.
2. **AFPAG/Foster Parent Partnership Meetings** – These may serve as a forum for foster parents to offer wisdom and expertise on ways to recruit, retain, and support foster homes.
3. **Regular email, phone or web-based survey of foster parents** - Surveys may help the county determine what is working and what needs improvement to ensure that foster parents are provided with ongoing support.
4. **Exit interviews with families leaving the program** - Brief interviews with foster parents leaving the program should be conducted by staff not known to the families. Results of interviews should be used to assess current practices and make improvements.
5. **Clearly communicated Foster Parent Grievance Procedure** – The County Director should use this opportunity to assess what event(s) occurred that caused the foster parent to file a grievance. Recommendations and “lessons learned” from the staffing and/or case review should be employed across program areas to improve practices as it relates to supporting caregivers.
6. **Respite care partnerships**- Develop respite partnerships with parent support groups to ensure the availability of such resources when caregivers need temporary relief from their caregiver responsibilities.
7. **Procedures for placement disruptions**- Establishing procedures for placement disruptions in advance helps reduce stress on caregivers and DFCS staff. Moreover, all parties will know what is expected of them to facilitate a smoother transition for the child(ren) involved.

Forms and Tools

NA

14.7 Inquiries and Information Sessions

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(14) Resource Development		
	Policy Title:	Inquiries and Information Sessions		
	Policy Number:	14.7	Previous Policy Number(s):	N/A
	Effective Date:	November 2024	Manual Transmittal:	2024-09

Codes/References

Public Law (PL) 103-382 Multiethnic Placement Act of 1994 as amended by the Interethnic Placement Act of 1996 (MEPA-IEPA)

Requirements

The Division of Family and Children Services (DFCS) will:

1. Process all inquiries from prospective foster and adoptive parents received in person, via the Foster Georgia Inquiry Line 1-877-210-KIDS [5437], 1-877-423-4746, or the Foster Georgia Website (www.fostergeorgia.com).
2. Contact prospective foster and adoptive parents within one business day of an inquiry to schedule an Information Session.
3. Make Information Sessions available each calendar month.
4. Require all prospective foster and adoptive parents to attend an Information Session as part of the caregiver onboarding process.
 - a. Caregivers approved by other states and move to Georgia must attend an Information Session.
 - b. Applicants who are couples must both attend an Information Session.
5. Provide an Information Session to any interested persons and not systematically or inappropriately select out persons interested in transracial or interethnic placements. The arbitrary use of race-neutral factors (e.g., income, age, education, family structure, home ownership status, etc.) that also have the effect of excluding groups of prospective families is prohibited.

Procedures

Processing inquiries received by the Caregiver Recruitment and Retention Unit (CRRU)

The CRRU State Office Inquiry Response Team will:

1. Respond to persons who inquire about becoming a foster or adoptive parent within one business day to confirm their interest.
2. Obtain inquiry information including but not limited to demographic information.
3. Carefully screen Georgia SHINES (using partial first and last name, DOB, and address) to see if an applicant's information has previously been entered into the system before creating a new Home Information Page and Person Detail pages for all household members.
4. Create or reopen a Foster/Adoptive Home (FAD) Stage in Georgia SHINES for the prospective caregivers where all future casework activities regarding the applicants will be documented.
5. Invite the prospective caregiver to a State Office Information Session.
6. Notify the Regional point of contact of a new inquiry assignment via email within one business day. Assign the FAD stage to the Regional point of contact.
7. Email the Prospective Caregiver Application & Instructions and the Live Scan Application for the primary and any secondary caregiver(s) following completion of the Information Session.

8. Assign a Caregiver Navigator to provide support to the applicant through the application process.

Processing inquiries received by a local DFCS

When processing inquiries, the local DFCS Caregiver Recruitment and Retention Specialist (CRRS) will:

1. Respond to persons who inquire about becoming a foster or adoptive parent within one business day to confirm their interest and schedule an Information Session.
2. Obtain inquiry information including but not limited to demographic information.
3. Carefully screen Georgia SHINES (using partial first and last name, DOB, and address) to see if an applicant's information has previously been entered into the system before creating a new Home Information Page and Person Detail pages for all household members.
4. Create or reopen a Foster/Adoptive Home (FAD) Stage in Georgia SHINES for the prospective caregivers where all future casework activities regarding the applicants will be documented.
5. Email the Prospective Caregiver Application & Instructions and the Live Scan Application Form to the primary and any secondary caregivers after the Information Session has been completed (see policy [19.8 Case Management: Criminal Records Checks](#)).
6. Contact prospective caregivers within two business days of a missed Information Session appointment to schedule another appointment.
7. Close out prospective caregivers in Georgia SHINES after three missed Information Session appointments.
 - a. Send written notification of closure asking prospective caregivers to inquire again when they decide to proceed with the process.
 - b. When appropriate, consider other ways to partner with individuals who decide not to foster or adopt, such as:
 - i. Special activities/events (e.g., Secret Santa, picnics, etc.).
 - ii. Volunteer activities for families.
 - iii. Recruitment activities.
 - iv. Operating clothing closets/food pantries.
 - v. Providing refreshments for future training events.
 - vi. Sponsoring a child's expenses for scouts, ballet, prom clothing, etc.
 - vii. Using special skills (e.g., art, athletics, etc.).
 - viii. Serving on citizen panels.
 - ix. Becoming a fully approved "respite only" foster parent.

Processing inquiries received by a Child Placing Agency (CPA)

When processing inquiries, the CPA Resource Development Staff will:

1. Respond to persons who inquire about becoming a foster or adoptive parent within one busi-

- ness day to confirm their interest and schedule an Information Session.
2. Obtain inquiry information including but not limited to demographic information.
 3. Email the Prospective Caregiver Application & Instructions and the Live Scan Application Form to the primary and any secondary caregivers (see policy [19.8 Case Management: Criminal Records Checks](#)).
 4. Complete and submit the DFCS CPS Screening Request to initiate safety screenings that must be completed by DFCS (see policy [19.9 Case Management: Safety Screenings](#)).

Practice Guidance

Inquiries

Prospective caregivers may inquire about becoming a foster or adoptive parent by calling a toll-free number (1-877-210-5437 or 1-877-423-4746) which serves as the central intake line for all telephone inquiries. They may also make web-based inquiries at www.fostergeorgia.com. The County Department should contact the Caregiver Recruitment and Retention Unit (CRRU) at the state office regarding concerns about the inquiry line or website.

Information Sessions

The Information Session (previously referred to as Orientation) constitutes the first phase of pre-service training/preparation and is mandatory for all potential foster and adoptive families. The scripted Information Session video and PowerPoint presentation should be used. Families approved by other states are also required to have the fundamental information needed to consider fostering or adopting in this state. The Information Session provides a basic introduction of applicable DFCS policy to assist interested parties in making an initial decision about becoming a foster or adoptive parent. Subsequently, they can determine whether to continue the process. The Information Session may be completed within a scheduled group setting or individually. Regardless of the format, persons interested in becoming foster or adoptive parents should not have to wait more than 14 calendar days to attend an Information Session. Making people wait leads to increased drop-out rates, therefore DFCS must move quickly to help people act upon their initial interest and nurture their desire to foster or adopt. Otherwise, such interest and desire may gradually disappear resulting in the loss of a potential resource for a child.

Following the Information Session, persons interested in continuing the application process must complete all required onboarding documentation and supplemental verifications (see policy [14.10 Resource Development: Initial Family Evaluation](#)). Any negative findings from safety screenings and criminal history record checks should be reviewed and approved by the County Director/Designee or CPA Director/Designee before an invitation to pre-service training is extended.

Applicant


This term refers to a prospective foster or adoptive parent who has made an inquiry and submitted a Prospective Caregiver Application but has not yet obtained final approval as a foster or adoptive parent. No individual should be denied the opportunity to apply based on race, color, or national origin (of the person or child involved).

Forms and Tools

[Prospective Caregiver Application & Instructions](#)

[Prospective Caregiver Application & Instructions \(Spanish\)](#)

14.8 Pre-Service Training

 Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(14) Resource Development		
Policy Title:	Pre-Service Training		
Policy Number:	14.8	Previous Policy Number(s):	N/A
Effective Date:	November 2024	Manual Transmittal:	2024-09

Codes/References

Title IV-E of the Social Security Act Section 471(a)(24)

Public Law (PL) 113-183 Preventing Sex Trafficking and Strengthening Families Act of 2014

Requirements

The Division of Family and Children Services (DFCS) will

- Ensure prospective foster and adoptive parents are adequately prepared with the appropriate knowledge and skills to provide for the needs of a child. As necessary, such preparation shall continue after placement of the child and includes knowledge and skills relating to the reasonable and prudent parenting standard.*
- Require prospective caregivers to complete a pre-service training program [National Training and Development Curriculum (NTDC)] to become approved foster or adoptive parents for children in DFCS custody.
 - Caregivers who voluntarily closed their homes while in good standing and desire to have their home reopened are not required to repeat pre-service training if they completed it within the last three years.
 - Topics addressed in pre-service training will include:
 - Rights, roles, responsibilities and expectations of foster parents
 - Child Development
 - Attachment
 - Separation, Grief, and Loss
 - Trauma Related Behavior
 - Trauma Informed Parenting
 - Effective Communication
 - Permanency Outcomes

- ix. Preparing for Intrusive Questions
 - x. Maintaining Children’s Connections with Siblings, Extended Family, and Their Community
 - xi. Cultural Humility
 - xii. Parenting in Racially and Culturally Diverse Families
 - xiii. Mental Health Considerations
 - xiv. Impact of Substance Abuse
 - xv. Creating a Stable, Nurturing, and Safe Home Environment
 - xvi. Parenting a Child with Sexual Trauma
 - xvii. Kinship Parenting
 - xviii. Building Resilience for Kinship Caregivers
 - xix. Connections with Birth Families After Adoption
 - xx. Accessing Services and Supports
- c. A waiver of pre-service training may be considered for families who are approved to foster or adopt in another state and are moving to Georgia with children placed by that state through the Interstate Compact on the Placement of Children (ICPC).
3. Make it possible for prospective caregivers to attend pre-service training no later than 60 days after submitting the appropriate documents from the Prospective Caregiver Application Packet.
 4. Require pre-service training sessions to be facilitated only by DFCS certified NTDC trainers.
 5. Restrict parent co-leaders from being solely responsible for an entire training session or completing In-Home Family Consultations.
 6. Hold preservice training sessions on days and times that meet the needs of the participating families while ensuring the entire curriculum is completed within 10 weeks. Meetings may be held at night, during the day, and/or on weekends.
 7. Require participants to attend all sessions.
 8. Require all adult household members (age 18 and over) of prospective foster parents to complete pre-service training if they will be involved in the **parenting** of children placed in the home. For adoptive families, these household members are *strongly encouraged* to participate.
 9. Require DFCS staff who will not facilitate pre-service training sessions to receive an abbreviated “overview session” of the curriculum from Resource Development (RD) staff or another approved facilitator. At a minimum, the following DFCS staff will be provided an overview of the NTDC Curriculum:
 - a. Regional Directors;
 - b. Field-based Consultants;
 - c. County Directors;
 - d. Deputy Directors;
 - e. Social Services Program Directors and Social Services Administrators;
 - f. Social Services Supervisors and Case Managers; and

g. Independent Living Specialists.

Procedures

NTDC Facilitators

1. Evaluate the needs of the family, as well as the needs and resources of the agency, to choose a mode of pre-service preparation (i.e., group or individual sessions) for the family. Group is the preferred mode.



Approval must be obtained from the Regional Adoption Coordinator (RAC) to pay for individual sessions.

2. Help participants make the decision to “select out” as a part of the joint selection process whenever participants decide they do not wish to foster or adopt. Participants who select out may be allowed to remain in the group, unless they are disruptive to the group. However, one-to-one sessions are discontinued.
3. Offer classes in the configuration that best meets the needs of their participants and still allows for completion of the entire curriculum within 10 weeks.
4. Request a waiver of pre-service training for families who are approved to foster or adopt in another state and are moving to Georgia with children placed by that state through the Interstate Compact on the Placement of Children (ICPC).
 - a. All applicable ICPC requirements must be met, and the Georgia ICPC Administrator must authorize the placement of children from other states into Georgia.
 - b. ICPC allows provisional approval of families. This means ICPC families can be provisionally approved before pre-service training is completed. The family will have to complete pre-service training within 120 calendar days in order to maintain approval status.
5. If applicants were approved in other states within the last five years, take the following actions to confirm the training hours and begin collecting information for the SAFE Home Study:
 - a. Obtain Authorization for Release of Information.
 - b. Contact the other state in writing.
 - c. Obtain a description of the training content and number of hours earned as part of pre-service and in-service hours.
 - i. Assess whether the training content was trauma informed.
 - ii. If the training content was not trauma informed, require the applicants to complete the following NTDC trauma informed modules:
 1. Trauma Related Behaviors
 2. Trauma Informed Parenting Mental Health Considerations
 3. Parenting a Child with Sexual Trauma
 - d. Request a copy of the family’s initial evaluation and any subsequent evaluations.
 - e. Request a written recommendation from the state as to the capabilities and protective capacities of the family.

f. Enter all information collected into Georgia SHINES.

Practice Guidance

National Training and Development Curriculum (NTDC)

The National Training and Development Curriculum (NTDC) has been adapted to address the needs of Georgia families and equips potential foster, kinship, and adoptive parents with the information, resources, and tools needed to parent a child who has experienced trauma, separation, or loss. NTDC requires 34 hours to complete and is designed as a hybrid model that can be delivered both virtually and in-person (at the discretion of the DFCS region). It is recommended that the first and last sessions be conducted in-person. The training schedule can be modified as long as the entire curriculum is not completed in a condensed format such as in one week or weekend. NTDC gives parents access to information and resources needed to continue building their skills once they have a child in their home through Right-Time Training (RTT). The NTDC curriculum and RTT themes are accessible from the agency's learning management system, IOTIS.

Right-Time Training (RTT)

Right-Time Training (RTT) is a component of NTDC that serves as a supplement to the classroom-based training. It provides caregivers online access to beneficial information on-demand whenever they want it. RTT includes 15 themes specifically for caregivers who are fostering or adopting. Each of the themes (listed below) takes about an hour to review.

- Accessing Services and Support
- Building Children's Resilience
- Building Parental Resilience
- Common Feelings Associated with Being Adopted
- Education
- Family Dynamics
- Intercountry Adoptions: Medical Considerations
- Life Story: Birth Story and Adoption Story
- Managing Placement Transitions
- Preparing for Adulthood
- Preparing for and Managing Visitation
- Responding to Children in Crisis
- Sensory Integration
- Sexual Development and Identity
- Sexual Trauma

Caregivers may use RTT to enhance their knowledge of any of the particular topics. RTT may also be used to address specific parenting needs when a Corrective Action Plan (CAP) with a foster or adoptive parent has been developed. RTT completed by approved caregivers during a calendar year may

be credited towards their annual training requirement (see policy [14.09 Resource Development: Continued Parent Development](#)). However, prospective caregivers will not receive credit for training taken prior to home approval.

Reducing the Waiting Period

Potential applicants could become discouraged or lose interest if they are left waiting to begin pre-service training. Some strategies to help reduce the amount of time applicants have to wait to participate in pre-service training include:

1. Conducting pre-service training groups across county lines;
2. Having reciprocal arrangements with other counties and agencies to make groups available to each other;
3. Co-leading groups with other public or private agencies that have approved trainers;
4. Referring prospective adoptive families to the Regional Adoption Coordinator (RAC) for linkage to a private adoption agency under contract with DFCS.

Consistent Group Leaders

It is preferred that group leaders remain the same throughout all assigned sessions of the pre-service training to enhance effectiveness. Leaders should not start group or individual training if it is known in advance that they will not be able available for the entire duration of the series. Each leader brings unique perspectives and experiences to the learning process.

Parent Co-Leaders

Pre-service preparation is most effective when jointly presented by DFCS staff and a competent, experienced foster or adoptive parent using an instructive and practical approach. DFCS County Offices/Regions and CPAs should maintain enough certified parent co-leaders to meet the training needs of the county/region. Parent co-leaders should be active partners in conducting groups and share an active role in planning, scheduling, logistics, and delivery. The DFCS and parent co-leaders should collaborate following each group meeting to discuss the meeting and exchange feedback on performance. Caregivers selected to become approved co-leaders should:

1. Be an approved, active caregiver; or a previous caregiver whose home was voluntarily closed while in good standing;
2. Demonstrate the ability to grasp and impart information;
3. Have at least two years of experience as a caregiver;
4. Demonstrate functional knowledge and understanding of the general needs of the children in foster care;
5. Demonstrate the ability to manage, nurture, and support children in foster care;
6. Demonstrate a functional understanding of the DFCS mission to strengthen and support birth families;
7. Have a positive working relationship with DFCS;
8. Provide an environment that ensures the health and safety of the child;

9. Understand the role they have assumed as caregivers and the ongoing impact this has on their family and themselves; and
10. Have no active CPS investigations.


Parent Co-Leader Scheduling

Counties/Regions should develop an annual training plan and inform parents of plans and approximate times that parents will be co-leading groups. DFCS and parent co-leaders must ensure the needs of the child(ren) placed in the parent co-leader’s home are being met before scheduling the parent to co-lead pre-service training. The parent co-leader must be able to state how the child(ren)’s needs will be met during the parent co-leader’s absence.

Forms and Tools

[Bill for Services Rendered](#)

14.9 Continued Parent Development

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(14) Resource Development		
	Policy Title:	Continued Parent Development		
	Policy Number:	14.9	Previous Policy Number(s):	N/A
	Effective Date:	May 2024	Manual Transmittal:	2024-03

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Require approved foster caregivers obtain a minimum of 15 hours of Continued Parent Development (CPD) each calendar year to develop competencies and skills needed to be successful in meeting the needs of children in foster care.



The number of required CPD hours for caregivers approved after March 31st shall be prorated the year of their initial approval (see [Practice Guidance](#)).

2. Require caregivers maintain current certification in Cardiopulmonary Resuscitation (CPR) and First Aid throughout the approval period for their foster home.



Hours required to maintain CPR and First Aid certifications are counted toward CPD hours.

3. Allow the caregivers to obtain CPD hours through:

- a. Training (online, virtual or in-person); or
 - b. Personal growth and development activities (e.g., counseling, support, stress management, nutrition, etc.). Hours from these activities must be verified with a written statement by the professional providing the service.
4. The number of required CPD hours shall be completed by December 31st each calendar year.
 5. Require newly approved caregivers to initiate CPD within 90 calendar days of initial approval.
 6. Verify that approved foster caregivers obtain the number of required CPD hours each calendar year and maintain current certification in Cardiopulmonary Resuscitation (CPR) and First Aid.

Procedures

Resource Development Social Services Case Manager

1. Inform caregivers of the CPD requirements, including ensuring CPD is relevant to the characteristics of children placed in their home.
2. Work with each caregiver during the initial family evaluation and re-evaluation process to identify their individual CPD needs.
3. Verify that foster caregivers obtain the number of required CPD hours each calendar year and that each caregiver’s CPR and First Aid certification is valid throughout the approval period:
 - a. Check the expiration date of the current certifications and note the duration of the certification period (e.g., one year, two years, etc.).
 - b. Upload verification of CPD hours and a copy of current certifications to Georgia SHINES External Documentation.

Resource Development Social Services Supervisor

1. Direct the SSCM to engage and increase their oversight of caregivers who are not actively participating in CPD.
2. Notify the County Director of any caregivers at risk of not meeting the annual CPD requirement.

Practice Guidance

Use the following chart to determine the number of required CPD hours for the initial year of approval:


Approval Month	CPD Hours Due by December 31 st
January	15 hours
February	15 hours
March	15 hours
April	10 hours
May	10 hours
June	10 hours
July	5 hours

Approval Month	CPD Hours Due by December 31 st
August	5 hours
September	5 hours
October	0 hours
November	0 hours
December	0 hours

Forms and Tools

[Foster Care and Adoptive Community – Online Training Program](#)

14.10 Initial Family Evaluation

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(14) Resource Development		
	Policy Title:	Initial Family Evaluation		
	Policy Number:	14.10	Previous Policy Number(s):	N/A
	Effective Date:	November 2024	Manual Transmittal:	2024-09

Codes/References

O.C.G.A. § 12-5-134(J): Standards for wells and boreholes (Georgia Water Wells Standards Act of 1985)

Public Law (PL) 104-191 Health Insurance Portability and Accountability Act of 1996

PL 109-248 Adam Walsh Child Protection and Safety Act of 2006

PL 115-123 Family First Prevention Services Act (FFPSA) of 2018

Requirements

The Division of Family and Children Services (DFCS) will:

1. Allow applicants 10 business days to submit the Prospective Caregiver Application that was provided to them following completion of the Information Session (see policy [14.7 Resource Development: Inquiries and Information Sessions](#)).
2. Conduct a comprehensive, written evaluation of prospective caregivers who apply to become foster or adoptive parents.
 - a. All components of the evaluation must follow the Structured Analysis Family Evaluation (SAFE) model.
 - b. The SAFE Home Study must be completed by a Home Study Practitioner (HSP) who is certified in the SAFE model. The HSP may be a certified DFCS staff member, Child Placing Agency (CPA) staff member, or approved contractor.

- c. The evaluation process must be supervised throughout by a supervisor who is certified in the SAFE model and has successfully completed the SAFE Supervisor Training.
- d. All home study interviews must be conducted in the applicant's home.
- e. The final approval authority must be a SAFE certified DFCS County Director/Designee or CPA Director/Designee.



Home studies must be updated for each subsequent adoption.


- 3. Afford any qualified individual the opportunity to become an adoptive or foster parent without regard to race, color, or national origin of the individual or of the child involved (see policy [1.4 Administration: Non-Discriminatory Child Welfare Services](#)).
- 4. Afford qualified individuals with disabilities an equal opportunity to participate in or benefit from the DFCS foster care and adoption programs (see policy [1.5 Administration: Americans with Disabilities Act \(ADA\)/Section 504 and Reasonable Modification](#)).
- 5. Evaluate applicants and their household members in accordance with policy [14.1 Resource Development: Safety and Quality Standards](#).
- 6. Perform applicable safety screening of all adult household members.
- 7. Conduct a fingerprint-based criminal records check (CRC) on all caregivers and adult household members in accordance with policy [19.8 Case Management: Criminal Records Checks](#).
- 8. Obtain information from the primary and secondary caregivers regarding their health (see policy [14.1 Resource Development: Safety and Quality Standards](#)).
- 9. Verify that primary and secondary caregivers have undergone drug screening within the 12 consecutive months prior to final approval of the initial home study (see policy [19.25 Case Management: Drug Screens](#)).
- 10. Verify that primary and secondary caregivers have current certification in First Aid, including cardiopulmonary resuscitation (CPR).
- 11. Evaluate the primary and secondary caregivers' financial stability.
- 12. Complete the SAFE Home Study, including approval in Georgia SHINES, no later than 30 calendar days after the applicant submits all required information.
 - a. The final approval authority (SAFE certified DFCS County Director/Designee or CPA Director/Designee) has three business days to review and make the approval decision, which is part of the 30-day timeframe.
 - b. Full approval status must not be granted to an applicant prior to the completion of an approved home study.
- 13. Complete home studies on families in Georgia (fostering or adopting) from another state within 45 calendar days of case assignment (see policy [15.3 Interstate Compact on the Placement of Children \(ICPC\): Placement of Children from Other States into Georgia \(Georgia as the Receiving State\)](#)).
- 14. Complete home studies related to ICPC Expedited Placement Decision Requests within 20 business days of receipt (see policy [15.4 Interstate Compact on the Placement of Children \(ICPC\): ICPC Expedited Placements](#)).
- 15. Provide written notification to applicants regarding their approval status within one business

day of the approval decision.

16. Adhere to confidentiality and the Health Insurance Portability and Accountability Act (HIPAA) in accordance with policies [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#).

Procedures

DFCS Caregiver Recruitment and Retention Specialist / CPA Resource Development Staff

1. Upon receipt of the Prospective Caregiver Application and Live Scan Application Form(s) that were provided following completion of the Information Session:
 - a. Make an appointment with an Electronic Fingerprint Technician to complete a fingerprint-based criminal history records check of the National Crime Information Center (NCIC) database within ten business days (see policy [19.8 Case Management: Criminal Records Checks](#)). Inform the applicants of their appointment and ask them to bring a copy of their driver's license, state issued identification, or other accepted form of identification.
 - b. Complete required safety screenings in accordance with policy [19.9 Case Management: Safety Screenings](#).
 -  CPA staff may decide to proceed with the home visit prior to receiving screening results from the DFCS Screening Unit.
2. Meet with the SAFE Supervisor to review the results of the safety screenings and criminal history records checks. Document a discussion of negative findings and justification for approval to proceed with the home study process, if granted (see policy [19.8 Case Management: Criminal Records Checks](#)).
3. Contact applicants to plan a home visit to assess their physical home environment.
 - a. Explain the DFCS obligation to maintain confidentiality and safeguard information to prevent unauthorized disclosure:
 - i. Personal information provided during the completion of the Family Evaluation or while serving as a caregiver will be kept confidential and used solely for the purpose of determining their suitability for the care of the child, unless otherwise permitted by law. See policy [2.6 Information Management: Confidentiality/Safeguarding Information](#).
 - ii. DFCS cannot share protected health information (PHI) with any person, agency, or contractor without prior written authorization from the owner of the PHI, unless otherwise permitted by law. Provide a copy of the Notice of Privacy Practices and obtain signature(s). See policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#).
 - b. Obtain identifying information (i.e., DOB and SSN) on all adult household members that was not obtained during the initial inquiry process.
4. Visit each applicant's place of residence and carefully assess the physical environment (e.g., living space, condition of the home). This is not a Home Study Interview.
 - a. Complete the Caregiver Home Inspection Safety and Compliance Checklist.

- b. Take pictures of the home environment (interior and exterior), including the sleeping areas proposed for the children.
- c. When there is a well on the property, inquire about its maintenance.
 - i. If the applicant confirms that the well meets the Georgia water well standards, request the applicant complete an attestation affirming the continued maintenance of the well and that they will promptly inform DFCS of any issues that arise.
 - ii. Take pictures of the well showing its covering.
- d. When there is a septic tank on the property, inquire about its maintenance. If the applicant confirms the septic tank is properly maintained and meets applicable legal standards, request the applicant complete an attestation affirming the septic tank meets the standards and that they will promptly inform DFCS of any issues that arise.
- e. Complete a water safety assessment for homes that have swimming pools, spas, etc. and take pictures.



See policy [14.1 Resource Development: Safety and Quality Standards](#) for information on home safety standards.

5. Meet with the SAFE Supervisor to discuss the results of the home inspection to determine whether the family is eligible to continue the family evaluation process.

6. If all findings are acceptable:

a. Email applicants the required onboarding forms:

i. Prospective Caregiver Onboarding Pathway, which includes:

1. Authorization for the Release of Information
2. Caregiver Child Safety Agreement
3. Caregiver Reference and List Form
4. Confidentiality and Privacy Agreement
5. Financial Statement for Resource Parenting
6. Home Inspection Safety and Quality Requirements
7. Safety and Quality Standards (SQS) Acknowledgement
8. Medical Evaluation Report - Prospective Caregiver (due within 30 calendar days of receipt).



Documentation of the physical exam on a health care provider's form with comparable information is also acceptable.

b. SAFE Questionnaire 1 (Q1) - Primary and Secondary Caregiver (download from the SAFE Home Study website)

c. Medical Evaluation Report - Additional Household Member (if applicable) (due within 30 calendar days of receipt).



Documentation of the physical exam on a health care provider's form with comparable information is also acceptable.



The adult household members shall be given the Prospective Caregiver Onboarding Pathway – Adult Household Member Packet which must be reviewed and returned.

- d. Request the following supplemental verifications from the prospective caregiver (due within 30 calendar days from the beginning of preservice training):
 - i. Marriage license/divorce decree
 - ii. Death certificate (if applicable)
 - iii. Income verification
 - iv. Lease/mortgage verification
 - v. Automobile insurance verification
 - vi. Tuberculosis (TB) skin test results – if not completed during medical examination
 - vii. Drug screening results
 - viii. Pet vaccination record – consistent with Georgia law
 - ix. Immunization records for household members under the age of 18 (unless an exception applies)
 - x. Cardiopulmonary resuscitation (CPR)/first aid certification
7. Complete procedures 1-6 before sending a referral to a Foster Home Development Contractor or some other Home Study Practitioner (HSP) for completion of a SAFE Home Study.

SAFE Home Study Practitioner

1. Acknowledge receipt of a referral for completion of a SAFE Home Study within one business day.



This applies to contractors and may be accomplished via email.

2. Confirm receipt of the onboarding documents and supplemental verifications from prospective caregivers before scheduling the introductory home visit.
3. Schedule the introductory home visit with the prospective caregiver applicant(s) to begin the SAFE Home Study process within three business days of receipt of the referral. The visit shall be held no later than five calendar days after receipt of the referral.
4. Use the Q1 Harvesting Sheet to review the Prospective Caregiver Application, Q1, and other documents submitted by each applicant.
 - a. Make notes on the Q1 Harvesting Sheet regarding issues that generate curiosity about each applicant in preparation for home study interviews.
 - b. Curiosity should be prompted by possible strengths, inconsistencies and issues that might be of concern.
 - c. Review the results of safety screening and criminal records history check.
5. Meet with the SAFE Supervisor prior to the first home study interview to review the Prospective Caregiver Application, Questionnaire 1 (Q1) and Q1 Harvesting Sheet.
 - a. Organize all the information that has been received up to this point and plan the home study interviews. Identify things that generate curiosity and plan to address them over the

span of all the home study interviews, not in a single interview.

- b. If the results of the home inspection, safety screenings and criminal records history checks, etc. are satisfactory, contact the applicant to schedule the first home study visit. If the results are not satisfactory, consider other ways to partner with applicants (see policy [14.7 Resource Development: Inquiries and Information Sessions](#) for ideas).
 - c. Plan to conduct home study visits no less than seven and no more than 10 days apart.
 6. Conduct the number of home study visits and interviews necessary to complete the SAFE Home Study (see Practice Guidance: Home Study Interviews).
 - a. Interview all children and adults who reside in the home or are frequently in the home.
 - b. Discuss things that made the HSP and SAFE Supervisor curious.
 - c. Complete the Psychosocial Inventory (PSI) following each home visit.
 7. Directly administer Q2 to applicants while maintaining sight and control of the tool at all times.
 - a. Do not provide Q2 to applicants before the moment it is administered.
 - b. Administer Q2 in a private setting. For couples administer Q2 with both applicants present and together.
 - c. Instruct members of a couple not to communicate with each other or ask any questions of each other or the HSP while completing Q2.
 - d. Conduct a private, one-on-one interview with each applicant after Q2 has been completed.
 - e. For couples, ask one applicant to leave or go to another area of the home and interview the other applicant privately. Repeat the process with the other applicant.
 - f. Interview applicants privately and individually for no longer than 45 minutes each.
 8. Meet with the SAFE Supervisor following each home visit for consultation and feedback.
 9. Send all references the Reference Questionnaire. After receiving a response, speak with each reference as needed to gather more information and seek clarification of any of the information provided.
 10. If applicants indicate they were approved in other states, take steps to secure confirmation, and begin collecting information for the home study:
 - a. Obtain a Release of Information;
 - b. Contact the other state in writing;
 - c. Obtain a description of the training content and number of hours earned as part of pre-service and in-service hours;
 - d. Request a copy of the family's initial evaluation and any subsequent evaluations;
 - e. Request a written recommendation from the state regarding the capabilities and protective capacities of the family; upload into Georgia SHINES.

 Do not make this a barrier to approval.

11. Send a written explanation, signed by the County Director/Designee or CPA Director/Designee, to all families whose Initial Family Evaluation will not be completed within the designated time-frame.

12. Provide applicants the opportunity to read the authorized portion of the Home Study Report pertaining to their family and have them acknowledge doing so by signing the document.
13. Provide written notification to applicants of the approval decision (approved or disapproved) via email within one business day of the decision.
 - a. Initial contact may be made by telephone but must be immediately followed by the email.
 - b. If approval is granted, cordially welcome approved caregivers to the foster/adoption team and advise them of subsequent procedures.
 - c. If approval is not granted, inform the applicants in a clear, concise, and non-judgmental manner.
14. Conduct a home visit with the approved caregivers within three business days of approval for the review and signing of the Caregiver Child Safety Assessment Agreement.

Social Services Supervisor

1. Ensure all required safety screenings, criminal history records checks, and the Caregiver Home Inspection Safety and Compliance Checklist are completed before the HSP is assigned to begin the SAFE Home Study.
2. Meet with the Caregiver Recruitment and Retention Specialist (CRRS)/CPA Resource Development (RD) Staff to review the results of the safety screenings, criminal history records checks and Caregiver Home Inspection Safety and Compliance Checklist to determine whether the family is eligible to continue the family evaluation process.
3. Assign the home study for completion to a SAFE certified HSP who can address sensitive and difficult issues in an appropriate manner.
4. Ensure all SAFE tools [Questionnaire1 (Q1), Questionnaire 2 (Q2), Q1 Harvesting Sheet, SAFE Desk Guide, Psychosocial Inventory (PSI) and Home Study Report] are used correctly.
5. Meet with the HSP to discuss the Prospective Caregiver Application, results of Q1, and Q1 Harvesting Sheet to help organize the information and plan the home study interviews.
6. Meet with the HSP following each home study interview.
 - a. Meet with the HSP timely to prevent delays in the home study process.
 - b. Review the Interview Worksheet to identify potential concerns and missed issues.
 - c. Review the PSI after each home study interview and provide feedback to the HSP prior to the next home visit so the appropriate action can be taken regarding any concerns.
 - d. Review Q2 after the Q2 home study interview.
 - e. Review Desk Guide Ratings carefully. Check for expected SAFE Desk Guide ratings of 3, 4 or 5 as well as any surprise ratings that may require more discussion with the HSP.
 - f. Ensure the HSP completes a sufficient number of interviews at the appropriate intervals (seven to 10 days apart).
7. Meet with the HSP to discuss the final desk guide ratings and mitigation. Ensure that mitigation of a SAFE Desk Guide rating of 3, 4 or 5 is appropriate and supported by outside sources.
8. Review the SAFE Home Study Report to ensure that it is thorough and that all issues are identified and discussed prior to final approval.

9. Complete the SAFE Supervisor Home Study Certification and include in the file.
10. Ensure applicants are given the opportunity to read the authorized portion of the Home Study Report pertaining to their family and have so acknowledged by signing the document.
11. Routinely assess the foundational skills of the HSP (engagement and forensic interviewing skills; analytical and evaluation skills; and writing skills) and provide the education and support necessary to help the HSP strengthen skills as needed.

Practice Guidance

Structured Analysis Family Evaluation (SAFE) Home Study Components

The SAFE Home Study is a placement document, an investigation, a psychosocial evaluation, and a clear written report. It has four components:

1. **Information Gathering Tools** - These tools support the Home Study Report and are designed to prompt the HSP to ask questions **not** provide answers:
 - a. **Questionnaire 1 (Q1)** - It is completed by each applicant and covers eight areas of family history and functioning (i.e., Personal History; Parenting Practices; Personal and Family Values; Health; Support System; Work; Family Relationships; Marital/Partner Relationship).
 - b. **Q1 Harvesting Sheet** - It is used to review the Prospective Caregiver Application, QI and other documents submitted by applicants. It helps organize information to provide a complete overview of each applicant's specific issues, behaviors, or events that should be addressed in upcoming home study interviews.
 - c. **Questionnaire 2 (Q2)** - It contains the sensitive and critical questions that need to be addressed in a home study (i.e., problem issues/behaviors; personal alcohol consumption; personal legal/illegal drug usage; family substance abuse; history of sexual, emotional, or physical victimization; child abuse allegations/convictions; family violence and crime; family sexual perpetrators; domestic violence; mental illness). Each applicant is interviewed privately and individually (one-on-one) immediately after the administration of Q2. Due to the sensitive and complex nature of these topics, this can be a very emotionally charged interview.
 - d. **Reference Letter** - It was designed to enable the HSP to obtain more complex information about applicants for analysis and follow-up. After receiving the SAFE Reference Letter, the HSP should speak with each reference to gather more information and seek clarification of anything in the letter. Other than indicating they received the required references, the HSP should not mention the individual references specifically in the narration of the SAFE Home Study Report. Issues raised by references should be addressed with applicants. Any issues that merit a SAFE Desk Guide Rating of 3, 4, or 5 should be discussed in the Psychosocial Evaluation Section of the SAFE Home Study Report without revealing sources.
2. **Structured Analysis** - SAFE has identified 70 Psychosocial Factors that research has demonstrated to be necessary for safe and effective parenting whether through adoption, kin, or foster care. The Psychosocial Inventory (PSI) and SAFE Desk Guide allow the HSP to systematically analyze information gathered during the home study process, as well facilitate a clear and uniform identification of specific family strengths and issues of concern. The PSI and Desk Guide are grouped into the following nine sections: History; Personal Characteristics; Marital/Partner

Relationship; Children/Others Residing/Frequently in the Home; Extended Family Relationships; Physical/Social Environment; General Parenting; Specialized Parenting; and Adoption/Foster Care Issues.

The PSI is designed to look at a person's history of issues, concerns, behaviors, and events and determine how they affect the person's current functioning and ability to parent. The PSI strives to help the HSP determine whether an applicant can parent, and if so, who they can parent. Only one PSI is used per family and is completed after each home study visit. The SAFE Desk Guide is a severity scale that indicates the potential seriousness of an issue, behavior or event experienced by an applicant.

The PSI and SAFE Desk Guide contain research-based factors that support safe and effective family functioning and the ability to parent. The factors are rated on a scale of 1 to 5 and marked on the PSI. The ratings represent the following: 1=Exceptional Strength; 2= Strength; 3=Concern; 4=Serious Concern; 5=Extremely Serious Concern. A rating of 2 is the default rating until proven otherwise. A rating of 2 may also be used early in the home study process when the HSP does not have enough information to rate a factor. In other words, it can function as the "I don't know" rating until more information is gathered. A completed home study report should not have an abundance of "2" ratings which is not indicative of a thorough assessment. Any psychosocial factor that merits a rating of 3 (Concern), 4 (Serious Concern) or 5 (Extremely Serious Concern) must be specifically addressed in the Home Study Report. As more information is gathered during the home study interview process, a rating may move to a more serious rating, but not in reverse.

As soon as possible following each home study visit, the HSP should mark the applicable SAFE Desk Guide ratings on the PSI. Entering the ratings while the visit is still fresh in one's mind prevents one from forgetting issues of concern or confusing them with other studies. A different symbol is used to mark the ratings on the PSI for each home visit. For example, the symbol used to mark the rating for the first home study visit is a backward slash, whereas the symbol used to mark the second home study visit is a forward slash. The SAFE Desk Guide ratings should reflect everything the HSP knows up to that point. After each interview, the HSP submits the PSI to the Supervisor for review and feedback. The final SAFE Desk Guide Rating is made after the last home study visit and must be made with a high degree of confidence based on the HSP and the SAFE Supervisor's professional assessment.

3. **Home Study Report** – The narrative is designed to assist the HSP in focusing on the issues of concern within a family that will or could impact its ability to care for a child placed in the home. A home study should be specific to the applicant. The HSPs should use behaviorally specific language and avoid repeating the same thing throughout the study. There are six sections to a SAFE Home Study Report:
 - a. Non-narrative reporting required by the agency (i.e., general information; contact information; household demographics; medical/school reports; safety screening and criminal records history results; confirmation statements; attachments and verifications)
 - b. Motivation, Profile and Lifestyles of Applicants
 - c. SAFE Psychosocial Evaluation
 - d. Conclusions and Placement Considerations
 - e. Signatures and Approvals

f. SAFE Psychosocial Inventory Results (**NOTE:** this page should be removed when the SAFE Home Study Report is shared with applicants)

4. **Compatibility Inventory** - This is an optional matching tool designed to facilitate successful placements. This tool helps the HSP determine the willingness and ability of an applicant to parent children with certain issues and behaviors.

Home Study Interviews

The home study interview is the foundation of the home study process. The various gathering tools used with the SAFE model support the interviews and help the HSP develop questions for the applicants. HSPs learn more from applicants when applicants are interviewed at home where they are most comfortable. During interviews, HSPs should avoid using standardized questions and rushing ahead with their own agenda. Instead, the HSP should seek a natural, organic flow of communication with applicants. HSPs should trust their instincts but must be mindful of their own biases. HSPs must also remain keenly aware of non-verbal communication which guides about 80% of human interaction. No interview should take longer than an hour and a half. It is unlikely that any party will remain as alert as they need to be for longer than that period of time. Home visits should be no closer or further than a week apart because applicants need time to process the information covered between visits, but not so much time that they begin to lose information.

The initial visit to during which the Caregiver Home Inspection Safety and Compliance Checklist is completed should not be confused with a Home Study Interview. These are two different things and should not be done at the same time. The home inspection is authoritative and regulatory whereas the home study interview is collaborative and transparent. The more interviews a HSP has with an applicant, the more comfortable the HSP will be about recommending approval or denial. SAFE recommends a minimum of four interviews (three meetings) to complete an acceptable home study report. Depending on the circumstances, more than four interviews may be required. HSPs should prepare a plan for which interviews will be conducted during each visit such as the following:

Home Study Visit 1 (1st Interview)

- This is an introductory interview to develop the relationship between the HSP and the applicants.
- SAFE Questionnaire 1 (Q1) is discussed.

Home Study Visit 2 (2nd and 3rd Interview if it is a two-parent home)

- The HSP administers SAFE Questionnaire 2 (Q2), and it must never be out of the sight or control of the HSP.
- This is a one-on-one history interview. The purpose is to examine issues, behaviors, and events that affect or could affect the applicant's current functioning or ability to parent and how the applicant has resolved those issues. The focus is on past patterns of behavior.
- The HSP observes all applicants while they complete Q2. The applicants are instructed not to talk or discuss the questionnaire. When Q2 is completed, the HSP immediately interviews each applicant separately and privately. No children or other adults should be in the home when Q2 is administered. If others must remain in the home, they should not be in an area near where Q2 is being administered. The HSP must be skilled and prepared to handle sensitive and complex issues and work with emotionally charged situations.

- Q2 interviews should be no longer than 45 minutes each. However, due to their complexity, additional one-on-one/history interviews might be necessary before the marriage or support interview.

Home Study Visit 3 (4th Interview)

- This is a marriage or support interview.
- The family and others residing or frequently in the home can be interviewed at this time. The number of interviews performed will depend on the number of individuals involved.
- The HSP should examine the applicants' relationship with a focus towards the strength and dynamics of their marriage/partnership. For single applicants, the focus should be on their support systems.

Mitigation

Within the SAFE model, mitigation is where the HSP balances the truth (Final SAFE Desk Guide Ratings) and Justice (the HSP's clinical analysis of how those issues affect an applicant's current functioning and ability to parent). Mitigation is a fact or series of facts that exist to support the decision to mitigate an issue/behavior/event and must be corroborated by outside sources (e.g., other family members, professionals, clinicians). The HSP does not use the SAFE Desk Guide during the mitigation process. Mitigation is applied to all Final SAFE Desk Guide Ratings of 3, 4 and 5. Mitigation always focuses on current functioning or ability to parent rather than what happened in the past. The goal is to capture how the applicant's ability to parent is presently affected. Mitigation results in a mitigation rating using the SAFE severity scale. The mitigation rating should reflect the HSP and their supervisor's professional assessment (supported by evidence) of whether a Final SAFE Desk Guide Rating of 3, 4 or 5 is warranted based upon how an applicant is currently affected by the issue, behavior, or event. The mitigation rating is handwritten into the blank column to the right of all the Psychosocial Inventory factors with a final SAFE Desk Guide Rating of 3, 4 or 5. The three choices in mitigation are as follows:

1. Sustain: The issue/behavior/event is not resolved.
2. Reduce: The applicant has a degree of resolution, but the issue/behavior/event still affects their current functioning or ability to parent.
3. Erase: The issue/behavior/event is totally resolved and does not affect the applicant's current functioning or ability to parent.

Who is qualified to complete the SAFE Home Study?

SAFE Certified DFCS staff, SAFE Certified CPA Resource Development staff, or contractors may qualify as a SAFE Home Study Practitioner (HSP) able to complete the Initial Family Evaluation. Private contractors must meet the following criteria:

1. Certification in the SAFE model.
2. A minimum of a bachelor's level of education in Social Work, Counseling, Psychology, or a related field.
3. Ability to understand and implement the philosophy and conceptualizations inherent in pre-service training.

4. A functional understanding of the agency's mission.
5. Ability to provide thorough, well-written home studies with supported recommendations.



The SAFE Home Study Practitioner Skills Assessment can be used to help supervisors assess their Home Study Practitioners' foundational skills (engagement and forensic interviewing skills; analytical and evaluation skills; and writing skills).


Reimbursement of Expenses

If approved, applicants may be reimbursed for certain expenses incurred during the approval process. The guidelines are in Field Fiscal Services' COSTAR manual located at ffs.dhs.ga.gov/ffs/manuals/costar/index.php.

Forms and Tools

[Caregiver Child Safety Agreement](#)
[Caregiver Child Safety Agreement \(Spanish\)](#)
[Caregiver Child Safety Agreement - Adult Household Member](#)
[Caregiver Child Safety Agreement - Adult Household Member \(Spanish\)](#)
[Caregiver Home Inspection Safety and Compliance Checklist](#)
[Caregiver Placement Preferences](#)
[Caregiver Reference and List Form](#)
[Caregiver Reference and List Form \(Spanish\)](#)
[Confidentiality and Privacy Standards Agreement](#)
[Confidentiality and Privacy Standards Agreement \(Spanish\)](#)
[Financial Statement for Resource Parenting](#)
[Financial Statement for Resource Parenting \(Spanish\)](#)
[Home Inspection Safety and Quality Requirements](#)
[Home Inspection Safety and Quality Requirements \(Spanish\)](#)
[Medical Evaluation Report - Additional Household Member](#)
[Medical Evaluation Report - Prospective Caregiver](#)
[Notice of Privacy Practice](#)
[Notice of Privacy Practice - Spanish](#)
[Prospective Caregiver Application & Instructions](#)
[Prospective Caregiver Application & Instructions \(Spanish\)](#)
[Prospective Caregiver Onboarding Pathway – Adult Household Member Packet](#)
[Prospective Caregiver Onboarding Pathway – Adult Household Member Packet \(Spanish\)](#)
[Prospective Caregiver Onboarding Pathway – Caregiver Packet](#)
[Prospective Caregiver Onboarding Pathway – Caregiver Packet \(Spanish\)](#)
[Safety and Quality Standards Acknowledgement](#)
[Safety and Quality Standards Acknowledgement \(Spanish\)](#)

14.11 Individualized Assessment

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(14) Resource Development		
	Policy Title:	Individualized Assessment		
	Policy Number:	14.11	Previous Policy Number(s):	N/A
	Effective Date:	June 2023	Manual Transmittal:	2024-03

Codes/References

Section 504 of the Rehabilitation Act of 1973

Title II of the Americans with Disabilities Act of 1990, as amended (ADA)

U.S. Department of Justice regulations (28 CFR Part 35)

U.S. Department of Health and Human Services' regulations (45 CFR Parts 80, 84, and 91)

28 CFR § 42.503

U.S. Department of Health and Human Services, Office for Civil Rights and the Georgia Department of Human Services' Settlement Agreement, OCR Transaction Number: 09-102792

Requirements

The Division of Family and Children Services (DFCS) will:

1. Ensure that no qualified individual with a disability is excluded (by reason of such disability) from participation in or denied the benefits of its services, programs or activities (see policy [1.5 Administration: Americans with Disabilities/Section 504 and Reasonable Modifications](#)).
2. Provide individuals with disabilities the opportunity to benefit from or participate in child welfare programs, services, and activities that are equal to those extended to individuals without disabilities.
3. Conduct an Individualized Assessment (IA) of any prospective or existing caregiver under the following circumstances:
 - a. An individual makes it known that they have a disability for which they are requesting an auxiliary aid or modification to the Foster Care or Adoption program;
 - b. An individual has a disability that the home assessor reasonably believes may interfere with the individual's ability to be approved or continue to participate in the Foster Care or Adoption program; or
 - c. The results of an Initial Family Evaluation or Re-evaluation will result in a denial based on a covered disability.



The IA must be reviewed and approved by the DFCS Placement and Permanency Services Director (or his or her designee), prior to any decisions being finalized.

4. Screen a prospective caregiver out of the approval process or close the home of an existing caregiver if the individual poses a direct threat^[2] to the health or safety of others.
5. Eliminate eligibility criteria for participation that screens out or tends to screen out a person with a disability or any class of individuals with disabilities from full and equal enjoyment in

such participation. This does not apply to eligibility requirements that are necessary for the provision of the foster care/adoption program.

6. Provide an auxiliary aid or modify its policy, practice, or procedures if doing so will not fundamentally alter the nature of its foster care/adoption program or result in undue financial and administrative burdens.
7. Assess individuals with disabilities on a case-by-case basis consistent with facts and objective evidence and not on stereotypes or generalizations about individuals with disabilities.
8. Require Child Placing Agencies (CPAs) to create comparable procedures to ensure that their prospective and existing program participants are likewise protected under applicable disability laws and that all Reasonable Modification requests are documented.

Procedures

DFCS Caregiver Recruitment and Retention Specialist / CPA Resource Development Staff

1. Identify whether circumstances exist that warrant the completion of an Individualized Assessment (IA) to address the impact of a disability on the prospective or existing caregiver's ability to meet the Safety and Quality Standards and skills required to be approved as a foster or adoptive caregiver (see policy [14.1 Resource Development: Safety and Quality Standards](#)).
2. Conduct the Individualized Assessment (IA) using the "Individualized Assessment Tool for Prospective & Existing Foster Caregivers" (IA Tool) if a certifying medical official, as described in subsection d below, states that a prospective or existing caregiver has a disability that may affect his or her ability to care for a child:
 - a. Complete the IA Tool with the prospective or existing caregiver.
 - b. Gather information regarding the nature of an applicant or other household member's condition.
 - c. Assess whether the prospective or existing caregiver is a qualified individual with a disability (see Practice Guidance: Individualized Assessment).
 - d. Assess whether a qualified individual with a disability poses a direct threat to the health or safety of others. Direct threat is defined as a significant risk of harm to the health or safety of others that cannot be mitigated by reasonable modifications of policies, practices or procedures, or by the provision of auxiliary aids or services. Individuals deemed a 'direct threat' may be screened out or have their Family Evaluation denied solely based on this factor. When 'direct threat' is the justification for screening out an individual with a disability, the IA must include:
 - i. Current medical evidence or the best available objective evidence in determining:
 1. The nature, duration, and severity of the potential risk;
 2. The probability that potential injury will occur;
 3. Whether reasonable modification in policies, practices, or procedures will mitigate the risk. If not, explain why.
 - ii. The actual abilities and limitations of the prospective or existing caregiver.
 - e. Obtain the endorsement of a certifying medical official regarding whether the primary or

secondary caregiver (as applicable) has any medical, cognitive, or other condition that may adversely impact their ability to care for a child or meet the DFCS Safety and Quality Standards (see policy [14.1 Resource Development: Safety and Quality Standards](#)).

- f. For each Safety and Quality Standard and other necessary skill, assess whether the individual can meet the requirements. The IA shall specifically address the impact of a disability on the caregiver's ability to meet the Safety and Quality Standards in accordance with policy [14.1 Resource Development: Safety and Quality Standards](#); and exhibit the following skills required of all approved caregivers:
 - i. Understanding the Impact of Fostering /Adopting
 - ii. Teamwork and Communication
 - iii. Parenting Abused/Neglected Children
 - iv. Understanding Grief, Loss and Attachment
 - v. Understanding, Preventing and Managing Misbehavior
 - vi. Supporting Primary/Birth Family Relations
 - vii. Providing a Safe, Healthy and Nurturing Environment.
 - g. Determine if the potential risks can be mitigated by a reasonable modification in policies, practices or procedures, or by the provision of auxiliary aids or services in a manner that will not fundamentally alter the nature of the foster care or adoptive services program or pose an undue financial or administrative burden on DFCS, as required by federal law. If not, a denial decision may be made based on this factor.
3. Document the results from the IA Tool in Georgia SHINES within 72 hours of completion. Include the following:
 - a. Name of the applicant and the date and time of the IA;
 - b. Findings of the IA; and
 - c. A statement indicating the basis of a denial, including whether the denial is based on a disability, and whether reasonable modifications could allow the applicant to participate.
 - d. Upload the IA Tool into External Documentation in Georgia SHINES. Use the Foster/Adoptive Home Information Document Class and use the heading "ADA Individualized Assessment."
 4. Consult with the Regional ADA/Section 504 Coordinator throughout the IA process for technical assistance.
 5. If it appears that a disability may interfere with the individual's ability to be approved or continue to participate in the Foster Care or Adoption program, ask the individual if he/she would like to request a reasonable modification.
 - a. Direct all requests for reasonable modifications made by or on behalf of individuals with disabilities to the Regional ADA/Section 504 Coordinator for review and approval (see policy [1.5 Administration: Americans with Disabilities Act \(ADA\)/Section 504 and Reasonable Modifications](#) for submitting requests for reasonable modifications).
 6. If the results of an Initial Family Evaluation or Re-evaluation may result in a denial decision based on an individual's disability, staff the case with the Regional ADA/Section 504 Coordinator and the Caregiver Recruitment and Retention Unit Director before taking any action that may adversely affect the ability of caregivers with disabilities to participate in the Foster Care or

Adoption program.

- a. If there is concurrence at this level regarding the denial, that decision must be forwarded to and reviewed by the Caregiver and Wellbeing Coordination Section Director (or designee) for finalization.
 - b. After review by the Caregiver and Wellbeing Coordination Section Director, the Regional Coordinator will forward all denials to the State DFCS Civil Rights, ADA/Section 504 Coordinator for final review and approval by the Division Director (or designee).
7. Send caregivers a letter notifying them of the final decision regarding their request for reasonable modifications within 30 business days of receiving the request.
- a. Final decision letters must be signed by the local County Director.
 - b. Letters of denial must include the basis of the denial.
 - c. Upload the final decision letter into External Documentation in Georgia SHINES. Use the Foster/Adoptive Home Information Document Class and the heading “ADA/RA DFCS Response.”
8. Upload any subsequent communications regarding the reasonable modifications request into External Documentation in Georgia SHINES. Use the Foster/Adoptive Home Information Document Class and the most applicable heading.

Practice Guidance

How does the ADA define disability?

The ADA defines disability as:

1. A physical or mental impairment that substantially limits one or more of a person’s major life activities;
2. A record of such impairment; and
3. Being regarded as having such an impairment.

What is a qualified individual with a disability?

Federal law defines a ‘qualified individual with a disability’ as an individual with a disability who, with or without reasonable modifications to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by a public entity.

Individuals with disabilities must be provided opportunities to benefit from or participate in child welfare programs, services, and activities that are equal to those extended to individuals without disabilities. This principle can require the provision of aids, benefits, and services different from those provided to other parents and prospective caregivers where necessary to ensure an equal opportunity to obtain the same result or gain the same benefit, such as family reunification. For example, a child welfare agency must provide an interpreter for a father who is deaf when necessary to ensure that he can participate in all aspects of the child welfare interaction.

Individualized Assessment (IA)

Prospective or existing caregivers, with or without a disability, may pose a significant risk to the health or safety of the child that cannot be mitigated by reasonable modification. As a result, they may not be deemed an appropriate placement for a child. IA is a process used to determine whether a qualified foster or adoptive caregiver with a disability needs reasonable modifications to participate in the foster care or adoption program. The IA process is designed to assess the individual capacity of a foster or adoptive caregiver with a disability to provide a healthy and safe environment for the child.

On a case-by-case basis, the IA is used to examine the circumstances of individuals with disabilities based upon facts and objective evidence. Decisions must never be made based on speculation, stereotypes, generalizations or unfounded fears about individuals with disabilities. Technical assistance may be requested from the Regional or State DFCS ADA/Section 504 Coordinator at any time during the IA.

The IA includes a review of auxiliary aids, services or modifications that may be afforded to the caregiver so that they can participate in the program, and an assessment of whether or not the caregiver is a 'qualified individual with a disability' as defined by the ADA (See 42 U.S.C. § 12131) and whether the caregiver poses a 'direct threat' to the health or safety of a child in DFCS custody.

What is the fundamental nature of the DFCS foster care and adoption program?

The fundamental purpose of the DFCS foster care and adoption program is to promote the safety and well-being of children in DFCS care. DFCS seeks to identify qualified individuals to serve as partners in caring for, supervising, protecting and promoting the welfare of children in foster care. These partners serve as caregivers 24 hours a day, seven days a week. The recipient of the services of the DFCS foster care and adoption program is the child in foster care.

Requests for Reasonable Modifications

Participants have the right to request a reasonable modification (sometimes referred to as "reasonable accommodation"). The request may be made orally or in writing. The determination of whether DFCS will provide an auxiliary aid or modify its policies, practices, or procedures is made on a fact-specific, case-by-case basis and relies upon an individualized assessment of the caregiver making the request. For additional information regarding reasonable modifications, refer to [policy 1.5 Administration: Americans with Disabilities Act \(ADA\)/Section 504 and Reasonable Modifications](#).

DFCS ADA/Section 504 State and Regional Coordinators

DFCS has at least one state office ADA/Section 504 Coordinator and a coordinator for each region. They serve both foster care and adoptions programs. Before taking action, which might adversely affect the ability of a prospective or existing caregiver with disabilities to participate in the foster care and adoption program, the local DFCS office must seek guidance from the applicable coordinator. The Region's ADA/Section 504 Coordinator will serve as a second level reviewer/approver in cases where the local DFCS is considering not approving a prospective or existing caregiver who has a disability. If technical assistance or additional information is needed regarding DFCS' civil rights compliance, the Regional Coordinator may contact the State DFCS Civil Rights, ADA/Section

504 Coordinator, using the information below:

Division of Family and Children Services
DFCS Civil Rights, ADA/Section 504 Coordinator
47 Trinity Ave. S.W.
Atlanta, Georgia 30334
1-877-423-4746


**Individuals who are deaf or hard of hearing may call 711 for an operator to connect with us.*

To receive contact information for the Regional ADA/Section 504 Coordinator, contact the DFCS State Civil Rights ADA/Section 504 Coordinator.

Forms and Tools

- [DFCS Civil Rights Discrimination Complaint Form \(Form 724\)](#)
- [DFCS Civil Rights Discrimination Complaint Form \(Form 724\) \(Spanish\)](#)
- [Individualized Assessment Tool for Prospective and Existing Caregivers](#)
- [Reasonable Modification or Communication Assistance](#)
- [Reasonable Modification or Communication Assistance \(large print\)](#)
- [Reasonable Modification or Communication Assistance \(Spanish\)](#)
- [Reasonable Modification or Communication Assistance \(Spanish large print\)](#)

14.13 Family Re-evaluation

 Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(14) Resource Development		
Policy Title:	Family Re-evaluation		
Policy Number:	14.13	Previous Policy Number(s):	N/A
Effective Date:	November 2024	Manual Transmittal:	2024-09

Codes/References

O.C.G.A. § 12-5-134 (J) Standards for wells and boreholes (Georgia Water Wells Standards Act of 1985)

Public Law (PL) 113-183 Preventing Sex Trafficking and Strengthening Families Act of 2014

Requirements

The Division of Family and Children Services (DFCS) will:

1. Complete a comprehensive, written, Structured Analysis Family Evaluation (SAFE) Update regarding the overall quality and functioning of each approved caregiver every two years, prior to the expiration of the home's current approval period, and under the following circumstances:
 - a. There are significant changes in a household that impact the caregivers' ability to meet the Safety and Quality standards (SQS) and the issues of concern cannot be adequately

- addressed through an addendum to the most recent Family Evaluation
- b. Previously approved caregivers request to return to service within five years of a voluntary closure.
2. Ensure all components of the SAFE Update follow the SAFE model (see Practice Guidance: Updating a SAFE Home Study).
 - a. The SAFE Update must be completed by a home study practitioner (HSP) who is certified in the SAFE model. The HSP may be a certified DFCS staff member, Child Placing Agency (CPA) staff member or approved contractor.
 - b. The SAFE Update process must be supervised throughout by a supervisor who is certified in the SAFE model and has successfully completed the SAFE Supervisor Training.
 - c. All home study interviews must be conducted in the applicant's home.
 - d. Each household member must be interviewed.
 - e. Obtain input from children not currently placed in the home but were household members at some point during the previous approval period, when practical and appropriate.
 - f. The SAFE Update must include a recommendation for re-approval or disapproval and the signature of the final approving authority.
 - i. The final approving authority must be a SAFE certified DFCS County Director/Designee or CPA Director/Designee.
 - ii. The date the SAFE Update is signed by the final approving authority is the official date of approval.
 - iii. If the SAFE Update is not approved timely, the foster home status must be changed from full approval status in Georgia SHINES accordingly (see policy [14.15 Resource Development: Household Approval Status](#)).
 3. Afford qualified individuals with disabilities an equal opportunity to participate in and benefit from the DFCS foster care and adoption programs (see policy [1.5 Administration: Americans with Disabilities Act \(ADA\)/Section 504 and Reasonable Modification](#)).
 4. Evaluate applicants and their household members compliance with the SQS.
 5. Perform applicable safety screening of all adult household members.
 6. Conduct a fingerprint-based criminal records check (CRC) on all caregivers and adult household members in accordance with policy [19.8 Case Management: Criminal Records Checks](#).
 7. Obtain information from the primary and secondary caregivers regarding their health.
 - a. If primary or secondary caregivers (as applicable) have any medical, cognitive, or other condition that will affect their ability to care for a child, or a chronic medical condition, then they must be medically re-evaluated during each re-evaluation period until the condition is controlled.
 - b. If primary or secondary caregivers (as applicable) do not have any medical, cognitive, or other condition that will affect their ability to care for a child, or a chronic medical condition, obtain an attestation affirming this information.
 8. Request primary and secondary caregivers undergo drug screening at any time there is reasonable suspicion of substance misuse (see policy [19.25 Case Management: Drug Screens](#)). Care-


givers shall not be approved if positive results are reported for any illegal drug.

9. Evaluate the primary and secondary caregivers' financial stability.
10. Verify that primary and secondary caregivers have completed the required amount of continued parent development.
11. Verify that primary and secondary caregivers have current certification in First Aid, including cardiopulmonary resuscitation (CPR), for the ages of the children that are approved for placement and for the ages placed in the home.
12. Suspend completion of a SAFE Update on caregivers who are the subject of an active Policy Violation Assessment or Child Protective Services (CPS) investigation. If no disposition has been reached by the time the SAFE Update is due, then the home shall be moved to 'unapproved' status until a decision can be made regarding the future approval status of the home.
13. Review the Caregiver Child Safety Agreement with caregivers and obtain their signatures as confirmation of the review.
14. Review the Confidentiality and Privacy Standards Agreement with caregivers and obtain their signatures as confirmation of the review.
15. Restrict the use of or disclosure of information concerning applicants and their household members, including maintain the privacy of protected health information (see policies [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#)).
16. Provide written notification to caregiver(s) regarding their approval status within one business day of the approval decision.

Procedures

DFCS Caregiver Recruitment and Retention Specialist / CPA Resource Development Staff

1. Track when SAFE Updates are due for completion to ensure each is approved prior to the last day of the current approval term.
 - a. Under the Resource Development Staff Dashboard in Georgia SHINES, users can select the 'Retention' tab to view homes for which SAFE Updates are due.
 - b. Under the Resource Development Staff Dashboard in Georgia SHINES, users can select the 'Compliance' tab to view homes for which SAFE Updates are overdue.
2. Initiate a SAFE Update at least 90 calendar days prior to the expiration of the current approval term to allow adequate time to gather medical evaluations, criminal history records checks, etc., if needed.
3. Provide caregivers at least 90 calendar days' notice of the need for any medical evaluations or criminal records checks for themselves or household members.

 Documentation of the physical exam on a health care provider's form with comparable information is also acceptable.
4. Gather information from Social Services Case Managers (SSCMs) who have supervised placements in the foster home during the period being evaluated.

5. Gather information from children that were placed in the home during the previous review period, when practical and appropriate.
6. Conduct safety screening on all adult household members (see policy [19.9 Case Management: Safety Screenings](#)).
7. Conduct a fingerprint-based CRC of the National Crime Information Center (NCIC) database on all caregivers and all adult household members in accordance with policy [19.8 Case Management: Criminal Records Checks](#). This includes household members who reached the age of 18 during the re-evaluation period.
8. Assess the home's compliance with the SQS (see policy [14.1 Resource Development: Safety and Quality Standards](#)).
9. Gather basic data to determine present household status, including significant information on the current household, health, employment, and financial status. Require proof of current motor vehicle license and insurance. Include a verification statement that the documents were reviewed and are current and valid.
10. Obtain feedback from primary and secondary caregivers. Give caregivers an opportunity to formally review their experience working with DFCS, and to share their view on the fostering experience by completing the Caregiver Feedback Survey.
11. Confirm that primary and secondary caregivers have completed the required hours of continued parent development (see policy [14.9 Resource Development: Continued Parent Development](#)).
12. Confirm that primary and secondary caregivers have current certification in First Aid, including CPR, for the ages of children placed in their home.
13. Interview/obtain feedback from all household members.
 - a. Ask caregivers if there have been any 911 calls or arrests at their home. Caregivers must report to DFCS all arrests and 911 calls to their home by the next calendar day following the occurrence.
 - b. Include the children who have been placed in the home during the past year, the caregivers' interaction with these children, and their ability to meet the children's needs.
 - c. Examine the need for childcare services to continue, if applicable.
14. Submit the completed SAFE Update to the Resource Development (RD) Supervisor and County Director for approval prior to the expiration of the current approval period. Include the beginning and ending dates of the new approval period.
15. Notify the caregivers of the approval status of their home within one business day of the approval decision.
16. Update information on the FA Home page in Georgia SHINES.

Social Services Supervisor

1. Monitor and track SAFE Updates to ensure each is approved prior to the last day of the current approval term.
2. Verify that all required safety screenings, criminal history records checks, and the Caregiver Home Inspection Safety and Compliance Checklist are completed.

3. Meet with the Caregiver Recruitment and Retention Specialist (CRRS)/CPA Resource Development (RD) Staff to review the results of the safety screenings, criminal history records checks and Caregiver Home Inspection Safety and Compliance Checklist.
4. Ensure all SAFE tools are used correctly.
5. Review the SAFE Home Study Report to ensure that it is thorough and that all issues are identified and discussed prior to final approval.
6. Complete the SAFE Supervisor Home Study Certification and include in the file.
7. Ensure caregivers are given the opportunity to read the authorized portion of the Home Study Report pertaining to their family and have so acknowledged by signing the document.
8. Routinely assess the foundational skills of the HSP (i.e., engagement and forensic interviewing skills; analytical and evaluation skills; writing skills) and provide the education and support necessary to help the HSP strengthen skills as needed.

Practice Guidance

What is the purpose of the SAFE Update?

The assessment of an approved home is an ongoing process between DFCS/CPA and caregivers. A SAFE Update may be completed at any time during an approved home's approval period but is usually completed just prior to the expiration of the current approval period. The key purpose of the SAFE Update is to utilize information gathered during the approval term to determine if a home continues to be a safe and suitable environment for the placement of children in foster care and meets SQS. Information gathered from various sources (e.g., in-home consultation, feedback from caregivers, case managers, children placed in the home, documentation, safety screening, training logs) is used to conduct a holistic review of the caregiver and household.

SAFE Update Approval Period

No home shall have more than 24 months of approval. If a SAFE Update is completed within 30 calendar days of the due date, then the approval period (starting month to ending month) will remain the same as it was previously. If the SAFE Update is completed more than 30 calendar days early or late, then the approval period must change.

Who is qualified to complete the SAFE Update?

SAFE Certified DFCS staff, SAFE Certified CPA Case staff, or contractors may qualify as a SAFE Home Study Practitioner (HSP) able to complete the SAFE Update. Private contractors must meet the following criteria:

1. Certification in the SAFE model.
2. A minimum of a bachelor's level of education in Social Work, Counseling, Psychology, or a related field.
3. Ability to understand and implement the philosophy and conceptualizations inherent in pre-service training.
4. A functional understanding of the agency's mission.

5. Ability to provide thorough, well-written home studies with supported recommendations.

Updating a SAFE Home Study

1. Go to www.safehomestudy.org.
2. Select 'Download Reports'.



In order to download SAFE forms and templates you must have completed the full two-day SAFE training and be a certified SAFE user.

3. Enter your email address and select 'validate' to receive an email that includes a link.
4. Use the link received via email to access the applicable section of the website.
5. Select the tab labeled 'Tutorials' on the left side of the screen.
6. Select the PowerPoint and PDF for updating a SAFE home study.

Supplemental Verifications

Primary Caregivers

1. Copy of Driver's License – if they transport foster children
2. Copy of Automobile Insurance – if they own a vehicle and transport foster children
3. Verification of Household Income
4. Proof of current utility payment
5. Proof of current rent/mortgage payment
6. Pet Vaccination Record
7. Immunization Records for household members under the age of 18 (unless an exception applies)
8. Continued Parent Development Training Verification

Secondary Caregivers

1. Copy of Driver's License – if they transport foster children
2. Copy of Automobile Insurance – if they own a vehicle and transport children in foster care.
3. Continued Parent Development Training Verification

A copy of the following documents may be required if significant events have occurred since the initial family evaluation:


1. Marriage Certificates/Divorce Decrees
2. Death Certificates
3. Water/Sewage Bill/Environmental Statement
4. Verification of Mortgage or Lease Agreement – if the re-evaluation is due to relocation
5. Tuberculosis (TB) Test Results – (if not completed during medical exam)

6. Proof of Citizenship (e.g., birth certificate, naturalization papers, US Passport, Permanent Resident Alien Form/Green Card)
7. Cardiopulmonary Resuscitation (CPR)/First Aid Certification

Forms and Tools

- [Caregiver Child Safety Agreement](#)
- [Caregiver Child Safety Agreement \(Spanish\)](#)
- [Caregiver Child Safety Agreement - Adult Household Member](#)
- [Caregiver Child Safety Agreement - Adult Household Member \(Spanish\)](#)
- [Caregiver Feedback Survey](#)
- [Caregiver Feedback Survey \(Spanish\)](#)
- [Caregiver Home Inspection Safety and Compliance Checklist](#)
- [Confidentiality and Privacy Standards Agreement](#)
- [Confidentiality and Privacy Standards Agreement \(Spanish\)](#)
- [Foster, Adoptive & Kinship Caregiver Re-Evaluation Instructions – Adult Household Member](#)
- [Foster, Adoptive & Kinship Caregiver Re-Evaluation Instructions – Adult Household Member \(Spanish\)](#)
- [Foster, Adoptive & Kinship Caregiver Re-Evaluation Instructions – Caregiver\(s\)](#)
- [Foster, Adoptive & Kinship Caregiver Re-Evaluation Instructions – Caregiver\(s\) \(Spanish\)](#)
- [Home Inspection Safety and Quality Requirement](#)
- [Home Inspection Safety and Quality Requirement \(Spanish\)](#)
- [Medical Evaluation Report – Caregiver Update](#)
- [Safety and Quality Standards \(SQS\) Acknowledgement](#)
- [Safety and Quality Standards \(SQS\) Acknowledgement \(Spanish\)](#)

14.14 Family Evaluation Addendums

	Georgia Division of Family and Children Services		
	Child Welfare Policy Manual		
	Chapter:	(14) Resource Home Development	
	Policy Title:	Family Evaluation Addendums	
	Policy Number:	14.14	Previous Policy Number(s):
Effective Date:	May 2024	Manual Transmittal:	2024-03


Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Require caregivers of children in DFCS custody to inform their supervising agency (e.g., local DFCS, Child Placing Agency) of significant changes in their household or personal circumstances within one business day of the occurrence.

2. Document any changes in the family’s circumstances in Georgia SHINES within 72 hours of the information becoming known to the agency.
 3. Determine if a Structured Analysis Family Evaluation (SAFE) Update may be more appropriate than an addendum based on the nature of a family’s circumstances or the significance of the change.
 4. Complete a written addendum to the SAFE Home Study Report within 30 calendar days of significant changes within a family, including an explanation of how the change impacts the family. Significant changes include events such as the following:
 - a. Change of address
 - b. Change in marital status or relational issues
 - c. Change in approved number or demographics of children placed in the home
 - d. Changes that result in new requirements for safety (e.g., pool, firearm, pets)
 - e. Addition of new household members
-  A criminal records check, safety screening, and health evaluation must be completed on new adult household members.
5. Use the date of the final approving authority’s signature as the approval date of a Family Evaluation Addendum. The DFCS Director or Child Placing Agency (CPA) Director/Designee serves as the final approving authority.

Procedures

Resource Development Case Manager

1. Consult with the Resource Development Supervisor to determine if a change in a placement resource’s household or personal circumstances can be adequately addressed with an addendum to the most recent SAFE Home Study Report or if a SAFE Update is warranted.
2. Confirm and document that new household members have completed all applicable requirements within 30 calendar days of the qualifying event (see policies [14.10 Resource Development: Initial Family Evaluation](#), [19.9 Case Management: Safety Screenings](#) and [19.8 Case Management: Criminal Records Checks](#)).
3. Obtain verification of changes in a placement provider’s circumstances (e.g., copy of marriage license, divorce decree, etc.) to support verbal reports from caregivers.
4. Document any changes/updates regarding a home under the FA Home tab in Georgia SHINES within 72 hours of the information becoming known to the agency:
5. Complete the written addendum and obtain approval within 30 calendar days.

Resource Development Supervisor

1. Provide guidance to the case manager on whether to complete a Family Evaluation Addendum or a SAFE Update.
2. Review the addendum for approval and determine if caregivers need supportive services as a result of their change in circumstances.

3. Submit the Family Evaluation Addendum to the final approval authority.


Practice Guidance

N/A

Forms and Tools

N/A

14.15 Household Approval Status

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(14) Resource Development		
	Policy Title:	Household Approval Status		
	Policy Number:	14.15	Previous Policy Number(s):	N/A
	Effective Date:	May 2024	Manual Transmittal:	2024-03

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Assign the appropriate household approval status for each caregiver to reflect the current assessment of whether the caregiver meets the DFCS Safety and Quality Standards (see policy [14.1 Resource Development: Safety and Quality Standards](#)).




Child Placing Agencies (CPAs) are responsible for approving their caregivers' homes in accordance with the DFCS Safety and Quality Standards, Residential Childcare rules and regulations, and the guidelines of any other governing authority.

2. Assign household approval status according to the following definitions:
 - a. **Inquiry:** Status assigned to a prospective caregiver at the point of inquiry;
 - b. **Applicant (Pre-Service Training):** A prospective caregiver has begun pre-service training;
 - c. **Waiting List:** A prospective caregiver is interested in adopting a non-special needs child;
 - d. **Pending Full Approval:** A household meets the requirements for Full Approval status and is awaiting approval by the final approving authority (i.e., DFCS County Director/Designee or CPA Director/Designee);
 - e. **Pending Full Approval-Special:** A household meets the requirements for Full Approval-Special status and is awaiting approval by the final approving authority;

- f. **Full Approval:** A household meets the Safety and Quality Standards and has been approved by the final approving authority;
- g. **Full Approval-Special:** The household home meets the Safety and Quality Standards, operates a family childcare learning home, and has been approved by the final approving authority.
- h. **Pending Unapproved:** Approval is being denied or withdrawn and the action is awaiting approval by the final approving authority;
- i. **Unapproved:** A household is no longer in an approved status.
- j. **Pending Closure:** Closure has been initiated and the action is awaiting approval by the final approving authority;
- k. **Closed:** A household has no active placements and is closed.

 New placements may not be made in a home with a 'pending' or 'closed' status.

3. Use Child Placing Agency (CPA) foster homes for the placement of children in DFCS custody only after the Office of Provider Management (OPM) documents and approves the home in Georgia SHINES as being in Full Approval or Full Approval-Special status.
4. Only grant Full Approval or Full Approval-Special status to caregivers who have been assessed to meet the Safety and Quality Standards at initial approval, re-evaluation, or any other time a reassessment is warranted during their ongoing service.

 Re-assessment is warranted at any time during the approval term when observed or reported changes in the household indicate the household may no longer meet the Safety and Quality Standards.

5. Grant Full Approval and Full Approval-Special status for a term of no longer than twenty-four months at a time.
6. Update the household approval status in Georgia SHINES within one business day of the change.

Procedures

Resource Development (RD) staff will:

1. Determine if any changes have occurred in a caregiver's household or personal circumstances that impact approval status.
2. Immediately update a caregiver's approval status in Georgia SHINES, as needed, to accurately reflect the appropriate approval status.


Practice Guidance

N/A

Forms and Tools

N/A

14.16 Working with Caregivers

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(14) Resource Development		
	Policy Title:	Working with Caregivers		
	Policy Number:	14.16	Previous Policy Number(s):	14.16
	Effective Date:	May 2024	Manual Transmittal:	2024-03

Codes/References

- O.C.G.A. § 15-11-109 Notice of Hearing to Specified Nonparties
- O.C.G.A. § 15-11-111 Court Orders
- Public Law (PL) 105-89 Adoption and Safe Families Act (ASFA) of 1997
- PL 113-183 Preventing Sex Trafficking and Strengthening Families Act of 2014

Requirements

The Division of Family and Children Services (DFCS) will:

1. Actively involve caregivers as participants on the foster care team working toward the permanency plan for the child.
2. Provide caregivers training and information regarding applying the reasonable and prudent parenting standard (see policy [10.14 Foster Care: Promoting Normalcy for Children in Foster Care](#)) when determining whether to allow children in foster care to participate in particular extracurricular, enrichment, cultural, and social activities.
3. Maintain monthly contact either face-to-face, by telephone, email or other means with each caregiver to conduct an ongoing assessment around functioning, safety, and well-being in the foster home.
4. Conduct quarterly home visits to include:
 - a. Assessment of the physical home environment to confirm that it is safe and appropriate to meet the needs of each child placed in the home.
 - b. Quality engagement with each foster parent.
 - c. Separate quality engagement with each child placed in the foster home.
 - d. Quality engagement with all other adult household members and children living in the home (either individually or in a group) to discuss family functioning, roles and responsibilities of household members and the children’s Social Services Case Manager (SSCM), how fostering has impacted them as a family, their likes/dislikes, and any family needs.
 - e. Observation of family interactions.
 - f. Review of caregiver records and discussion of each child’s involvement in age or developmentally appropriate activities.
5. Complete SAFE Updates, allowing for individual quality time with all adults and children resid-

ing in the home (see policy [14.13 Resource Development: Family Re-evaluation](#)).

6. Provide caregivers a procedure for contacting the SSCM or other DFCS staff when an emergency arises in their home.
7. Provide caregivers timely notice of legal proceedings to be held regarding children placed in their home in accordance with policy [17.8 Legal: Caregiver's Right to Be Notified and Heard](#).
8. Conduct an exit meeting with caregivers when the caregivers' home is voluntarily or involuntarily closed (see policy [14.23 Resource Development: Home Closure](#)).
9. Document the observation and/or engagement of each family member during contacts in the Foster Adoptive (FAD) stage in Georgia SHINES within 72 hours of occurrence.

Procedures

When performing case management duties, the SSCM will:

1. Provide the caregivers with as much information as is available about children being placed in their home, including medical and educational information as well as a copy of the Family Plan and Written Transitional Living Plan (WTLP), if applicable.
2. Keep the caregivers informed of plans for the children and of birth family information that affects the children placed in their home.
3. Provide the caregivers with procedures for agency contact (DFCS and other agency staff) should emergencies arise in the foster home.
4. Discuss a plan with the caregivers for handling emergency situations (i.e., contacting 911, seeking emergency medical services, etc.).
5. Discuss the caregiver's application of the reasonable and prudent parenting standard when determining whether to allow children in foster care to participate in extracurricular, enrichment, cultural, and social activities; and that children in the care of the caregiver are given opportunities to engage in age or developmentally appropriate activities.
6. Encourage partnership parenting between foster parents and birth parents when it is appropriate and safe. This includes discussing with the caregivers the input of the child's parents regarding the types of activities in which they would like the child to participate. Whenever possible, include the birth parents in the decision making.

When making decisions regarding the selection and use of an approved home, the Resource Development (RD) Case Manager will:

1. Make a mutual decision with the RD supervisor and the caregiver regarding the suitability of a placement.
2. Select a placement for a child by matching the characteristics and needs of the child with the strengths and protective capacities of the caregivers.
3. Discuss the child's behavior and possible reactions to placement with the caregivers.
4. Discuss the permanency plan for the child and expectations surrounding visitation with the birth family.
5. Provide the caregivers with as much information available about the child being considered for

placement.

County DFCS

1. Provide all approved caregivers with telephone numbers for contacting the SSCM or other DFCS staff when an emergency occurs during or after regular office hours.
2. Respond immediately or as indicated by agency protocol. Emergency situations include, but are not limited to, the following:

- a. A child leaves the home without permission or runs away.
- b. A child becomes seriously ill or is seriously injured and requires immediate medical attention.



Caregivers are to take the child to the emergency room if the child's regular physician cannot be reached for advice. DFCS or a parent, if applicable, will need to complete any authorization or consent forms.

- c. A child gets into serious trouble with school, law enforcement, etc.
- d. A child's parent(s), relative, or other unauthorized person attempts to remove the child from the foster home.
- e. There is a serious illness or significant change in the foster home.
- f. A child is victimized or abused in any way (e.g., physically, sexually, etc.).

Social Services Supervisor

1. Ensure children in care are given opportunities to engage in age or developmentally appropriate activities.
2. During monthly staffing, discuss the visits with the SSCM and RD Case Manager to ensure quality observation and engagement is occurring at each visit.
3. Review documentation in the Contact Detail to ensure documentation supports what occurred during visits and includes the description of the types of activities in which children are engaged.
4. Provide coaching to the SSCM and RD Case Manager, as needed, regarding conducting and documenting a quality visit.

Practice Guidance

Partnership Parenting

Parents may be allowed to have parent-child visitation in the home of the caregivers. Caregivers often have life experiences, parenting knowledge, and skills that may benefit parents. Caregivers should be encouraged to share these with parents to assist them in meeting the needs of their children in the future. In some instances, caregivers could serve as a resource to the birth family after reunification, helping to ensure the safety and well-being of the children.

Purposeful Contacts

Although it may not always be possible, face-to-face contact is the preferred method of contact with caregivers. Case managers should make both announced and unannounced visits. Below are some topics that should be discussed during contacts with caregivers:

1. Health and safety issues
2. Behavioral issues
3. Educational issues
4. Ongoing opportunities children have had to engage in age or developmentally appropriate activities
5. Needed supports, training, or services
6. Changes within the foster home (i.e., household members, health, etc.)
7. Progress toward goals of the Family Plan
8. Children's permanency plans
9. Caregiver issues or concerns

Initial Placement

The caregiver's relationship with DFCS and his/her perception of being supported by DFCS are strongly influenced by the initial placement experience. The transition from pre-service training to in-service situations can be a nervous and unsettling experience for caregivers. A recently approved family needs more frequent contacts by the RD and SSCM to help them adjust to the initial placement. The caregivers should be encouraged to communicate openly about their foster parent experience and the effects on the foster family. The caregivers may have questions or need clarification about training, policies, and related issues.


Emergencies in Foster Homes

Caregivers should always have an updated listing of contact numbers for SSCMs and county leadership. There should never be an emergency situation involving a child in DFCS custody in which the caregivers are unable to contact anyone at the County DFCS. The County DFCS should designate someone to be responsible for updating and distributing the contact list to ensure caregivers always have the most current and accurate contact information. Some find it helpful to distribute contact lists at caregiver meetings or circulate them with monthly newsletters.

Forms and Tools

NA

14.17 Foster Parent Bill of Rights and Grievance Procedure

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(14) Resource Development		
	Policy Title:	Foster Parent Bill of Rights and Grievance Procedure		
	Policy Number:	14.17	Previous Policy Number(s):	N/A
	Effective Date:	May 2024	Manual Transmittal:	2024-03

Codes/References

O.C.G.A. § 49-5-281 Bill of Rights for Foster Parents; Filing of Grievance in Event of Violations

O.C.G.A. § 49-5-41(a) (2) (D) Persons and Agencies Permitted Access to Records

Requirements

The Division of Family and Children Services (DFCS) and Child Placing Agencies (CPAs) will comply with mandates contained in the Foster Parent Bill of Rights and Grievance Procedure. Foster parents have the following rights, which are subject to the grievance procedure outlined in this policy:

1. The right to be treated by DFCS 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 children in foster care;
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/her own family values and beliefs, so long as the values of the child and 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 DFCS 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 DFCS policies and procedures) and appropriate ongoing training (by DFCS or the placing agency) at appropriate intervals to meet mutually assessed needs of the child, to improve foster parents' skills, and to apprise foster parents of any changes in policies and procedures of DFCS 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 by DFCS of any changes in laws, policies, and procedures regarding foster parenting 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 DFCS 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:
 - a. 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.
 - b. 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 ini-

tial clothing, annual clothing, and special clothing.

- c. The County Department with financial responsibility for the child fails to provide reimbursement for supplemental supervision (approved child care) for working foster parents in accordance with State rates and policy.
 - d. 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 home or facility, hospitalization, admission to other institutions for evaluation, camp, respite, Independent Living Program (ILP) activities, and runaway (provided the foster parent is willing to have the child returned)].
7. The right to receive information from DFCS 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 known 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 known information regarding the child prior to placement. DFCS will provide such information as it becomes available as allowable under state and federal laws. Grievance may include if the 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.
 10. 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 effect on being assigned any future foster or adoptive placements;
 11. The right to receive any information through DFCS regarding the number of times a foster child has been moved, and the reasons therefore, and to receive the names and telephone numbers of the previous foster parents, if the previous foster parents authorized such release and as allowable under state and federal law;
 12. The right, at any time during which a child is placed with the foster parent, to receive from DFCS, any and all additional pertinent information relevant to the care of the child;
 13. 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;
 14. 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/her biological family is important to the child;
 15. The right to participate in the case planning and decision-making process with DFCS regarding the child;
 16. The right to provide input concerning the plan of services for the child and to have that input considered by the Department;
 17. The right to communicate for the purpose of participating in the case of the child with other professional team members 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;

18. 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 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, and permanency hearings;
19. 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;
20. 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;
21. The right to be provided a fair and timely investigation of complaints concerning the operation of a foster home;
22. The right to an explanation of a corrective action plan or policy violation relating to foster parents; and
23. 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 DFCS policies and procedures, and any removal of a foster child shall be conducted pursuant to those policies and procedures. DFCS will permit volunteers with the Adoptive and Foster Parent Association of Georgia (AFPAG) 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.

DFCS will also consider the following issues as grievable:

1. The local DFCS 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 with other resources.
2. The local DFCS fails to send a letter describing the reasons the home is being closed and notification of the closing date within 10 business days of the face-to-face contact.
3. The local DFCS 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 timeframe as specified in the law, O.C.G.A. § 49-5-41(D).

Procedures

DFCS Foster Parent

To file a grievance, a DFCS foster parent will:

1. **Step One Grievance:** Submit a written complaint to the local DFCS County Director via Foster Parent Grievance Notification: County Director.
2. **Step Two Grievance:** If the complaint is not satisfactorily resolved within 15 business days from the date the local DFCS acknowledges receipt, submit a written complaint to the State

DFCS Division Director via *Foster Parent Grievance Notification: State Division Director* along with a copy of *Foster Parent Grievance Notification: County Director*, the local DFCS response, and any other pertinent documentation to the State DFCS Division Director or his/her Designee for resolution at:

caregiver.ombudsmans@dhs.ga.gov

OR

Division Director
Division of Family and Children Services
Georgia Department of Human Services
47 Trinity Ave. S.W., 2nd Floor
Atlanta, GA 30334

- 3. Step Three Grievance:** If the complaint is not satisfactorily resolved within 15 business days from the date the State DFCS Division Director's office acknowledges receipt, submit a written complaint to the State Mediation Committee (SMC) via *Foster Parent Grievance Notification: State Mediation Committee* along with the entire complaint packet, including responses from the local DFCS and State Division Director to:

State Mediation Committee
Office of the Child Advocate
State of Georgia
7 Martin Luther King Jr. Drive, Suite 347
Atlanta, GA 30334



A step three grievance must be filed within 10 business days of the response from the DFCS Division Director's office. The grievance is considered closed and no mediation will occur if it is not filed within the specified time frame.

4. Confirm acceptance of the review/staffing appointment from the SMC via telephone, facsimile, or letter before the complaint will be placed on the SMC's calendar.
5. Comply with any requests from the SMC for additional information within three business days of receipt.
6. Accept the outcome from the mediation as final and determinative of all issues.



The mediation will result in a written agreement signed at the mediation or an impasse. Either way, it is the end of the grievance process.

County DFCS

1. Provide foster parents access to the Foster Parent Bill of Rights and the formal grievance procedure.
2. Avoid moving children out of their current foster home placement during the grievance process if there are no concerns for the children's safety or well-being.
3. Inform foster parents of their right to have an advocate during child protective services investigations and when going through the grievance process. Provide the contact information for the

Adoption and Foster Parent Association of Georgia: afpag.net and/or 1-877-804-6610.

4. Acknowledge receipt of a Step One grievance via *Notification of Receipt: Step One Grievance*, within three business days of receipt.
5. Investigate the grievance (i.e., staff with all pertinent individuals) and try to resolve it during Step One of the grievance process.
6. Send a written response indicating the resolution or decision reached within 10 business days of acknowledging receipt of the complaint.
7. Comply with any requests from the State Mediation Committee (SMC)/Office of the Child Advocate (OCA) for additional information within three business days of receipt.
8. Accept the outcome from the SMC as final and determinative of all issues.

DFCS Division Director's Office

1. Acknowledge receipt of a Step Two grievance via *Notification of Receipt: Step Two Grievance*, within three business days of receipt.
2. Investigate the grievance and try to resolve it during Step Two of the grievance process.
3. Send a written response indicating the resolution or decision reached within 15 business days of acknowledging receipt of the complaint.

State Mediation Committee / Office of the Child Advocate

1. Officially log each complaint and schedule mediation to hear the matter within 10 business days of receiving a Step Three grievance.
2. Ensure the following parties are notified of the date, time, and location of the mediation:
 - a. State DFCS representative;
 - b. Local DFCS representative;
 - c. Foster parent(s) filing the complaint; and
 - d. Foster parent agency representative.
3. Ensure a DFCS designee with the authority to make decisions for the Agency is present during the mediation meeting.
4. Request additional information as needed.
5. Depending on the nature of the complaint, recommend certain preliminary steps be taken, including, but not limited to:
 - a. Emergency steps to ensure safety of the child (e.g., suspension of visitation, change in visitation location, temporary suspension of placement, etc.);
 - b. Local Quality Assurance committee review of the case record;
 - c. Preliminary internal staffing and interviews with DFCS staff, foster parents, etc.;
 - d. A review of the case by appointed investigators, including interviews with parties to the case to gain additional information;
 - e. Requesting assistance from other county offices to assist in evaluating the complaint; and

- f. Requesting psychological evaluations.
6. Review pertinent documents such as the following:
 - a. Grievances filed by other foster parents who within the past year alleged that their home was closed in retaliation actions such as 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; and
 - b. Statistical information regarding the number of foster homes closing by a county during a particular time period.
 7. Formally conclude the grievance process via a signed written agreement at the mediation or an impasse.

Foster Parent with Licensed CPA

To file a grievance, a foster parent serving with a licensed CPA will:

1. **Step One: Informal Level:** Try to communicate directly with the agency staff person involved in the situation in an attempt to resolve the matter. This should occur within a reasonable amount of time.
2. **Step Two: Supervisory Level:** If Step One does not resolve the situation, bring the matter to the attention of the staff person's immediate supervisor who will get involved to try to resolve the matter. This should occur within a reasonable amount of time.
3. **Step Three: Executive Director/CEO Level:** If Step Two does not resolve the situation, present the problem in writing to the Licensed CPA's Executive Director /CEO explaining: (a) the issue/problem; (b) a summary of the efforts that have been taken to resolve the problem; and (c) why those efforts have not been sufficient to satisfactorily resolve the situation. The Executive Director/CEO will then attempt to resolve the situation. This should occur within a reasonable amount of time.
4. **Step Four: Board of Director Level:** If Step Three does not resolve the situation, present the problem in writing to the Board Chairperson with a copy given to the Executive Director/CEO explaining (a) the issue/problem; (b) a summary of the efforts that have been taken to resolve the problem; and (c) why those efforts have not been sufficient to satisfactorily resolve the situation. The Executive Director/CEO will then attempt to resolve the situation. The Board Chairperson will address the issue with the Board to provide the Board's resolution of the situation.
5. Accept the decision of the Licensed Child Placing Agency's Board of Directors as final and determinative on all issues in regard to any grievance.

CPA

1. Provide foster and adoptive parents access to the Foster Parent Bill of Rights and the formal grievance procedure.
2. Report any grievance reaching Step Four (Board of Directors Level) to the state DFCS Division Director within a reasonable amount of time. The report shall:
 - a. Provide a summary of the process, including what occurred at each step; and
 - b. Include a summary written by the foster parents providing a perspective of why they are

not satisfied with the decision of the Board.

Practice Guidance

The Foster Parent Bill of Rights became law on July 1, 2004. The law covers issues such as non-discrimination, distribution and disclosure of information, financial reimbursement, and the right to have input into case planning for children. It includes a provision for advocates who can provide support to foster parents during child protective services investigations or through the grievance process. The Bill of Rights also allows for foster parents to file grievances when they believe that any of these rights have been violated. Care should always be taken to mention only case situations, not case names. The Foster Parent Bill of Rights may be viewed at the [Adoptive and Foster Parent Association of Georgia \(AFPAG\)](#) website.

Besides partnering with DFCS and foster care team members, foster and adoptive parents in Georgia can also get support from [AFPAG](#) and the [Georgia Center for Resources and Support](#). These organizations provide ongoing training and advocacy to foster and adoptive parents. Refer to their website for contact information and resources for foster and adoptive parents.

Forms and Tools

[Foster Parent Bill of Rights Brochure](#)

[Foster Parent Grievance Notification: County Director](#)

[Foster Parent Grievance Notification: County Director \(Spanish\)](#)

[Foster Parent Grievance Notification: State Division Director](#)

[Foster Parent Grievance Notification: State Division Director \(Spanish\)](#)

[Foster Parent Grievance Notification: State Mediation Committee](#)

[Foster Parent Grievance Notification: State Mediation Committee \(Spanish\)](#)

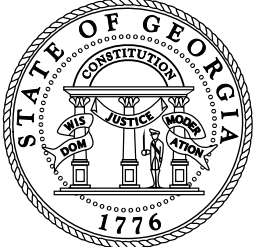
[Notification of Receipt: Step One Grievance](#)

[Notification of Receipt: Step One Grievance \(Spanish\)](#)

[Notification of Receipt: Step Two Grievance](#)

[Notification of Receipt: Step Two Grievance \(Spanish\)](#)

14.18 Supervision of Children

 Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(14) Resource Development		
Policy Title:	Supervision of Children		
Policy Number:	14.18	Previous Policy Number(s):	14.18, 14.26
Effective Date:	May 2024	Manual Transmittal:	2024-03

Codes/References

O.C.G.A. § 49-5-8.1 Short-term Respite Care of Child in Foster Care; Reasonable and Prudent Parent Standard

Title IV-E of the Social Security Act Sections 471(a)(10), 471(a)(24), 475(10), and (11)

Requirements

The Division of Family and Children Services (DFCS) will:

1. Require foster parents to provide safe and appropriate supervision for each child in DFCS custody that has been placed under their care and oversight.
 - a. Foster parents must use an adult (at least 18 years of age) for the supervision of children in DFCS custody.



Foster parents can make reasonable and prudent parenting decisions when determining whether to allow youth 14 years of age and older to be left under their own supervision for short periods of time (see Practice Guidance: Supervision of Older Youth).

- b. Foster parents shall make reasonable and prudent parenting decisions in assessing the appropriateness of the activities and approving the plan of supervision before children participate in activities during which they will not be under the direct supervision or oversight of their approved foster care provider, DFCS staff, or DFCS authorized provider (see policy [10.14 Foster Care: Promoting Normalcy for Children in Foster Care](#)).
 - c. Foster parents must be reasonably assured that any substitute caregivers possess the necessary skills to manage the parenting and/or special needs of the children left in their care and that the substitute caregivers will follow DFCS guidelines regarding supervision, discipline, and other safety practices.
 2. Allow foster parents to arrange for routine care (unreimbursed) for children in DFCS custody. Routine means more than once a week, usually at designated times. Conduct safety screenings and criminal records checks (CRC) on prospective routine caregivers.
 3. Allow foster parents to arrange for occasional or short-term unreimbursed respite care for relief of the foster parent by a person or entity. Safety screenings and criminal records checks are not required for occasional or short-term respite care up to 72 consecutive hours.
 - a. Foster parents shall use the reasonable and prudent parenting standard in selecting and arranging appropriate respite care.
 - b. 'Occasional' means once per week or less on varying days and not exceeding twice per month.
 - c. 'Short-term' means up to 72 consecutive hours, or for longer periods of time.



Short-term respite care for longer than 72 consecutive hours is hereafter referred to as "Extended Respite Care".

4. Require the following of foster parents when using short-term respite care (up to 72 consecutive hours)
 - a. Document the use of short-term respite care (up to 72 consecutive hours) by completing the Unreimbursed Substitute In-Home/Out-of-Home Caregivers form.
 - b. Review the Caregiver Child Safety Agreement with short-term respite caregivers and provide them a copy.

c. Inform DFCS of the use of short-term respite caregivers by submitting the Unreimbursed Substitute In-Home/Out-of-Home Caregivers form to the local DFCS.

5. Require the following to use (unreimbursed) Extended Respite Care:


a. Advance written notice (at least 72 hours is recommended) from the foster parents of their intent to use Extended Respite Care to the DFCS Social Services Case Manager (SSCM) or such SSCM's supervisor and, if applicable, the CPA.

i. The advance written notice shall include the full name of the respite caregiver, the address where the respite care will occur (e.g., in the foster home), and when the respite care period will begin and end.

ii. Email is the preferred method for providing advance notice to DFCS and, if applicable, the CPA.

b. An assessment of the prospective Extended Respite caregiver to determine their suitability to provide temporary care for the child(ren) prior to providing extended respite care:

i. Safety screenings on the prospective respite caregivers and all adults residing in the home.

 Safety screenings must be conducted annually.

ii. A check of the National Crime Information Center (NCIC) database utilizing electronic fingerprinting (Live Scan) on the prospective respite caregivers and all adults residing in the home.

 CRCs for extended respite caregivers are valid for one year.

iii. Completion of the DFCS designated pre-service respite training by the prospective respite caregivers.

iv. A home visit and face-to-face interview with the prospective respite caregivers and all household members.

v. An assessment of the prospective respite caregivers' physical home environment to determine if it is safe and appropriate to meet the needs of each child.

vi. A review of the Caregiver Child Safety Agreement and Unreimbursed Substitute In-Home/Out-of-Home Caregivers form with the prospective respite caregivers. Caregivers must sign and receive a copy of the agreement.



An assessment is not required for a foster parent to provide (unreimbursed) Extended Respite Care for another foster parent.

c. Written approval (email preferred) from DFCS prior to utilizing extended respite care. DFCS County Director approval is required for extended respite care.



The regional director or designee is responsible for coordinating the approval for extended respite care if the foster parent requests extended respite care for children from multiple counties or regions.

6. Provide paid respite care as a support service to foster parents who need time away from their parenting responsibilities.

- a. Foster parents may receive 10 calendar days of paid respite per fiscal year (taken individually or consecutively).
 - b. Paid respite may only be provided by an approved foster parent.
 - c. Foster homes providing paid respite may not exceed their approved capacity without a waiver from the applicable DFCS County Director or CPA Director.
7. Require foster parents to provide to routine caregivers, occasional or short-term respite caregivers (including extended respite caregivers), and paid respite caregivers with the following prior to leaving a child in their care:
 - a. Information about the child’s emotional, behavioral, medical, and physical condition, if any, necessary to provide care for such child during the supervision period.
 - b. Any medication that should be administered to the child during the supervision period.
 - c. Emergency contact information that is valid for the duration of the supervision period.
 8. Maintain open communication with foster parents regarding the use of routine and respite caregivers and their plan for ensuring the care and supervision of the children placed in their home.
 9. Require foster parents to report any of the following to the County DFCS or supervising CPA immediately but no later than 24 hours of the occurrence:
 - a. Serious illness impacting a child placed in their home (e.g., flu, serious infections);
 - b. Injuries sustained by a child placed in their home (e.g., burns, cuts, bruises, fractures); and
 - c. Accidents involving any child placed in their home (e.g., auto, bicycle, fall).

Procedures

Routine Care (unreimbursed)

The Social Services Case Manager (SSCM) will:

1. Confirm that a foster parent plans to use a caregiver to provide routine care for a child in DFCS custody.
2. Review and complete the Unreimbursed Substitute In-Home/Out-of-Home Caregivers form and Caregiver Child Safety Agreement with the prospective routine caregiver:
 - a. Provide a copy of the Caregiver Child Safety Agreement to the prospective routine caregiver.
 - b. Obtain the prospective routine caregiver’s signature on the forms.
3. Add the prospective routine caregiver to the Georgia SHINES Person List page.
4. Complete safety screenings in accordance with policy [19.9 Case Management: Safety Screenings](#). If the results of the screening reveal disqualifying findings, then notify the foster parent that the prospective routine caregiver is ineligible to serve as a routine caregiver.
5. Conduct a name-based CRC of the Georgia Crime Information Center (GCIC) database in accordance with policy [19.8 Case Management: Criminal Records Checks](#).
 - a. If the results of the GCIC reveal disqualifying findings, then give the prospective routine caregiver the option to undergo a check of the NCIC database utilizing electronic fingerprint-

ing (Live Scan) or be disqualified based on the results of the GCIC.



This option is available because GCIC are not as reliable as NCIC fingerprint-based searches.

- b. If the prospective routine caregiver is disqualified by the results of a NCIC, then notify the foster parent that the prospective routine caregiver is ineligible to serve as a caregiver for children in DFCS custody.
6. Complete the “Internal DFCS Use Only” section of the Unreimbursed Substitute In-Home/Out-of-Home Caregivers and upload into Georgia SHINES External Documentation.
7. Notify the foster parent that the prospective routine caregiver is eligible based on the results of the safety screenings and CRC.

The Social Services Supervisor (SSS) will:

1. Assist the SSCM in determining the suitability of prospective routine caregivers based on the CRC and safety screenings.
2. Confirm prospective routine caregivers are added to the Georgia SHINES Person List page.
3. Verify the documents are uploaded into Georgia SHINES External Documentation.

Short-Term Respite Care (up to 72 consecutive hours) unreimbursed

The SSCM will:

1. Upon notification of the foster parent’s intent to use short-term respite (up to 72 hours), provide the foster parent with the Unreimbursed Substitute In-Home/Out-of-Home Caregivers form and a Caregiver Child Safety Agreement.
2. Upon receipt of the completed Unreimbursed Substitute In-Home/Out-of-Home Caregivers form from the foster parent, upload into Georgia SHINES External Documentation.

The SSS will:

1. Verify the Unreimbursed Substitute In-Home/Out-of-Home Caregivers is uploaded into Georgia SHINES External Documentation.

Extended Respite Care (more than 72 consecutive hours) unreimbursed

The SSCM will:

1. Document the foster parent’s written notice of intent to use a respite provider for more than 72 consecutive hours in Georgia SHINES.



If a CPA foster parent, confirm that they notified their CPA.

2. Add the prospective extended respite caregiver to Georgia SHINES Person List page.
3. Complete safety screenings in accordance with policy [19.9 Case Management: Safety Screenings](#). If the results of the screening reveal disqualifying findings, then notify the foster parent, the prospective respite caregiver is ineligible to serve as a caregiver for children in DFCS custody.

4. Complete a fingerprint-based CRC of the NCIC database in accordance with policy [19.8 Case Management: Criminal Records Checks](#). If the prospective respite provider is disqualified by the results of the CRC, then notify the foster parent, the prospective respite provider is ineligible to serve as a caregiver for children in DFCS custody.
5. Request the prospective extended respite caregiver complete the DFCS designated pre-service respite training.
6. Make a visit to the prospective respite caregiver's home.
 - a. Conduct a face-to-face interview with the prospective respite caregiver and each household member to evaluate protective capacities.
 - b. Assess the physical home environment.
 - c. Review the Unreimbursed Substitute In-Home/Out-of-Home Caregivers form and Caregiver Child Safety Agreement with the prospective respite caregiver prior to the beginning of the respite period.
 - i. Ask the prospective respite caregiver to sign and date the forms.
 - ii. Give the prospective respite caregiver a copy of the forms; and
 - d. Document the assessment in Georgia SHINES, including uploading the forms into Georgia SHINES External Documentation.
7. Review the information gathered during the assessment and decide whether the prospective respite caregiver will be recommended for approval.
8. Obtain approval from SSS.
9. Notify the foster parent and the prospective respite caregiver of the DFCS' approval decision.



If a CPA foster parent, also notify the CPA of the approval.

The SSS will:

1. Review the information gathered during the assessment, including the CRC and safety screenings, and make an approval decision.
2. Verify any prospective extended respite caregiver has been added to the Georgia SHINES Person List page.
3. Submit the assessment to the County Director for approval.
4. Verify the documents are uploaded into Georgia SHINES External Documentation.

Practice Guidance

Substitute Caregivers

The use of substitute caregivers is only applicable for children in DFCS approved foster homes and CPA foster homes.

1. **Routine Care (unreimbursed):** more than once per week, usually at designated times. DFCS does not make payments to routine caregivers or reimburse foster parents for any payments the foster parents make to the routine caregiver.

2. **Respite (unreimbursed):** DFCS does not make payments to unreimbursed respite caregivers or reimburse foster parents for any payments the foster parents make to the unreimbursed respite caregiver. Foster parents may use unreimbursed respite care for purposes including, but not limited to, medical or other health care appointments, grocery or other shopping, personal grooming appointments, special occasions, foster parent training classes, school related meetings, business meetings, adult social gatherings, or an occasional evening out. The types of unreimbursed respite care include:
 - a. **Occasional Respite Care:** once per week or less on varying days and not exceeding twice per month.
 - b. **Short-term Respite Care:** up to 72 consecutive hours
 - c. **Extended Respite Care:** longer than 72 consecutives
3. **Respite Care (paid):** Respite is not to exceed 10 calendar days per fiscal year (taken individually or consecutively). Respite is paid at the child's current per diem rate. Paid respite care is a support service designed to allow foster parents time away from their parenting responsibilities. It is designed to give foster parents a needed break from parenting for such purposes as vacation, hospitalization, or any other circumstance that makes the foster parent unable to provide for the child's care in the home.

How to Determine Paid Respite Hours

When determining the number of respite days to be applied, there should be a negotiation with the foster parent to clearly establish how the days will be counted. The rule of thumb is that if a child sleeps at the respite home, it counts as a respite day (AKA head in the bed rule). Circumstances may vary, so it is important for DFCS to negotiate the number of respite days to be applied with each foster parent involved. This will help prevent conflict between any of the parties after respite services have been provided. Training for foster parents falls under current per diem, not respite. When a foster parent's attendance at an approved conference is overnight or extended care is needed, the foster parent's respite balance is not impacted (see Fiscal Field Services Manual Costar [Section 3001 Family Foster Care Programs](#)). Consult with the office of the Caregiver and Well-Being Coordination Section Director as needed regarding these situations.

Use of family foster homes between CPAs or between CPA and DFCS family foster homes is permissible, but it should be done in consultation with the Caregiver and Well-Being Coordination Section Director who will be able to assist with troubleshooting payment or Residential Child Care (RCC) rules.

Supervision of Older Youth

Reliable and competent youth 14 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 youths can benefit from experiences that foster a sense of responsibility, independence, and self-control. The primary factors to consider in determining if youth may be left alone is their level of maturity and ability to function in a safe, responsible manner for short periods of time without a caregiver present, as well as knowing when and how to access the foster parent or other designated adult. Some factors that should be considered include the following:

1. Length of time a youth has been in the placement setting
2. Youth’s judgment and level of maturity or development
3. Youth’s demonstration of dependability, responsibility, and trustworthiness
4. Youth’s history of emotional/psychological stability
5. Whether a youth has a history of running away and other status offenses
6. Whether a youth has a history of delinquent behavior
7. Youth’s history of alcohol or other substance misuse
8. Number of youth present in the home, gender, and their relationship with each other
9. Whether a youth has a history of sexual misconduct
10. Youth’s school performance
11. Safety of the home environment (firearm safety, water safety, any other potential hazards, etc.)
12. Youth’s ability to readily access their foster parent or other identified person should the need arise

Forms and Tools

[Caregiver Child Safety Agreement](#)

[Caregiver Child Safety Agreement \(Spanish\)](#)


[Caregiver Child Safety Agreement – Adult Household Member](#)

[Caregiver Child Safety Agreement – Adult Household Member \(Spanish\)](#)

[Unreimbursed Substitute In-Home/Out-of-Home Caregivers](#)

[Unreimbursed Substitute In-Home/Out-of-Home Caregivers \(Spanish\)](#)

14.20 Discipline and Behavior Management

	Georgia Division of Family and Children Services		
	Child Welfare Policy Manual		
	Chapter:	(14) Resource Development	
	Policy Title:	Discipline and Behavior Management	
	Policy Number:	14.20	Previous Policy Number(s):
Effective Date:	May 2024	Manual Transmittal:	2024-03

Codes/References

Taylor v. Ledbetter, 791 F.2d 881 (11th Cir.1986)

Requirements

The Division of Family and Children Services (DFCS) and Child Placing Agencies (CPA) will:

1. Prohibit approved caregivers, school systems, and any other caregivers for children in DFCS custody from using physical/corporal or emotional punishment as a method of disciplining chil-

dren in foster care.

2. Prohibit caregivers for children in DFCS custody from using parenting practices that demean, humiliate, degrade, create anxiety/fear, and deny children their basic right to be reared in a manner that is instructive, firm, nurturing, and humane. This includes name-calling, criticism, or deprecation of a child's racial/ethnic heritage and socio-economic station in life.

Procedures

Resource Development and/or Social Services Case Manager and CPAs

1. Ensure all approved caregivers have a copy of the Caregiver Child Safety Agreement and adhere to the agency's discipline policy.
2. Share any known behavior issues the child may have with the caregivers and any behavior management techniques that have been successful with the child in the past.
3. Respond promptly to concerns expressed by caregivers regarding managing the behavior of a child placed in their home/facility, and identify appropriate resources to assist in the implementation of effective discipline techniques.
4. Recognize high stress factors within the placement setting home and offer appropriate services to help maintain a safe, nurturing environment.
5. Provide school principals written notification of the identity of a child in foster care, including a statement that corporal punishment is prohibited as a means of discipline or correction. This (confidential) statement is to be provided at the time of enrollment.

Practice Guidance

Discipline and Punishment

The 1989 U.S. District Consent Decree, *Taylor vs. Ledbetter*, guides the DFCS Discipline Policy. The Decree provides that any **physical/corporal or emotional punishment to a child in foster care is prohibited**. Physical/corporal punishment is defined as the deliberate infliction of pain to the body of the individual. Emotional punishment involves deliberate actions toward a child that produce, hurt, fear, anxiety and any other negative emotions in a child.

The Department acknowledges that parenting is extremely challenging. The responsibilities of caring for children in agency custody are great and require an understanding of each child's needs. Caregivers are required to know the difference between discipline and punishment. Disciplinary approaches should be based on the child's age and particular needs as well as the circumstances. It is more important to use positive reinforcement than punishment to manage behavior.

Discipline establishes a standard of behavior. It is training that seeks to produce a specific character or pattern of behavior. It should be a **constructive** process that helps a child learn to control his/her own behavior (self-discipline). On the other hand, punishment focuses on controlling behavior through use of coercive means (i.e., force, dominance, harsh penalties). Caregivers may have used some forms of physical/corporal and emotional punishment with their own children. However, it is necessary to remember that children reared in a nurturing family where their needs are consistently met may be able to tolerate punishment in a different way than children removed from their families where they experienced severe abuse and neglect. Children entering foster care

usually feel at least one and often all of the following:

1. Negative attention is better than no attention;
2. The natural response to frustration, disappointment, anger, etc. is violence or verbal abuse;
3. Any form of physical action by a care taker may lead to severe abuse, creating fear and mistrust;
4. They are not loveable, which is reinforced by physical/corporal punishment and verbal demeaning; and/or
5. They are the reason their family is not together and deserve punishment.

Discipline within the School System

As an agency charged with the well-being of children, DFCS has a responsibility to advocate for the adoption of policies which are in the best interest of children who have been traumatized due to acts of neglect and abuse. Therefore, DFCS staff should advocate with school systems for the abolition of corporal punishment as a method of disciplining children in care. Some schools, in keeping with state laws relating to this issue, may require a statement from a licensed medical doctor stating that corporal punishment is detrimental to a child’s mental or emotional stability.


Application of the DFCS Discipline Policy

The DFCS Discipline Policy applies to all children in DFCS custody regardless of placement type.

Forms and Tools

[Foster Parent Manual](#)

14.21 Actions During Special Investigations

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(14) Resource Development		
	Policy Title:	Actions During Special Investigations		
	Policy Number:	14.21	Previous Policy Number(s):	New
	Effective Date:	April 2020	Manual Transmittal:	2020-04

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Maintain the safety and well-being of children in DFCS custody during a Child Protective Ser-

vices (CPS) special investigation of an approved placement resource.

2. Consult with the CPS Investigator to discuss the allegations of maltreatment, child safety, and family functioning.
3. Participate in the Special Investigation 48-hours multi-disciplinary staffing to discuss the case disposition and recommendations regarding the status of the placement resource.
4. Notify the Caregiver Recruitment and Retention Unit (CRRU) within 10 calendar days of the completion of the special investigation when there is a recommendation to close a DFCS foster/adoptive home or kinship foster home based on a violation of DFCS policy (see policy [6.11 Special Investigations: Special Investigations and Policy Violations Review Process](#)).
5. Conduct a policy violation assessment on a DFCS foster, adoptive or kinship foster home to assess policy violations identified but not assessed during a special investigation in accordance with policy [14.22 Resource Development: Policy Violations](#).

Procedures

Resource Development Case Manager

1. Immediately review the allegations of the Intake Assessment with the RD Supervisor to discuss potential impact on any current placements.
2. Verify the placement resource was placed on hold in Georgia SHINES pending the outcome of the investigation. If the home is not on hold, manually complete the process.



The Office of Provider Management (OPM) is responsible for placing CPA foster/adoptive homes on hold.

3. Be available to consult with the CPS Investigator, as needed, to support a thorough assessment of child safety and family functioning in the foster/adoptive home.
 - a. Share known history of the placement provider with the CPS Investigator so that it may be considered during the assessment of child safety.
 - b. Provide information requested by the CPS Investigator.
 - c. Refrain from sharing any details of the CPS Investigation obtained from the investigator (or any other source) with the caregivers.
4. Continue normal case management activities during a special investigation (e.g. making monthly contacts, quarterly visits, monitoring training hours and changes to the household). However, the annual re-evaluation of a placement resource may not be approved until the investigation has concluded (see policy [14.13 Resource Development: Family Re-evaluation](#)).
5. Provide support to the caregiver (after the CPS Investigator has made initial contact) without compromising the integrity of the Special Investigation and safety of the child (see Practice Guidance: Maintaining Neutrality During the Investigative Process).
6. Participate in the multi-disciplinary staffing held at least 48-hours prior to the special investigation being submitted for closure (see policy [6.8 Special Investigations: Making a Special Investigation Determination](#)).
 - a. If child abuse is substantiated, then discuss whether closure of the placement resource is warranted (see policy [14.23 Resource Development: Case Closure](#)).

- b. If child abuse is unsubstantiated, but there are significant concerns about the appropriateness of a caregiver to provide care for children in DFCS custody, then discuss whether closure of the placement resource is warranted (see policy [14.23 Resource Development: Case Closure](#)).
 - c. If child abuse is unsubstantiated, but a policy violation exists, then discuss if a corrective action plan is warranted (see policy [14.22 Resource Development: Policy Violations](#)).
7. Refrain from communicating any details of the staffing with the caregivers. Allow the CPS investigator to communicate the special investigation outcome to the caregivers.
 8. Initiate a policy violation assessment when the CPS Investigator identifies potential policy violations that were not assessed during the investigation in accordance with policy [14.22 Resource Development: Policy Violations](#).
 9. Notify CRRU when there is a recommendation to close a DFCS foster/adoptive home or kinship foster home based on a violation of DFCS policy.

Resource Development Supervisor

1. Immediately review the allegations of the Intake Assessment with the RD Case Manager to discuss potential impact on any current placements.
2. Verify the DFCS foster or adoptive home was placed on hold in Georgia SHINES pending the outcome of the investigation.
3. Ensure RD staff remains available and responsive to the CPS investigator without compromising the investigative process.
4. Ensure no annual re-evaluation is approved on a placement resource that is the subject of an active CPS investigation.
5. Participate in the multi-disciplinary staffing held at least 48-hours prior to the special investigation being submitted for closure (see policy [6.8 Special Investigations: Making a Special Investigation Determination](#)).
6. Carefully consider the history of the placement provider and the findings of the current special investigation to make decisions regarding the future status of the placement provider (e.g. whether a separate policy violation assessment needed, whether the placement resource should remain open).

Practice Guidance

Maintain Neutrality During the Investigation Process


RD Case Managers should be careful not to interfere with a CPS investigation and should maintain neutrality throughout the investigative process. This includes not sharing information pertaining to the investigation with caregivers. The CPS investigator will communicate the appropriate information to the caregivers at the appropriate time. RD staff may arrange services required to preserve the current placement(s) in the foster/adoptive home but may not serve in the role of an advocate. Foster and adoptive parents may obtain such advocacy via the Adoptive and Foster Parent Association of Georgia (AFPAG). Foster and adoptive parents are provided with a “Notification of Rights” brochure at the initial CPS investigation meeting, which informs them of their right to an advocate and instructions on requesting an advocate. Foster or adoptive parents may authorize an AFPAG

advocate to be present for all portions of investigations of child abuse at which an accused foster or adoptive parent is present. However, CPS investigations including applicable response timeframes are not impacted by the presence or absence of advocates.

Forms and Tools

[Adoption and Foster Parent Association of Georgia](#)

14.22 Policy Violations

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(14) Resource Development		
	Policy Title:	Policy Violations		
	Policy Number:	14.22	Previous Policy Number(s):	N/A
	Effective Date:	April 2020	Manual Transmittal:	2020-04

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Make a Child Protective Services (CPS) report to the CPS Intake Communication Center (CICC) whenever there is concern that a policy violation(s) has been committed by a placement resource (family foster or adoptive home, kinship foster homes, foster care kinship placements and Child Caring Institutions (CCI)).
2. Complete a policy violation (PV) assessment involving a placement resource within 15 calendar days of the receipt of the intake report or the date the report of the violation was received to:
 - a. Conduct a comprehensive assessment of the allegations of the violation of policy; and
 - b. Determine whether a policy violation(s) is supported or unsupported.



PV assessments involving foster care kinship placements are completed by the Permanency SSCM. PV assessments involving Child Placement Agency (CPA) foster or adoptive homes and CCI are completed by their respected agencies within 15 calendar days of the DFCS notification of the PV assessment.

3. Monitor the completion of PV assessments conducted by a CCI and CPA via the Office of Provider Management (OPM) to ensure all allegations were adequately addressed and determine concurrence with the PV assessment findings.
4. Conduct a private face-to-face contact with the alleged victim child(ren) and any other children in DFCS custody who are placed in the home or facility within 24 hours of receipt of the intake report or the report of the violation.

5. Engage the following individuals face-to-face and privately to discuss the policy violation allegations, caregiver protective capacity and family functioning:
 - a. Alleged victim child(ren)
 - b. Other children placed in the home
 - c. Each caregiver
 - d. Each adult household member
6. Engage collateral contacts who can provide relevant information for assessing the policy violation(s) allegation.
7. Conduct a staffing within 48 hours following completion of a PV assessment to discuss the findings, including any observed deficiencies in caregiver protective capacity.
8. Develop and implement a corrective action plan (CAP) as a rehabilitative measure to address any PV within three business days of the PV staffing:
 - a. The CAP shall include the behavior/condition to be corrected, action steps, resources/service provision, and the date for completing each step.
 - b. The duration of a CAP can be for as short a period of time as necessary to accomplish the desired result but should not exceed six months




OPM serves as the final approval authority for any CAP related to a CPA family foster or adoptive home or a CCI.


9. Monitor a CAP to ensure all the objectives are completed and resulted in the desirable behavior change:
 - a. Make at least two monthly purposeful contacts (announced and unannounced) in the home with the caregiver.
 - b. Engage collateral contacts to assess service provision implemented as part of the CAP.
 - c. Make observations regarding the desired behavioral change or lack thereof.
 - d. Recognize and celebrate behavioral changes that reinforce the objectives.
 - e. Record the date all of the objectives of the CAP are completed.
10. Notify the State Office Caregiver Recruitment and Retention Unit (CRRU) within 10 calendar days of the completion of the PV assessment when the recommendation is to close a DFCS family foster or adoptive family home or foster care kinship placement in accordance with policy [6.11 Special Investigations: Special Investigations and Policy Violations Review Process](#).
11. Immediately make a CPS report if there is any known or suspected child maltreatment identified during a PV assessment (see policy [3.24 Intake: Mandated Reporters](#)).
12. Document case activities in Georgia SHINES within 72 hours of completion.

Procedures

Social Services Case Manager

1. Provide notification of the assignment of the PV assessment to the:

- a. Adoption Case Manager and Regional Adoption Coordinator (RAC) if the alleged PV involves a child for whom an Adoptive Placement Agreement has been signed, but the adoption has not yet been finalized; or
 - b. Child's Permanency SSCM, if applicable.
2. Verify the foster home has been placed on "hold placements" status in the FAD stage of Georgia SHINES.
-  Not applicable for foster care kinship placements.
3. Analyze DFCS history of the caregivers and all the children placed in the home (if applicable) in accordance with policy [19.10 Case Management: Analyzing DFCS History](#).
4. Engage the child in a private face-to-face contact using age and developmentally appropriate language and questions, to assess and discuss:
- a. The surrounding circumstances and sequence of events that led to the alleged PV:
 - i. Policy violation allegation;
 - ii. What occurred;
 - iii. Who was present during the incident;
 - iv. When does this problem occur;
 - v. Who was involved; Who was not involved;
 - vi. Who did what and when;
 - vii. What usually occurs prior to the problem;
 - viii. What did the caregiver say about the problem after it occurred; what did others say about the problem after it occurred;
 - ix. How did he/she feel leading up to, during and following the problematic issue/event; and/or
 - x. Have there been similar situations or events when the caregiver(s) were able to manage without destructive behavior.
 - b. Any needs, concerns, or fears of the child;
 - c. Family relationships and role of each household member;
 - d. Physical, educational, medical, and mental health needs; and any services the child is receiving.
5. Conduct private face-to-face interviews with the caregivers and other adult household members.
- a. Identify the developmental stage of the family (see policy [19.1 Case Management: Milestones for Case Organization](#)) and any cultural or health issues that may impact the family's developmental stage(s).
 - b. Identify the specific situation(s) that the family is having difficulty managing (i.e. the presenting problem).
 - c. Explore the surrounding circumstances and sequence of events that led to the alleged PV.
 - d. Assess the family's interaction around the difficult situation(s):

- i. Identify any individuals that lose control and exhibit behaviors that interfere with the family's ability to successfully manage everyday life tasks; explore any patterns related to their loss of control.
 - ii. Explore past exceptions in handling the difficult situation(s) when outcomes were more positive and did not result in a PV.
 - iii. Identify strengths (e.g. nurturing) and growth opportunities (e.g. unrealistic expectations of a child's functioning).
- e. Determine what prevention skills are needed to manage any high-risk behavior and relapse.
 - f. Identify the family's support system and how it could help the family manage difficult situations and prevent the recurrence of problematic behavior (relapse prevention).
6. Take immediate action to control the identified safety threats, if the child is unsafe, in conjunction with the SSS:
- a. Immediately contact CICC to make a CPS report (see policy [3.24 Intake: Mandated Reporters](#)).
 - b. When the child is in the legal custody of DFCS:
 - i. Contact the county with legal jurisdiction for approval to remove a child from a placement, if applicable; and
 - ii. Immediately remove the child from the placement.
-  The written notification to caregivers for placement changes is waived when there is a safety threat (see policy [10.3 Foster Care: Changes in Placement](#)).
- c. When the child is in the legal custody of the caregiver(s), coordinate with CPS.
7. Observe the physical home environment, including every room in the home to determine if it is safe and appropriate to meet the needs of each child who reside in or placed in the home.
8. Engage collateral contacts that are knowledgeable of the PV allegations, child safety, caregiver protective capacities and family functioning in accordance with policy [19.16 Case Management: Collateral Contacts](#).
9. Consult the foster care or adoption SSCM for the children placed in the home to discuss the PV allegations, child safety, caregiver protective capacities and family functioning.
10. Re-interview individuals as necessary to clarify any discrepancies in statements.
11. Analyze the information gathered from the alleged victim(s), other household members, non-offending caregivers, and collateral sources.
12. Make a PV assessment determination in consultation with the SSS.
- a. Submit the PV assessment to the RD SSS for approval in Georgia SHINES within 15 calendar days of receipt of the PV report.
 - b. Document the PV assessment under the Non-Compliance Tab in Georgia SHINES for foster homes.
 - c. Document the PV assessment for foster care kinship placements in Contacts/Summaries.
 - d. Upload all documents related to the PV assessment into External Documentation (e.g. law enforcement reports, medical records, school records, previous CAPs, etc.) within 72 hours of receipt.

13. Notify the following participants of the PV assessment staffing:
 - a. RD SSS, if a DFCS foster or adoptive home is involved.
 - b. Permanency or Adoption SSCM and SSS.
 - c. SSCM and SSS for any child placed with the placement resource, including other counties.
 - d. Kinship Coordinator, if a kinship foster home or foster care kinship placement is involved.
 - e. Regional Adoption Coordinator (RAC), if the PVA assessment involves a child for whom an Adoptive Placement Agreement has been signed.
 - f. Field Program Specialist (FPS), if applicable
14. Conduct a staffing within 48 hours of completing a PV assessment to discuss:
 - a. The assessment findings, including any observed deficiencies in caregiver protective capacity.
 - b. Whether the home meets criteria for closure (see policy [14.23 Resource Development: Home Closure](#)).
 - c. Whether a home can remain a placement resource, if a foster care kinship placement.
 - d. The appropriateness of a waiver to achieve permanency for children in the home, if the home meets criteria for closure (see policy [14.23 Resource Development: Home Closure](#));
 - e. Whether there is a need to implement a CAP; and
 - f. Whether the home should remain open to new placements during the period of a CAP if the PV does not impact the safety and well-being of a child.
15. After supervisory approval of the PV assessment, discuss the following with the placement resource:
 - a. Whether the allegation(s) of a policy violation were supported or unsupported.
 - b. Whether a CAP will be implemented.
 - c. What, if any, service provision will be provided to support placement of children in the home (see policy [19.17 Case Management: Service Provision](#)).
 - d. DFCS expectations regarding caregiver adherence to policy. Review any policy the caregiver may not clearly understand.
16. Develop and implement a CAP within three business days of the staffing of a PV assessment when it is determined that the policy violation is supported:
 - a. The CAP shall include:
 - i. The behavior or condition to be corrected;
 - ii. The action steps that will be taken to complete the corrective action;
 - iii. The resources or service provision that will be used to support the action steps; and
 - iv. The date for completing each step. All steps are to be completed no later than six months from the date the CAP is approved.
 - b. Determine whether to place the foster or adoptive home on hold in Georgia SHINES while the CAP is in place.



Foster care kinship placements cannot be placed on hold in Georgia SHINES however a decision may be made whether additional placements can be made during the CAP period.

17. Monitor the CAP

- a. Make at least two face-to-face purposeful contacts (announced and unannounced) in the caregiver's home during the corrective action period.
- b. Interview the caregiver and children during visits.
- c. Engage collateral contacts to assess service provision implemented as part of the CAP in accordance with policy [19.16 Case Management: Collateral Contacts](#).
- d. Make observations regarding the desired behavioral change or lack thereof.
- e. Record the date all of the objectives of the CAP are completed.



The duration of a CAP can be for as short a period of time as necessary to accomplish the desired result but should not exceed six months.

18. Document case activities in Georgia SHINES within 72 hours of completion

Social Services Supervisor

1. Assign a PV assessment to a SSCM with the knowledge and skills to perform a thorough, unbiased assessment. In some instances, this may not be a SSCM currently working with the children or caregiver involved (see Practice Guidance: Conflicts of Interest in Policy Violation Assessments).
2. Ensure the foster home has been placed on "hold placements" status in the FAD stage of Georgia SHINES.



Not applicable for foster care kinship placements.

3. Ensure a comprehensive PV assessment is conducted, including:
 - a. Purposeful contacts conducted with the alleged victim child within 24 hours of receipt of the report.
 - b. Caregivers and household members are engaged regarding the alleged PV.
 - c. Relevant collateral contacts are conducted in accordance with policy [19.16 Case Management: Collateral Contacts](#).
4. In consultation with the SSCM, determine if additional information or interviews are needed to assess caregiver capacity and/or ensure child safety and well-being.
5. Conduct a supervisor staffing with the SSCM to make a PV assessment determination in accordance with policy [19.6 Case Management: Supervisor Staffing](#).
6. Review the PV assessment and verify that all documentation related to a PV assessment is completed and submitted prior to the PV staffing to ensure it supports what is presented during the PV staffing.
7. Schedule a meeting with the assigned SSCM and caregiver to discuss the policy violation and develop a CAP which must be agreed upon and signed by all participants.

8. If closure of a home is being recommended, notify the State Office Caregiver Recruitment and Retention Unit (CRRU) within 10 calendar days of the completion of the PV assessment in accordance with policy [6.11 Special Investigations: Special Investigations and Policy Violations Review Process](#).
9. During the CAP period:
 - a. Ensure purposeful contact with the caregiver(s) are conducted as required.
 - b. Review the case documentation to ensure it supports the objectives are being met.
 - c. Ensure providers are contacted to evaluate service provision, when services are implemented as part of the CAP.
 - d. Discuss with the SSCM any concerns about the caregiver's progress toward meeting the CAP objectives and offer guidance on assisting the caregiver with achieving the objectives and enhancing the caregiver's protective capacities.
 - e. During monthly supervisor staffing discuss the progress the caregiver(s) have made toward the CAP objectives.
10. Approve the removal of the "hold placements" designation in Georgia SHINES for any applicable foster home upon satisfactory completion of the CAP.

Policy Violation Assessment Involving CPA or CCI


The CPA or CCI will:

1. Document the alleged PV according to approved protocol and initiate a PV assessment within 24 hours of receiving notification. This includes making face-to-face contact with the foster parents or facility staff and any child impacted by the alleged PV.
2. Complete the PV assessment within 15 calendar days of assignment and forward the documented results to OPM within 48 hours of completion of the assessment.
3. Address any issues or concerns raised by OPM regarding the policy violation assessment within 72 hours of notification.
4. Develop a CAP with the input of the placement resource and any DFCS SSCM with a child placed in the foster home or facility.
5. Submit the CAP to OPM within 72 hours of receiving the request from OPM.
6. Monitor the placement resource's compliance with a CAP and ensure all CAP requirements are fulfilled within six months.
7. Notify OPM when a CAP is satisfactorily completed and request the "hold placements" designation regarding the foster home or facility be removed.
8. Notify OPM of the closure of a foster home or facility if a CAP is not satisfactorily completed.

The OPM staff will:

1. Immediately review the report of any alleged PV to confirm the allegation(s) require a PV assessment and assign the PV assessment to a CPA/CCI.
2. Place the CPA family foster home on hold in Georgia SHINES to prevent additional placements from occurring during the PV assessment process.

3. Collaborate with the CPA/CCI as needed to ensure a thorough assessment is completed within 15 calendar days of OPM notification.
4. As warranted, request to review the CPA's or CCI's own records of previous violations (i.e., PVs, or standards violations) and compare this information to what is known to OPM.
5. Review the PV assessment for concurrence within 10 calendar days of receiving the completed PV assessment:
 - a. Ensure all allegations were adequately addressed.
 - b. Determine concurrence with the PV assessment findings and if any proposed CAP is adequate to remedy the identified policy violation(s):
 - i. If the allegations were unsupported, and OPM concurs with the findings, no further action is required from the CPA/CCI.
 - ii. If the allegations were supported and closure of the foster home is not indicated, review the proposed CAP to determine if it is adequate to remedy the identified policy violation(s).

 If a CAP was not submitted with the PV assessment, request the CPA/CCI complete a CAP and submit it to OPM for final approval.
 - iii. If OPM does not concur with the assessment findings or has issues/concerns regarding the assessment or proposed CAP, request the CPA/CCI address any issues/concerns within 72 hours and resubmit to OPM for concurrence.
 - c. Notify the CPA/CCI whether or not OPM concurs with the PV assessment.
6. Determine if the placement resource will be placed on hold during the CAP period, if applicable. A CCI may be placed on hold for further admissions, if warranted.
7. Notify the State Adoption Unit of a supported PV involving a child with a permanency plan of adoption and provide a copy of the PV assessment and related CAPs.
8. Document the PV assessment and any corresponding CAP into Georgia SHINES within 72 hours of completion including uploading relevant documents into External Documentation.
9. Discontinue utilizing the home as a placement resource for children in DFCS custody and relocate the children if:
 - a. There is an identified threat to the safety of a child;
 - b. The family has committed a second policy violation; and/or
 - c. The family is not amenable to change, correction, or corrective intervention (i.e., refuses to cooperate with the assessment process or refuses to sign a CAP).
10. Document the completion date of the CAP within 72 hours of receipt of the information from the CPA/CCI.
11. For CCIs, document all Standards violations and any corresponding CAP.
12. Decide whether a CPA/CCI foster family may be removed from hold status.
13. Notify the appropriate DFCS staff (SSCM, SSS, etc.) when the PV assessment is complete and available for review.

Practice Guidance

What are Policy Violations?

Policy Violations are actions performed by an approved caregiver (DFCS or CPA Family Foster Home, Foster Care Kinship Placement, or CCI), that may breach any DFCS Safety and Quality Standard, Foster Parent Manual, RBWO Minimum Standards or other DFCS policy, but do not constitute child abuse. Violations generally fall into one of the categories below:

1. Actions that pose an immediate or potential threat 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.
2. Actions that do not pose a direct or immediate risk to the safety and well-being of the child. These may include the following or similar infractions:
 - a. Failure to complete required hours of annual Continued Parent Development (CPD);
 - b. Inappropriate utilization of an approved home (see policy [14.1 Resource Development: Safety and Quality Standards](#));
 - c. Failure to cooperate with or assume a partnership role with the agency in meeting the needs of the child;
 - d. Inappropriate disclosure of confidential information regarding the child;
 - e. Inappropriate use of *acceptable* disciplinary practices (e.g., extended periods of time out, etc.); and
 - f. Inappropriate assignment of chores or work responsibilities.

Tips for Preparing to Conduct a Policy Violation Assessment

1. Review prior history of policy violations or CPS complaints regarding the caregiver.
2. Review the child's history in order to gain a thorough understanding of the child's needs and the caregiver capacity necessary to meet those needs.
3. Review the initial family evaluation on the foster home to confirm that the type of children placed in the home match what the caregivers indicated on the Caregiver Placement Preferences.
4. Review the Kinship Assessment on a foster care kinship placement that is not an approved foster home.
5. Determine if assistance is needed from the Permanency or Adoption Case Manager to interview the children.
6. Determine if any of the children have special needs that will impact the interview process (e.g. speech impairment, etc.).
7. Determine the need for interpretation services for non-English speaking individuals or auxiliary aids for sensory impaired individuals (see policy [1.5 Administration: Americans with Disabilities Act \(ADA\)/Section 504 and Reasonable Modifications](#)).
8. Determine if the concerns that are reported call for the child to be interviewed away from the home.

Conflicts of Interest in Policy Violation Assessments

To avoid conflicts of interest a PV assessment could be conducted by an SSCM and SSS without primary case management responsibilities or from outside the county in which the home or resource is located. It is permissible for the County Department where the resource or home is located or with primary case management responsibilities to initiate the PV assessment to ensure child safety when a SSCM from the other County Department is not readily available.

Policy Violations May Lead to Closure of a Foster Home

While generally less severe than an allegation of child abuse, a policy violation may be sufficient grounds for closing a foster home or may require other action. Unless policy requires a home to be closed, the County Director should consider the following factors in determining whether or not to allow an approved DFCS foster home to remain open:

1. Severity of the incident;
2. Parenting practices demonstrated by the caregivers;
3. Prior placement disruptions experienced by the foster parent or child;
4. Willingness of the caregivers to embrace alternative approaches to correct the problem or change the undesirable behavior (e.g., training or counseling);
5. Quality of the relationship between the caregivers and the child in care; and
6. Caregivers' demonstration of increased protective capacity as a result of satisfactory completion of a CAP.

 These factors should also be considered when implementing a CAP with the family.

Corrective Action Plan (CAP)

The purpose of a CAP is to support caregivers in the development and utilization of acceptable methods of meeting the needs of children in care and to clarify the agency and the caregiver's role in preventing further policy violations, thus ensuring the safety and well-being of the child in the home. The CAP serves as a supportive rather than a punitive intervention. It is implemented following a PV that has been supported and must:

1. Identify the issues to be addressed;
2. Set forth the steps for taking corrective action;
3. Identify any assistance or resources that will be utilized to complete the action steps; and
4. Specify dates for completing each step. All steps are to be completed no later than six months from the date the CAP is approved.

After working with the family to define problems as difficult situations in everyday life, the RD or SSCM utilizes the CAP as a tool to build a partnership for change with the caregivers. RD Case Managers are primarily responsible for monitoring CAPs in DFCS Foster Homes. Permanency Case Managers are primarily responsible for reporting compliance with CAPs in DFCS family foster homes as well as managing CAPs involving foster care kinship caregivers who are not approved foster homes. CPA staff is responsible for monitoring CAPs in CPA Foster Homes. OPM staff is primarily responsible for monitoring CAPs in CCIs. Results should be measurable, tangible, time-limited, and

documented in Georgia SHINES. The plan may be adjusted if needed but should be completed within six months. IMPACT modules may be used as a part of the CAP.

CAPs are mutually developed with the involvement of the foster parent(s), kinship caregivers, licensing/approving authority, and DFCS staff responsible for the children residing in the placement resource. Other parties (e.g., child service providers, etc.) may also participate in the development of a CAP. The CAP should be signed by the applicable agency monitor (i.e., RD/Permanency Case Manager, CPA staff, or OPM staff) and both caregivers (if applicable). The CAP must be approved and signed by the applicable agency director or designee (i.e., DFCS County Director, CPA Director, or OPM Director) to ensure that liability and safety issues have been adequately addressed. The caregivers and DFCS staff responsible for the children placed in the home should always be given a copy of the CAP. Unannounced visits may be required as a component of a CAP. The CAP is not used as a safety plan for foster parents. If the safety of children in a home is an issue, action should be taken to expedite their removal and consideration given to closure of the foster home.


Residential Child Care (RCC)

RCC is part of the Office of the Inspector General. RCC inspects, monitors, and licenses Child Caring Institutions (CCI), Child Placing Agencies (CPA), Outdoor Child Caring Programs, Children’s Transitional Care Centers, and Maternity Homes.

Forms and Tools

[Policy Violation and Corrective Action Plan Facts](#)

14.23 Home Closure

	Georgia Division of Family and Children Services		
	Child Welfare Policy Manual		
	Chapter:	(14) Resource Development	
	Policy Title:	Home Closure	
	Policy Number:	14.23	Previous Policy Number(s):
Effective Date:	August 2016	Manual Transmittal:	2016-11

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will

1. Permanently close the home of approved caregivers under the following circumstances:
 - a. Following a substantiated case of child abuse or neglect, unless a waiver is granted by the appropriate State Office department for the home to remain open in order to facilitate permanency for a specific child;

- b. Following an unsubstantiated case of child abuse or neglect if, based on all known information, there are concerns about the appropriateness of a caregiver to provide care for children in DFCS custody.
 - c. Following any violation of Foster Care Policy that has a direct impact on the safety and well-being of a child in the home;
 - d. Following a second policy violation, unless a waiver is granted by the appropriate State Office department for the home to remain open in order to facilitate permanency for a specific child already placed in the home.
 - e. When a family is unable or unwilling to demonstrate caregiver protective capacity and is not amenable to change, corrections, or DFCS intervention (e.g., refuses to sign a Corrective Action Plan); and
 - f. When the home fails to meet the Safety and Quality Standards despite directives for corrective measures and opportunity for correction.
2. Assess the need to close an approved home under the following circumstances:
 - a. The home has consistently refused to accept placements;
 - b. The caregiver has requested closure;
 - c. The home has been determined to be inappropriate (based on re-evaluation or reassessment) to provide care and services on behalf of the target population of children and families being served; and
 - d. Caregivers have relocated and have failed to notify the County DFCS of the move for a period of six months or more.
 3. Send a letter to the family within 10 days of a face-to-face meeting describing the reasons for closure and the official closure date. If the face-to-face meeting is not possible, DFCS will document the reason no face-to-face meeting was conducted.

Procedures

Upon the decision that an approved home is to be closed, the local DFCS will:

1. Conduct a face-to-face meeting 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.
2. Send a letter to the family within 10 days of the face-to-face meeting describing the reasons for closure and the official closure date. The letter will include the County Director's/Designee's availability to meet with them, an explanation of the grievance process, and a statement regarding whether or not the closure of the home is related to a grievable issue.
3. Notify caregivers that closure due to substantiated child abuse and/or neglect in their home is a non-grievable issue. If requested, the County Director/Designee may meet with caregivers to afford them the opportunity to be heard.
4. Reassess caregivers that have been inactive for a period of six months due to the request of the caregivers and provide notification (verbal and written) if the caregivers have been determined to be unable to meet the needs of children entering care.
5. Document the home closure and required Director/Designee approval in the Contact Detail in

the Georgia SHINES.

6. Notify the State Permanency Unit when an approved adoptive home is closed.
7. Request the foster parent(s) to complete the Foster Parent Exit Survey
 - a. Provide the web address (see [Forms and Tools](#) section).
 - b. Explain that the local DFCS is not involved in the exit survey process.

Practice Guidance

Some caregivers will depart from DFCS due to circumstances unrelated to the foster care program. DFCS should use this opportunity to explore with the caregivers any recommendations or suggestions they are willing to share regarding the foster care program as well as other ways they may be of service to DFCS. The closure of an approved home should be carefully considered and conducted in a manner that recognizes the family's contributions to the foster care program. Whenever possible, the decision to close a home should be mutually determined by the County DFCS and the caregivers. Counties should consult their Regional Adoption Coordinator (RAC) as needed. When the recommendation for the closure of a home is received from the State Office, the County DFCS should notify the State Permanency Unit of the actual date of closure within two business days.

Closing a Home following an Unsubstantiated Child Protective Services (CPS) Investigation

An “unsubstantiated” case disposition is not indicative of reported allegations being unfounded or untrue. The “unsubstantiated” case disposition simply indicates there was not a preponderance of evidence to support an allegation of maltreatment. Therefore, after carefully considering all known information, DFCS may still have concerns about the appropriateness of a foster home to provide care for children in DFCS custody. In accordance with DFCS Safety and Quality Standards, approved caregivers must demonstrate the maturity, stability, fitness, skills, and competency to successfully protect, nurture, and meet the developmental needs of children. When there are concerns about a caregiver's ability to do so, DFCS has a responsibility to consider all known information that impacts child safety and well-being. This may result in DFCS exercising its discretion to close the foster home to ensure the ongoing safety and well-being of children in DFCS custody.

Homes with a History of Refusing or Ejecting Placements

When reassessing inactive homes for closure, the assessment must include a discussion with the caregivers around their ongoing motivation and commitment, the needs of the children entering care, and the ability of the caregivers to provide care based on these needs.

Waivers to Allow a Home to Remain Open

When there is a policy requirement for a home to be closed, a waiver may be requested to allow the home to remain open. Such a request is usually only granted to facilitate permanency for a specific child already placed in the home. The waiver request must contain a compelling justification for the home to remain open, including the following:

1. Documentation of the safety of children in the home;
2. The length of time any child in DFCS custody has been in the home and the child's permanency goal;

3. An approved CAP; and
4. Any additional documentation from treatment providers and/or other professionals that have knowledge of the family and/or child.

Waiver requests should be sent to the office of the State Foster Care Services Director via the state waiver mailbox: dfcs-waivers@dhs.ga.gov.

Exit Meeting at Termination of Service


Homes may be closed voluntarily at the request of the caregiver or involuntarily due to failure to meet agency expectations regarding good practice in child welfare. Caregivers are a valuable source of information for improvement of DFCS policy and service delivery to children and families. They can also help the agency strengthen its collaboration on behalf of children with community stakeholders. Consequently, when the decision is made to close a home, the DFCS County Director/Designee will:

1. Send a letter to the caregiver within 10 days of the closure indicating the reasons for closure and the effective date;
2. Indicate in the closure letter, the desire to conduct an exit meeting with the family at a scheduled date and time; and
3. Address the following areas in the exit meeting with the family:
 - a. The appreciation DFCS has for the family’s contribution as a member of the foster care team;
 - b. The DFCS role as mandated protector of children in foster care;
 - c. The primary reason the family decided to discontinue foster, if applicable;
 - d. What, if anything, DFCS might have done differently that would have prevented the foster home closure;
 - e. Description of the family’s overall experience with DFCS; and
 - f. Recommendations or suggestions for improvement the family may be willing to share.

Forms and Tools

[Foster Parent Exit Interview](#)

14.24 Inter-County and Inter-Agency Partnerships

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(14) Resource Development		
	Policy Title:	Inter-County and Inter-Agency Partnerships		
	Policy Number:	14.24	Previous Policy Number(s):	N/A
	Effective Date:	May 2024	Manual Transmittal:	2024-03

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Re-evaluate caregivers who move to another county or change their agency affiliation.
 - a. The approval status of a caregiver is non-transferrable.
 - b. Caregivers currently approved with another County DFCS or CPA shall go through an abbreviated approval process with the new county or new agency.
2. Prohibit any child in DFCS custody from relocating with a caregiver to a different county without prior written approval from the DFCS County Director in the county with legal custody of the child.
3. Restrict individuals from serving as caregivers for more than one agency at a time.

Procedures

When a DFCS caregiver plans to move to another county in Georgia, the RD Case Manager in the county where the family currently resides will:

1. Confirm the family's desire to continue providing foster or adoptive services and notify any other County DFCS with children in the home so they can make appropriate plans.
2. Notify the RD Supervisor in the new county of the family's plan and provide the new address, Georgia SHINES Resource ID number, and any other helpful information regarding the family.
3. Request post-adoptive placement services, if applicable.
4. Complete the appropriate Dissemination Log before transferring Criminal Records Information (CRI) regarding the foster family.



The CRI must be signed out to a person in the receiving county who has completed Security Integrity training.

5. Place the home on hold in Georgia SHINES until the transfer is approved.
6. Instruct the family to notify the new county within five calendar days of their move.

When a DFCS caregiver plans to move to another county in Georgia, the RD Manager in the receiving county will:

1. Acknowledge receipt of the notification of transfer and/or request for post-adoptive placement services within five business days.



If a family moves to an adjoining county, the original county may request permission from the new county to continue to provide post-adoptive placement supervision.

2. Complete a SAFE Update on the home as soon as the family relocates to the new county (see policy [14.13 Resource Development: Family Re-evaluation](#)).

3. Update the Foster Home record in Georgia SHINES to reflect the change in county, address, phone number, etc.
4. Take the home off hold in Georgia SHINES.
5. Provide supervision of the foster home.

When approved caregivers (DFCS or CPA) request to transfer between agencies (DFCS □ CPA □ CPA), the RD Case Manager or CPA staff will:

1. Inform the caregiver(s) they can serve as a foster family for only one agency at a time (i.e., a County DFCS or a single CPA), discuss the re-evaluation process, and ask them to sign an Authorization for Release of Information so information may be shared between the agencies involved.
2. Request and review the caregiver's SAFE Home Study from the previous agency. This includes any subsequent evaluations, pre-service training certificate, documentation of annual training hours, and history of policy violations or corrective actions.
3. Utilize an abbreviated foster home re-evaluation process to assess the family:
 - a. Determine if any components of the SAFE Home Study are missing or need to be updated (e.g., medical evaluations, drug screens, etc.) and ensure all required attachments and verifications are obtained (see policy [14.10 Resource Development: Initial Family Evaluation](#)).
 - b. Conduct safety screening in accordance with policy [19.9 Case Management: Safety Screenings](#).
 - c. Conduct a fingerprint-based criminal records check (CRC) in accordance with policy [19.8 Case Management: Criminal Records Check](#) on all adult household members.
 - i. The results of a CRC may not be transferred between agencies. Therefore, a new CRC is necessary if the caregiver is transferring between CPAs or between a CPA and DFCS.
 - ii. A new CRC is not necessary when the caregiver is moving from one county in Georgia to another but remaining with the same agency.
4. Request a recommendation from the previous agency regarding the caregivers' protective capacities and confirmation from the DFCS or CPA Director or Designee that the caregivers are active and in good standing.
5. Conduct at least one family consultation.
6. Submit the SAFE Home Study for supervisory approval and final approval from the DFCS or CPA Director.
7. Provide written notification of the approval decision to the applicant.
8. DFCS staff will upload all information received from the CPA, including the home study addendum, into Georgia SHINES External Documentation.

When children are placed in a CPA home that is transferring to another agency the RD Case Manager or CPA staff will:

1. Delete the home from the current CPA list in Georgia SHINES.
2. Add the home to the new CPA list.

3. Update the home information page for the resource (i.e., non-DFCS certifying entity, capacity, etc.). Certain changes may require the home to be moved to pending approval status.
4. Contact the Data Integrity Specialist (DIS) in the county where the case is located and ask the DIS to update the placement. The DIS will have to go into the current placement, select the resource again, and save it. At that point, the resource will show the new CPA.

Practice Guidance

Approved DFCS Caregiver Moves to another County

DFCS staff should maintain regular contact with approved families and be aware when families have plans of moving to another county. When families have children placed in their home, transition planning must include all local DFCS involved. Each local DFCS is responsible for planning for the children in their custody. The decision whether or not to allow a child to move out of county with a family is made only after careful consideration and requires the prior approval of the County Director/Designee. The proximity of the new county, the ongoing treatment needs of the child, and the child's permanency plan are important factors to consider. Ultimately, placement decisions should be based upon what is in the best interest of the child.

Family Transfers between a CPA and DFCS

It is incumbent upon DFCS and CPAs to ensure transferring families meet the DFCS Safety and Quality Standards (SQS). A thorough assessment of the family's current circumstances and protective capacities must be clearly documented in the SAFE Update.

Please note that CPAs are not required to use IMPACT FCP for pre-service training. Certificates of pre-service training from Model Approach to Partnerships in Parenting/Group Preparation & Selection (MAPP/GPS), Parent Resources for Information, Development, and Education (PRIDE), Parents as Tender Healers (PATH), or Treatment Parent Readiness Training are acceptable. Any other pre-service training will require a waiver from the Office of Provider Management (OPM) Director, or the family must attend IMPACT FCP.

If a family decides to transfer between agencies prior to attaining full approval status, then standard intake and approval procedures for prospective caregivers shall apply. Standard intake and approval processes shall also apply in the following instances:

1. Information from the previous agency is unable to be obtained.
2. Information from the previous agency indicates a family has been voluntarily inactive for more than five years.
3. Information from the previous agency indicates a family was not in good standing.

Forms and Tools

[Authorization for Release of Information](#)


[Authorization for Release of Information - Spanish](#)

[1] Whether or not directly stated (as in "DFCS and CPAs must..."), the policies in this chapter apply to both CPA and DFCS caregivers. CPAs should consult with the Office of Provider Management regarding any questions about policies related to administrative procedures which may or may not be applicable to CPAs.

[2] Direct threat is defined as a significant risk of harm to the health or safety of others that cannot be mitigated by reasonable modifications of policies, practices or procedures, or by the provision of auxiliary aids or services.

Chapter 15 Interstate Compact on the Placement of Children (ICPC)

15.0 Introduction to Interstate Compact on the Placement of Children

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(15) Interstate Compact on the Placement of Children (ICPC)		
	Policy Title:	Introduction to Interstate Compact on the Placement of Children		
	Policy Number:	15.0	Previous Policy Number(s):	1010
	Effective Date:	February 2015	Manual Transmittal:	2015-01

Codes/References

O.C.G.A. § 39-4, Interstate Compact on the Placement of Children
 ICPC Regulation 3, Definitions and Placement Categories
 Uniform Child Custody Jurisdiction and Enforcement Act

Discussion

Children in the custody of the Division of Family and Children Services (DFCS) who are placed outside of Georgia will be assured the same protection and services that would be provided if they remained in their home state. The Interstate Compact on the Placement of Children (ICPC) is the best means to ensure protection and services to children who are placed across state lines. The Compact is a uniform law enacted by all 50 states, the District of Columbia, and U. S. Virgin Islands establishing orderly procedures for the interstate placement of children and assigns responsibility for those involved in placing the child. Georgia legislature enacted the Compact March 23, 1977. Under the terms of the law, the state agrees to follow uniform procedures when making or accepting interstate placements of children. Since the Compact is also a contract among the member states and has been codified into law by statute, it must be interpreted and implemented uniformly by all states.

The Compact accomplishes the following:

1. Provides the sending state/agency the opportunity to obtain home studies (an evaluation of the proposed placement) prior to making a determination that the placement is in the child’s best interest.
2. Allows the prospective receiving state to ensure that the placement is not “contrary to the interests of the child,” and that applicable laws and policies have been followed before approval of the placement.
3. Assures liability and responsibility for the safety of a child placed contrary to ICPC requirements (ICPC violation) rests with the sending state.

4. Guarantees the child legal and financial protection by assuring that the sending state retains legal and financial responsibility for any child placed subject to the Compact.
5. Provides the sending state/agency the opportunity to obtain supervision and regular reports on the child's adjustment and progress in the placement.

Background

The need for a Compact to regulate the interstate movement of children was recognized in the 1950s. At that time, a group of east coast social service administrators joined informally to study the problems of children moved out of state for foster care or adoption. Among the problems they identified was the failure of importation and exportation statutes enacted by individual states to provide protection for children. They recognized that a state's jurisdiction ends at its borders and that a state can only compel an out-of-state agency or individual to discharge its obligations toward a child through a compact. The administrators were also concerned that a state to which a child was sent did not have to provide supportive services even though it might agree to do so on a courtesy basis. In response to these and other problems, the Interstate Compact on the Placement of Children was drafted, and in 1960 New York was the first state to enact it.

In accordance with ICPC rules and regulations the following definitions will be used when complying with ICPC requirements:

Child

A person, who by reason of minority is legally subject to parental guardianship or similar control.

Home Study

An evaluation of a home environment conducted in accordance with applicable requirements of the State in which the home is located, to determine whether a proposed placement of a child would meet the individual needs of the child, including the child's safety, permanency, health, well-being, and mental, emotional, and physical development.

Interstate Home Study

A home study conducted by a state at the request of another state, to facilitate an adoptive or foster care placement in the state, of a child in foster care under the responsibility of the state.

Placement

The arrangements for the care of a child in a family or boarding home or in a child caring agency or institution, but does not include any institution caring for the mentally ill, mentally defective or epileptic or any institution primarily educational in character, and any hospital or other medical facility.

Receiving State

The state to which a child is sent, brought, or caused to be sent or brought, whether by public authorities or private persons or agencies and whether for placement with private agencies or persons.

Safe Timely Interstate Home Study

An interstate home study report completed by a state if the state provides to the other state that requested the study, within 60 days after receipt of the request, a report on the results of the study. The preceding sentence shall not be construed to require the state to have completed, within the 60 day period, the parts of the home study involving the education and training of the prospective foster or adoptive parents.

Sending Agency

A member state, officer or employee thereof; a subdivision of a member state, or officer or employee thereof; a court of a member state; a person, corporation, association, charitable agency or other entity having legal authority over a child who sends, brings, or causes to be sent or brought any child to another state.

Visit


A social or cultural experience of short duration provided to the child, such as a stay in camp or with a friend or relative who has not assumed legal responsibility for providing child care services. The child's stay is intended to be no longer than thirty (30) days. As defined, a visit is not subject to Interstate Compact on the Placement of Children.

Forms and Tools

[Association of Administrators of the Interstate Compact on the Placement of Children – ICPC Articles](#)

[Association of Administrators of the Interstate Compact on the Placement of Children – ICPC Regulations](#)

15.1 Placements Subject to ICPC Jurisdiction

 Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(15) Interstate Compact on the Protection of Children		
Policy Title:	Placements Subject to ICPC Jurisdiction		
Policy Number:	15.1	Previous Policy Number(s):	1010.1
Effective Date:	February 2015	Manual Transmittal:	2015-01

Codes/References

O.C.G.A. § 39-4-1 through § 39-4-10, Interstate Compact on the Placement of Children
ICPC Regulation 3, Definitions and Placement Categories

Requirements

The Division of Family and Children Services (DFCS) will ensure that no child in the custody of DFCS is placed into another state without first complying with the applicable placement require-

ments of the Interstate Compact on the Placement of Children (ICPC).



Georgia law and ICPC practice permits the development of “agreements” between DFCS and the state child welfare agencies of other states. Georgia has implemented “border agreements” with states sharing a common geographical border with Georgia (see policy [15.8 Interstate Compact on the Placement of Children: Border Agreements](#)).

DFCS will adhere to the following placement types subject to ICPC compliance when the court retains jurisdiction subsequent to a finding of dependency:

1. Adoptions: Placement preliminary to an adoption (independent, private or public adoptions);
2. Licensed or approved foster homes (placement with related or unrelated caregivers);
3. Placement with parents and relatives (as defined by blood, marriage or adoption) when the parent or relative is not making the placement as defined in Article VIII(a) of the ICPC Articles, “Limitations”;
4. Group homes/residential placement of all children, including children adjudicated delinquent in institutions in other states as defined in Article VI and Regulation No. 4 of the Compact.

A child welfare agency operated by another state seeking the placement of children into Georgia in any of the placement types identified in items 1-4 above likewise shall comply with ICPC regulations and procedures.

The following placement types are not subject to the provisions of ICPC:

1. Placements with parents or relatives when the child’s parent or guardian is making the placement;
2. Placements made in medical facilities;
3. Placements made in mental health facilities; and
4. Placements in any Child Caring Agency or institution that is primarily educational in character (boarding schools).



Child Caring Agency is defined as an institution caring for the mentally defective or any institution that is principally educational in nature; any hospital or other medical facility is exempt from ICPC requirements.

Procedures

N/A

Practice Guidance

All children for whom the State of Georgia, acting by and through the County DFCS Office and who are subject to an order of custody (voluntary, temporary or permanent custody), are subject to ICPC regulations and procedures.

Any child who is the subject of a voluntary or judicial order of custody or commitment from another state is likewise subject to ICPC regulations and procedures.

A primary component of determining the appropriateness/approval of a prospective placement is the completion of all required Child Protective Services screens and background checks. This shall be fully adhered to prior to the placement of a child in another state.

Contact between county and/or state agencies should only occur after the approval of the compact request. The Georgia County DFCS should contact the State Office ICPC Unit if contacted by another state regarding a request or request consideration.


Occasionally, due to the proximity of a mental health or medical treatment facility to a bordering state, a child in state custody may have been hospitalized in a medical or mental health facility in another state. The necessity of treatment for the medical or mental health condition exempts the compliance with ICPC in such circumstances. The custodial entity is responsible for assuring that the child’s needs are fully met. The state in which the child receives treatment is neither legally nor fiscally responsible for the child’s care, treatment or assurance of safety.

Forms and Tools

[Association of Administrators of the Interstate Compact on the Placement of Children – ICPC Articles](#)

[Association of Administrators of the Interstate Compact on the Placement of Children – ICPC Regulations](#)

15.2 Placement of Georgia Children into Other States (Georgia as the Sending State)

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(15) Interstate Compact on the Placement of Children		
	Policy Title:	Placement of Georgia Children into Other States (Georgia as the Sending State)		
	Policy Number:	15.2	Previous Policy Number(s):	1010.4
	Effective Date:	February 2015	Manual Transmittal:	2015-01

Codes/References

O.C.G.A. § 15-11-211 Relative Search by DFCS

O.C.G.A. § 39-4-1 through § 39-4-10 Interstate Compact on the Placement of Children

ICPC Regulation 2 – Public Adoption, Foster Care with Parents or Relatives

ICPC Regulation 6 – Permission to Place a Child

Requirements

The Division of Family and Children Services (DFCS) will secure the permission of the receiving state prior to placing a child that is in DFCS custody into another state.

 The placement of a child in DFCS custody into another state by any person or entity prior to

approval is a violation of the Interstate Compact on the Placement of Children (ICPC). The existence of a Border Agreement does not grant permission for the placement of a child. Only the receiving state may grant permission.

Procedures

Preliminary Assessment of Out of State Potential Resource

Prior to submitting the ICPC placement request, the Social Services Case Manager (SSCM) will complete the following preliminary actions:

1. Conduct a diligent search for relatives and other persons who have demonstrated an ongoing commitment to the child(ren).
2. Contact the identified relatives or other persons and determine their interest, willingness and capability to provide a safe and stable home for the child(ren) subject to the request.
3. Document the results of the contacts in the Georgia SHINES Diligent Search tab. At a minimum, the following items shall be documented:
 - a. Name, Date of Birth and Social Security number of the primary and any secondary caregiver;
 - b. Relationship to the child(ren) subject to the request;
 - c. Mailing address of the residence to be studied;
 - d. Physical address and directions to the residence;
 - e. Telephone number or other means of contacting the proposed caregiver;
 - f. Physical description of the residence (number of rooms, bedrooms, identification of any safety hazards);
 - g. Name, age and relationship to the proposed caregiver of all household members;
 - h. Ability of the proposed caregiver to assure the financial, medical, educational, child care, mental health and other wellbeing needs of the child(ren), or if assistance in meeting the needs will be necessary;
 - i. Willingness of the potential resource to cooperate with the receiving state in the completion of the study, including the willingness of all adults to undergo criminal history and Child Protective Services (CPS) background checks.
4. In conjunction with the Supervisor, evaluate the responses received from each relative/fictive kinship resource to determine which placement resource will offer the child(ren) the greatest opportunity to assure safety, permanency and well-being.
5. Upon identifying, assessing and determining that the placement of the child with a relative in another state is in the best interest of the child, proceed with initiating the ICPC process.
6. For relatives living in other states who have been assessed to be willing, interested and capable of meeting the children's safety and well-being needs, the "Case Manager Statement of Potential Placement/Party, under Regulation 2" is completed and must accompany the Interstate Compact for the Placement of Children (ICPC) request.

Making an ICPC Request

When the County DFCS makes the decision to place a child(ren) in DFCS custody with a placement resource in another state, the DFCS SSCM will:

1. Complete the Interstate Compact on the Placement of Children Request (ICPC Form 100A) in Georgia SHINES.
2. Upload the following documents in Georgia SHINES External Documentation, for each document uploaded review the External Documentation Detail Page in Georgia SHINES, check the box labeled “ICPC Document”, clearly indicate the type of document and associate each document with the relevant person(s) by selecting the person’s name in the Person’s Section:
 - a. ICPC request for home evaluation cover letter;
 - b. Court Orders;
 - c. Comprehensive Child and Family Assessment/Reassessment;
 - d. Medical reports;
 - e. Dental reports;
 - f. Psychological reports;
 - g. Educational reports;
 - h. Birth certificate or verification;
 - i. Social Security card or verification;
 - j. IV-E Determination;
 - k. Financial/Medical Plan to assure sending state responsibility for expenses;
 - l. Case Manager Statement of Potential Placement/Party Under Regulation 2.



Please adhere to the procedures outlined in the Georgia SHINES Job Aide “Documenting ICPC Cases in Georgia SHINES (Georgia is the Sending State)” for completing the ICPC request.

3. Contact the ICPC unit via email at ICPC@dhr.state.ga.us when a new ICPC request is completed in Georgia SHINES. In the email, include the:
 - a. Georgia SHINES case identification number;
 - b. Name of the oldest child on the referral;
 - c. Date of Birth of the oldest child on the referral.

Within 3 business days, the Georgia ICPC Unit will:

1. Review and approve the Application Packet for transmittal to the receiving state;
2. Retain one copy of the packet and forward two copies to the receiving state;
3. Send a transmittal to the receiving state requesting a Home Evaluation with the due date and copy the DFCS County ICPC Liaison.
4. The receiving state must conduct and complete a Safe and Timely Interstate Home Study Report within 60 calendar days from receipt of the request by the receiving state ICPC office. The home

study report shall:

- a. Assess the safety and suitability of the home environment for the placement of the child(ren) that are the subject of the ICPC request;
 - b. Articulate the extent to which the assessed home would meet the needs of the child(ren); and
 - c. May or may not include a statement approving or denying permission to place the child(ren):
 - i. In the event the component of the study involving the education and training requirements for the prospective placement resource is incomplete, the report can be completed with a reference to the anticipated date that the training requirements will be completed.
5. Final approval or denial of the placement resource shall be provided by the receiving ICPC Administrator in the form of a signed ICPC request as soon as practical but no later than 180 calendar days from receipt of the initial home study request. The six month approval window is to accommodate licensure and/or receiving state requirements applicable to foster or adoptive home study requirements.
6. The approval provided by the receiving state expires six months from the date the ICPC request was signed by the receiving state. If the child(ren) are not placed with the placement resource within six months of approval by the receiving state, the placement approval expires and a new ICPC request shall be initiated.

Placement of a Georgia Child into Receiving State

1. Placement approval by the Georgia ICPC Administrator shall be secured before the County department proceeds with placement of the child(ren) out of state.
2. Once the Georgia ICPC Administrator receives authorization to proceed with placement from the receiving state, the child(ren) can be placed with the approved placement resource, unless within 14 calendar days of receipt, a determination is made based on grounds specific to the report that reliance on the report will be contrary to the child's welfare.
3. If the approved ICPC placement resource will not be used for placement, the Interstate Compact on the Placement of Children Report on Child's Placement Status (ICPC Form 100B) shall be completed in Georgia SHINES and the assigned Georgia ICPC Administrator shall be notified so the receiving state may be notified of the closure of the ICPC case.
4. Upon the receiving state and Georgia ICPC office granting approval for a placement, the County DFCS and receiving state agency or facility will discuss and agree upon the logistical issues related to the placement to proceed with the following:
 - a. Submission of the Interstate Compact on the Placement of Children Report on Child's Placement Status (ICPC Form 100B) will serve as notification to the receiving state to initiate supervision.
 - b. The County DFCS will complete an ICPC Report on Child's Placement Status in Georgia SHINES (ICPC Form 100B) confirming the date of placement and notify via email the Georgia ICPC Administrator assigned to monitor compliance with the Compact of its completion;
 - c. The ICPC Report on Child's Placement Status (ICPC Form 100B) will be completed expedi-

tiously and forwarded to the receiving state by the Georgia ICPC Administrator within two (2) business days of notification.

5. The approval (permission) for placement is valid for six (6) months from the date the receiving state Compact Administrator signs the ICPC request. If a placement is not made within six (6) months of the approval, the County department shall request a reevaluation of the home before a placement occurs.
6. Along with the approved request to place and home study, the Georgia ICPC Administrator shall authorize a travel waiver to cover the child(ren)'s travel expenses.
7. The Case Manager's travel is covered under Grant in Aid (GIA). Advance approval for the case manager's travel shall be requested through the Division Deputy Director using the Interstate Travel Request.
8. If someone other than the DFCS SSCM transports the child(ren), travel expenses for this provider shall be the responsibility of the provider or County office.
9. Georgia DFCS shall retain legal custody of all children placed out of state pursuant to the ICPC policies and procedures. Legal custody of a child in foster care cannot be transferred to a family member or other entity without first securing the approval of the receiving state ICPC office and Georgia ICPC Administrator. Children subject to a Georgia Juvenile Court order of custody remain subject to the venue of that court until the child reaches the age of 18 (Exception: A finalized adoption or permanent guardianship terminates the jurisdiction of the court).
10. Georgia DFCS maintains legal and financial responsibility for a child placed through the Compact; therefore, if at any time it is determined the placement is no longer suitable for the child due to the child's disruption or the resource no longer being capable or willing to maintain the safety and well-being of the child, upon the request of the receiving state, Georgia shall take the necessary actions to return the child to Georgia within five (5) business days.

Practice Guidance


The assessment and approval of potential placement resources via the ICPC process is not intended for the assessment of every out of state relative or fictive kinship resource identified through the reasonably diligent search. The SSCM and supervisor shall evaluate the responses received from each relative/fictive kinship resource to determine which placement resource will offer the foster child(ren) the greatest opportunity to assure safety, well-being and permanency. Issues to consider when assessing and selecting identified resources include:

1. Relatives should be given preference over non-relative placements unless no relative can be identified that is willing or capable of meeting the child(ren)'s needs for safety, well-being and/or permanence or the child has an existing strong bond with a non-relative;
2. Proximity to the child(ren)'s parent/caregiver, whenever the permanency plan is reunification;
3. The willingness of the placement resource to preserve the child(ren)'s important connections to family, community, culture and faith;
4. The capacity of the placement resource to meet the special needs of the child(ren) including physical, cognitive, behavioral and/or emotional needs; and
5. The willingness of the placement resource to work in partnership with both the sending and receiving state in the achievement of permanency.

ICPC Request

The ICPC request Application Packet shall include the following **current** information:

1. ICPC Cover Letter: The cover letter includes the following information:
 - a. The name, date of birth, race/ethnicity and sex of the child under consideration for inter-state placement;
 - b. The name, address, telephone number and other pertinent information for the person or entity being considered as a placement resource for the child;
 - c. Statement of Case Management to the Court: a statement by the DFCS County office that the placement resource being considered in the receiving state has been pre-screened and is believed to be both willing and capable of being approved as a placement resource for the child(ren);
 - d. The purpose/reason for the child's placement with the identified resource;
 - e. A statement of the requestor's legal authority to facilitate the placement of the child with the resource if approval is granted.
 - f. Signature of SSCM, SSS and County Director/Designee
2. Interstate Compact Placement on the Placement Report on the Child's Placement Status (ICPC Form 100B): Only required as a part of the request if the child was placed with the resource prior to securing permission from the receiving state;
3. The names of any children previously placed with the placement resource in the sending state (if applicable);
4. Court Order: A copy of the most recent court order reflecting that DFCS has legal custody and placement authority for the child subject to the request;
5. Comprehensive Child and Family Assessment/Reassessment: If the request is for siblings, only one CCFA is required for the family.
6. Medical, Dental, Mental Health, and Educational Documentation: The most recent (within one year) child-specific medical, dental and educational information. Psychological/Psychiatric shall be current within two years if the child is not receiving treatment. If the child is receiving treatment, the most current information is needed, including any reports from the treatment provider;

 If more than one child is subject to the request, each child's medical, dental, educational and mental health information shall be submitted.
7. Case Plan/Case Review (Georgia SHINES) - The current Case Plan that includes the goals and steps for each family member. The identified needs of each child/family member must be stated;
8. Birth Certificate or Verification;
9. Social Security Card or Verification;
10. IV-E Determination: The determination can be included in the cover letter or include a copy of the actual IV-E determination form. The determination shall be child-specific; therefore a form must be submitted for each child subject to the request;

11. **Financial/Medical Plan:** Statement of the sending state's plan to assure responsibility for financial and medical expenses. If more than one child is subject to the request, a determination concerning the financial responsibility and resource for medical coverage shall be provided for each.

The Safe and Timely Interstate Home Study Report must be completed within sixty (60) calendar days. Note that this report is not equivalent to a placement decision.

Timeframe for Completion of Safe and Timely Interstate Home Study Report

As quickly as possible, but not more than sixty (60) calendar days after receiving a home study request, the receiving state shall:

1. Directly or by contract, complete a study of the home environment for purposes of assessing the safety and suitability of the child being placed in the home.
2. Return to the sending state a report on the results of the home study that shall address the extent to which placement in the home would meet the needs of the child.
 - a. This report may or may not include a decision approving or denying permission to place the child.
 - i. In the event the parts of the home study involving the education and training of the placement resource remain incomplete, the report shall reference such items by including an anticipated date of completion.

Receiving State Placement Decision may be Postponed

If the receiving state cannot provide a decision regarding approval or denial of the placement at the time of the safe and timely home study report, the receiving state should provide the reason for delay and an anticipated date for a decision regarding the request. Reasons for delay may be factors such as the receiving state requiring all relatives to be licensed as a foster home. If such condition must be met before approval, a reasonable date for compliance shall be set forth in the receiving state transmittal accompanying the initial home study, if possible.

Receiving State Decisions to Approve or Deny Placement Resource (Request)

1. **Timeframe for final decision:** Final approval or denial of the placement resource request shall be provided by the receiving state Compact Administrator in the form of a signed Interstate Compact Placement on the Placement of a Children Request (100A), as soon as practical but no later than one hundred and eighty (180) calendar days from receipt of the initial home study request. This six (6) month window is to accommodate licensure and/or other receiving state requirements applicable to foster or adoption home study requests.
2. **Expedited communication of decision:** If necessary or helpful to meet time requirements, the receiving state ICPC office may communicate its determination to the sending agency's state Compact Administrator by FAX or other means of facsimile transmission or electronic transmission, if acceptable to both receiving and sending state. However, this may not be done before the receiving state Compact Administrator has actually recorded the determination on the Interstate Compact Placement on the Placement of a Children Request (ICPC Form 100A). The written notice (the completed Interstate Compact Placement on the Placement of a Children Request (ICPC Form 100A)) shall be mailed, sent electronically, if acceptable, or otherwise sent promptly.

The receiving state home study local agency shall not send the home study and/or recommendation directly to the sending state local agency without approval from the sending and receiving state ICPC offices.

- 3. Authority of receiving state to make final decision:** The authority of the receiving state is limited to the approval or denial of the placement resource. The receiving state may decline to provide a favorable determination if the receiving state Compact Administrator finds that based on the home study, the proposed caregiver would be unable to meet the individual needs of the child, including the child's safety, permanency, health, well-being, and mental, emotional and physical development.
- 4. Authority of sending court/placing agency:** When the receiving state has approved a placement resource, the sending court/placing agency has the final authority to determine whether to use the approved placement resource in the receiving state. The receiving state Interstate Compact Placement on the Placement of a Children Request (ICPC Form 100A) approval expires six (6) months from the date the request was signed by the receiving state.

Reconsideration of Denied ICPC Assessments

Georgia may request reconsideration of a denied ICPC placement within 90 calendar days of the date of receipt of the signed ICPC request from the receiving state ICPC Administrator. The basis of the reconsideration shall be:

- 1. Request reconsideration without a new home study:** Georgia's ICPC office can request the receiving state ICPC office to reconsider the denial of placement of the child with the placement resource. If the receiving state ICPC office chooses to overturn the denial, it can be based on review of the evidence presented by Georgia's ICPC office and/or any other new information deemed appropriate. If approved, a new request giving an approval without a new home study will be signed.
- 2. Request new home study re-examining reasons for original denial:** Georgia's ICPC office may send a new ICPC home study request if the reason for denial has been corrected; i.e., move to new residence with adequate bedrooms. The receiving state ICPC office is not obligated to activate the new home study request, but it may agree to proceed with a new home study to reconsider the denial decision if it believes the reasons for denial have been corrected. This regulation shall not conflict with any appeal process otherwise available in the receiving state.
- 3. The receiving state ICPC office has 60 days from the date the formal request to reconsider denial has been received from Georgia's ICPC office.** If the receiving state ICPC administrator decides to change the prior decision denying the placement, an ICPC transmittal letter and the new request shall be signed reflecting the new decision.

Forms and Tools

[Association of Administrators of the Interstate Compact on the Placement of Children – ICPC Articles](#)


[Association of Administrators of the Interstate Compact on the Placement of Children – ICPC Regulations](#)

[ICPC Cover Letter - Sample](#)

[Field Fiscal Services COSTAR Manual 3001: Family Foster Care](#)

[Statement of Case Management/Potential Placement/Party Under ICPC Regulation 2](#)

15.3 Placement of Children from Other States into Georgia (Georgia as the Receiving State)

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(15) Interstate Compact on the Placement of Children		
	Policy Title:	Placement of Children from Other States into Georgia (Georgia as the Receiving State)		
	Policy Number:	15.3	Previous Policy Number(s):	N/A
	Effective Date:	September 2020	Manual Transmittal:	2020-06

Codes/References

O.C.G.A. § 39-4-4 through § 39-4-10 Interstate Compact on the Placement of Children
 Title IV-E of the Social Security Act § 471(a)(25)-(26)
 ICPC Regulation 2 – Public Court Jurisdiction Cases

Requirements

The Division of Family and Children Services (DFCS) will:

1. Ensure all requests for placements of children from other states into Georgia are processed in an orderly and timely manner in accordance with the Interstate Compact on the Placement of Children (ICPC).
2. *Have procedures in effect for the orderly and timely interstate placement of children which provide that:*
 - a. *Within 60 days after DFCS receives from another State or Tribe a request to conduct a study of a home environment for purposes of assessing the safety and suitability of placing a child in the home, DFCS will, directly or by contract, conduct and complete the study and return to the other State or Tribe a report on the results of the study which shall address the extent to which placement in the home would meet the needs of the child:*
 - i. The State Office ICPC Administrator has three calendar days from receipt of request from the sending state to assign to the County.
 - ii. DFCS County staff shall complete the home study and document in Georgia SHINES within 45 calendar days of case assignment.
 - iii. The State Office ICPC Administrator will notify the sending state within 12 calendar days of the approval or denial of the home study.
 - b. *DFCS is not required to complete within the applicable time period the parts of the home study involving the education and training of the prospective foster or adoptive parents;*
 - c. *DFCS shall treat any such report that is received from another State or Tribe (or from a private agency under contract with another State/Tribe) as meeting any requirements imposed by the State or Tribe for the completion of a home study before placing a child in the home, unless within 14 days after receipt of the report, DFCS determines, based on grounds that are specific*

to the content of the report, that making a decision in reliance on the report would be contrary to the welfare of the child; and

- d. *DFCS shall not impose any restriction on the ability of an agency administering, or supervising the administration of, a State or Tribal program operated under a plan approved under this part to contract with a private agency for the conduct of such a home study.*
3. Authorize the appropriate placement of children from other states into Georgia, with the exception of placements authorized under an approved Border Agreement.

Procedures

Processing of ICPC Requests Received From Other States

Upon receipt of an ICPC Request packet from another state ICPC Compact Administrator requesting completion of a relative/foster/adoptive home study for the placement of a child(ren), the assigned Georgia ICPC Administrator will:

1. Review the information received to ensure all required items/information has been received:
 - a. Incomplete ICPC packets shall be returned to the sending state within one business day, unless the sending state ICPC Administrator can be immediately (that same day) contacted and informed of the missing item(s) and transmit a copy of the missing item(s) to the Georgia ICPC Administrator within one business day;
 - b. If the needed item(s) is not received, proceed with returning the ICPC packet to the sending state ICPC Compact Administrator with a transmittal identifying the missing item(s) and notice that the assessment shall not be initiated until all required items are received.
2. Input the ICPC request into Georgia SHINES within two business days by:
 - a. Completing a non-incident Intake type ICPC;
 - b. Stage progress the Intake to a Foster Care Child (FCC) stage, establishing the case in the name of the oldest child subject to the request;
 - c. Assigning the appropriate Georgia ICPC Administrator as the primary case manager for the FCC case/stage;
 - d. Uploading all documents received from the sending state into the FCC stage, Case Management second level tab, External Documentation third level tab and other ICPC documents. The original documents shall be forwarded via United States (US) Mail to the County DFCS office for maintenance of an audit trail.
3. Within three business days, contact the DFCS County ICPC Liaison to identify the Social Services Case Manager (SSCM) to be assigned as secondary case manager for the purpose of completing the home study.
4. Assign the identified SSCM as the secondary worker.
5. Send a Georgia SHINES alert to the secondary worker and County Director/designee, providing notice that a new ICPC case has been assigned and informing them of the identity of the State Office ICPC Administrator responsible for monitoring compliance with the ICPC requirements.

Upon receipt of an authorized ICPC Request and attachments from the Georgia ICPC Administrator/designee:

1. The DFCS County ICPC Liaison shall acknowledge receipt of the ICPC packet via email and include the name of the SSCM assigned responsibility for assuring the timely completion of the study;
2. Within five business days of assignment of the ICPC home study request the SSCM shall:
 - a. Initiate contact with the primary and all other adult caregivers identified in the ICPC home study request to validate their interest and willingness to assume placement/custodial care for the child(ren) who is the subject of the ICPC request.
 - b. Provide the caregiver(s) with an explanation of the assessment process and the time frame for completion. The explanation shall include the necessity for them to undergo GCIC/NCIC fingerprint criminal records search, medical assessments and drug testing as a component of the assessment process.
 - c. Screen all household members as outlined in policy [19.9 Case Management: Safety Screenings](#) and conduct criminal records checks for all adult household members in accordance with policy [19.8 Case Management: Criminal Records Checks](#).
 - i. If the screening results raise concerns about the viability of the proposed placement resource, consult the supervisor regarding how to proceed.
 - ii. If the screening results are of concern, discuss the concerns with the caregiver affording them the opportunity to provide an explanation.
 - iii. If the screening results are favorable for an approval of the home study and the prospective caregiver(s) remains interested, the SSCM shall proceed with completing the required study within 45 days of assignment. See policy [22.3 Kinship: Kinship Assessment](#) or [14.10 Resource Development: Initial Family Evaluation](#).
 - iv. Document the home study, utilizing the Kinship Care Assessment in Georgia SHINES; or
 - v. For prospective foster or adoptive homes, complete FAD stage in Georgia SHINES.
 - d. Staff the case with the supervisor and assigned ICPC Administrator if there are concerns. Determine if any of the non-safety approval requirements may be waived or postponed for the purpose of granting provisional approval for placement (see policy [22.6 Kinship: Waiver of Non-Safety Approval Standards for Kinship Foster Homes](#)).
 - e. Completing the Interstate Compact Placement Request (ICPC- 100A) indicating the County decision concerning the assessment conclusion. The assessment conclusion shall provide:
 - i. Recommendation that placement may be made when there is an approval. Approval may be withdrawn should the home fail to comply with reasonable expectations of the County DFCS office; or
 - ii. Recommendation that placement shall not be made if the caregivers are no longer interested in pursuing placement of the child(ren) or if the screening results or home study assessment results are inadequate.
 - f. Upon completion of the home study, the SSCM shall immediately notify the Georgia ICPC office by sending an email to the assigned ICPC Administrator and ICPC@dhs.ga.gov.



At any point the placement is found to not be appropriate for the placement of children due to caregiver disinterest, negative CPS or criminal records information, etc., the decision to deny the placement shall be immediately staffed with the Georgia ICPC

Administrator and County Supervisor. No decision concerning the placement of children shall be unnecessarily delayed. The 45 calendar day requirement is the maximum length of time the County has to complete the assessment and ICPC Request reflecting the approval decision. Completion of the home study does not constitute authorization for placement.

The Georgia ICPC Administrator shall:

1. Immediately transmit to the sending state ICPC Administrator a report on the results of the home study that shall address the extent to which placement in the home would meet the needs of the child.
 - a. This report may or may not include a decision approving or denying permission to place the child(ren).
 - b. In the event the parts of the home study involving the education and training of the placement resource remain incomplete, the report shall reference such items by including an anticipated date of completion.
2. Provide final approval or denial of the placement resource in the form of a signed ICPC Request, as soon as practical but no later than 180 calendar days (six months) from receipt of the initial home study request.



This six month window is to accommodate licensure and/or other receiving state requirements applicable to foster or adoption home study requests.

Upon the Approval of the Placement

1. The requesting state has six months in which to utilize an approved placement.
2. If the requesting state decides to use the approved placement, they shall send an ICPC Interstate Compact Report for Child's Placement Status (ICPC-100B) notifying the Georgia ICPC Administrator of the intent to place the child(ren).
3. Upon receipt of the ICPC Interstate Compact Report for Child's Placement Status (ICPC-100B) notifying Georgia of the intent to place a child into Georgia, the State Office ICPC Unit shall alert via email the County DFCS SSCM assigned responsibility for the assessment.
4. Contact standards will be at least one face to face monthly visit or more frequently if such is agreed upon by the sending and receiving states (see policy [10.18 Foster Care: Purposeful Contacts in Foster Care](#)). Document contacts with the child(ren) and the placement resource(s) in Georgia SHINES Contacts/Summaries.
5. On a monthly basis complete the Interstate Compact Report on Child's Placement Status (ICPC-100B), attach documentation of the purposeful visits with the child(ren) and placement resource(s) and upload to Georgia SHINES External Documentation.
6. The State Office ICPC Unit will retrieve from Georgia SHINES External Documentation the Interstate Compact Report on Child's Placement Status (ICPC-100B) completed by the Case Manager and forward to the sending state. Documentation of contacts with the child(ren) and placement resource(s) shall be shared with the sending state as specified in the ICPC Interstate Compact Report for Child's Placement Status.

ICPC Reporting


The State Office ICPC Unit shall assist the County office in ongoing monitoring of relative/ foster/adoptive home study requests to ensure compliance with the Safe and Timely Act by providing ICPC data reports to each Regional Director. This shall be achieved as follows:

1. Each Regional Director or their designees shall receive a listing of all ICPC overdue and pending cases assigned to their region by the fifth of each month.
2. The Regional Director/designee shall provide an update on each pending and overdue case to the State Office ICPC unit within five business days of receipt of the overdue/pending list. All cases listed as overdue must have a plan developed for immediate completion of the home study request. This update should be emailed to the assigned ICPC Administrator and ICPC@dhs.ga.gov.
3. The Georgia ICPC Administrator shall provide a report to the Regional Director/designee by the 15th of each month detailing:
 - a. ICPC cases that have been open at least 30 days with no activity;
 - b. Status/movement of all overdue cases;
 - c. Cases where no update has been provided.
4. The Georgia ICPC Administrator shall send monthly updates to the requesting states based upon the progress indicated by the County offices.

County Receipt of ICPC Study Requests Directly From Other States

If an ICPC request for placement of a child(ren) is received directly by a County Department, the County Department shall:

1. Immediately forward, via US Mail, all information to the Georgia ICPC Administrator:
 - a. An email message shall be sent to the Georgia ICPC Administrator informing them of the receipt of the information and that it is being mailed to the Georgia ICPC Administrator for handling.
 - b. If a request is received by telephone to a County DFCS office from another state, DFCS staff shall inform the sending state to transmit a written request through the sending state ICPC office to the Georgia ICPC Office for processing.
2. The County DFCS shall **not** initiate the home evaluation until an official request is received from the Georgia ICPC office.

 The existence of an Border Agreement, properly executed by the Commissioners/Directors of both the sending state and receiving state, permits requests for assistance in assessing relative and foster homes to occur immediately, prior to receiving the approval of the respective state's ICPC Compact Administrators (see policy [15.8 Interstate Compact on the Placement of Children: Border Agreements](#)).

Practice Guidance

Once the Georgia ICPC office has received a request from a sending State/Tribe to place a child(ren) in Georgia, time is of the essence for work to be completed so the child(ren) can be placed. The

timely assessment of relative placements is critical to assuring that children in foster care maintain important family connections, experience placement stability, and achieve safety, well-being and permanency, while also impacting each state’s achievement of performance benchmarks. For this reason, the county’s completion of the home study as thoroughly and quickly as possible is essential.

Georgia ICPC Administrators are subject matter experts in the law and regulations governing interstate placements. Maintaining open communication with the assigned ICPC Administrator ensures decisions agreed upon are in the best interests of the child(ren) addressed in the requests.

SHINES is the official case record and must be utilized to document all activities related to such requests from other states for the assessment of relative, foster and adoptive resources. Due to the child(ren) subject to the request not being in the custody of the State of Georgia, the Georgia ICPC Administrator shall assume the role of the primary worker and input the Intake that initiates services into SHINES. While the County SSCM is assigned as a secondary worker, the responsibility for assuring all case management responsibilities are completed rests with the County DFCS SSCM. The standard for assuring all documents and case activities are entered/uploaded into Georgia SHINES is within 72 hours of occurrence.

Forms and Tools

[Association of Administrators of the Interstate Compact on the Placement of Children – ICPC Articles](#)


[Association of Administrators of the Interstate Compact on the Placement of Children – ICPC Regulations](#)

[Field Fiscal Services Financial Manual 2301 Direct Benefits: Family Foster Care](#)

[Interstate Compact Report on the Child’s Placement Status \(ICPC-100B\)](#)

[Interstate Compact Report on the Child’s Placement Status \(ICPC-100B-I\)](#)

15.4 ICPC Expedited Placements

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(15) Interstate Compact on the Placement of Children		
	Policy Title:	ICPC Expedited Placements		
	Policy Number:	15.4	Previous Policy Number(s):	N/A
	Effective Date:	September 2020	Manual Transmittal:	2020-06


Codes/References

O.C.G.A. § 39-4, Interstate Compact on the Placement of Children
ICPC Regulation 7 - Expedited Placement Decision

Requirements

The Division of Family and Children Services (DFCS) will comply with Regulation 7 of the Interstate

Compact on the Placement of Children (ICPC) as it pertains to Expedited Placement Decisions whether Georgia is the sending or receiving state.

 When a sending state is requesting a provisional approval, the request shall be made by execution of an Order of Compliance by the sending state's court that includes the required findings for a Regulation 7 request and a request for provisional approval or denial. The receiving state may but is not required to provide provisional approval or denial.

Procedures

Georgia as the Receiving State

Upon receipt of Regulation 7 requests the Georgia ICPC Administrator will:

1. Review the request to assure it meets the criteria for an expedited study. If the request does not fully comply with the requirements, the State Office ICPC Administrator will within one business day contact the ICPC Administrator in the sending state, informing them of the reason(s) the request did not meet the requirements for expedited handling.
2. If the request meets the Regulation 7 criteria, the ICPC Administrator will process the request in Georgia SHINES **within one (1) business day**:
 - a. Complete a non-incident Intake type ICPC;
 - b. Stage progress from Intake to Foster Care Child (FCC) stage, establishing the case in the name of the oldest child subject to the request;
 - c. Assign the appropriate Georgia ICPC Administrator as the primary case manager for the FCC case/stage;
 - d. Upload all documents received from the sending state into the FCC stage, Case Management second level tab, External Documentation third level tab, Other ICPC Documents. The original documents will be forwarded via United States (US) Priority Mail to the County DFCS office for maintenance.
3. Contact the County DFCS Liaison and County Director via telephone and email prior to the end of the business day to inform them of the receipt of the expedited ICPC request.
4. Render expedited placement decisions to the sending state ICPC Administrator as soon as possible but no later than three business days after receipt of the home study from the County DFCS and no more than 20 business days from the date of receipt of the completed documentation and forms received from the sending state's ICPC Administrator.

Upon notification of the expedited request the County DFCS staff will do the following:

1. The County ICPC Liaison/County Director will immediately inform the ICPC Administrator via email the assigned Social Services Case Manager (SSCM) to ensure they are added by the ICPC Administrator as a secondary in Georgia SHINES.
2. The assigned DFCS SSCM will:
 - a. Initiate contact with the primary and all other adult caregivers identified in the ICPC home study request to validate their interest and willingness to assume custodial care for the children who are the subject of the ICPC request.

- b. Provide the caregiver(s) with an explanation of the assessment process and the time frame for completion. The explanation shall include the necessity for them to undergo GCIC/NCIC fingerprint criminal records search, medical assessments and drug testing as a component of the assessment process.
- c. Screen all adult household members as outlined in policy [19.9 Case Management: Safety Screenings](#) and conduct criminal records checks for all adult household members in accordance with policy [19.8 Case Management: Criminal Records Checks](#).
 - i. If the screening results raise concerns about the viability of the proposed placement resource, consult the supervisor regarding how to proceed;
 - ii. If the screening results are of concern, discuss the concern(s) with the caregiver affording them the opportunity to provide an explanation;
 - iii. If the screening results are favorable for an approval of the home study and the prospective caregiver(s) remains interested, the SSCM shall proceed with completing the required study within 20 days of assignment (see policy [22.3 Kinship: Kinship Assessment](#) or [14.10 Resource Development: Initial Family Evaluation](#));
 - iv. Document the home study utilizing the Kinship Care Assessment in Georgia SHINES in the child's FCC stage; or
 - v. For prospective foster or adoptive homes, complete FAD stage in SHINES;
 - vi. Staff the case with the supervisor and assigned ICPC Administrator if there are concerns. Determine if any of the non-safety approval requirements may be waived or postponed for the purpose of granting provisional approval for placement (see policy [22.6 Kinship: Waiver of Non-Safety Approval Standards for Kinship Foster Homes](#));
 - vii. Complete the Interstate Compact Placement Request (ICPC-100A) indicating the County decision concerning the assessment conclusion. The assessment conclusion shall provide:
 - 1. A recommendation that placement may be made when there is an approval. Approval may be withdrawn should the home fail to comply with reasonable expectations of the County DFCS office;
 - 2. A recommendation that placement shall not be made if the caregivers are no longer interested in pursuing placement of the child(ren) or the screening results or home study assessment are inadequate.
 - viii. Upon completion of the home study, the SSCM shall immediately notify the Georgia ICPC office by sending an email to the assigned ICPC Administrator and ICPC@dhs.ga.gov. Return the completed home study to the Georgia ICPC Administrator within fifteen business days (including date of receipt) of receipt of the request from the Georgia ICPC Administrator.

Georgia as the Sending State

For a placement resource to be considered for an ICPC expedited placement decision by the receiving state, **the County DFCS SSCM** shall take the following minimum steps prior to submitting a request for an ICPC (Regulation 7) expedited placement decision:

1. Obtain a signed Statement of Case Manager/Potential Placement/Party Under ICPC Regulation 7.

If a Border Agreement exists (see policy [15.8 Interstate Compact on the Placement of Children: Border Agreements](#)), the assigned staff member in the receiving state may secure the statement from the caregiver and fax it to the County DFCS staff member. Such statements shall include the following regarding the potential placement resource:

- a. The individual(s) interested in being a potential caregiver for the child(ren) and willingness to cooperate with the ICPC process;
 - b. Details of the relative's relationship to/guardianship status of the child(ren);
 - c. The name(s), correct address, telephone numbers and other contact information for the potential caregiver;
 - d. The dates of birth and social security numbers for all adults in the home;
 - e. A detail of the number and type of rooms in the residence of the placement resource to accommodate the child(ren) under consideration and the number of people, including children, who will be residing in the home;
 - f. Financial resources available to the potential caregiver to feed, clothe and care for the child(ren);
 - g. If required due to age and/or needs of the child(ren), the plan for child care, and how it will be paid for;
 - h. The potential caregiver acknowledgement that criminal records and child abuse history screenings will be completed on any persons residing in the home required to be screened under the law of the receiving state and that, to the best knowledge of the potential caregiver, no one residing in the home has a criminal history or child abuse history that would prohibit the placement;
 - i. Whether a request is being made for concurrence to relinquish jurisdiction if placement is sought with a parent from whom the child(ren) was not removed.
2. For the purposes of an Order of Compliance, submit to the Juvenile Court:
- a. The signed written statement from the potential caregiver noted above; and
 - b. A statement that based upon current information known there is no known information/fact that would prohibit the child being placed with the potential caregiver and that it has completed and is prepared to send all required paperwork to the Georgia ICPC office, including the Interstate Compact Placement Request (ICPC-100A) and Sending State's Priority Home Study Request (ICPC-101).
 - i. The Juvenile Court shall enter an order for Expedited Placement Decision subject to any additions or deletions required by federal or state law;
 - ii. The order shall set forth the factual basis for a finding that ICPC Regulation No. 7 applies to the child(ren) in question, whether the request includes a request for a provisional approval of the proposed caregiver and a factual basis for the request;
 - iii. The order must also require completion of the Sending State's Priority Home Study Request (ICPC-101) for the expedited request.
3. The County DFCS Supervisor or Special Assistant Attorney General (SAAG) will request the Juvenile Court provide a copy of its signed Order of Compliance within two (2) business days of the hearing or consideration of the Regulation 7 request. The order shall include the name, mailing

address, e-mail address, telephone number and FAX number of the clerk of court or a designated court administrator of the Juvenile Court exercising jurisdiction over the child(ren).

4. Within three business days of receipt of the signed Order of Compliance, complete the Interstate Compact Placement Request (ICPC-100A) in Georgia SHINES and upload to Georgia SHINES External Documentation the Sending State's Priority Home Study Request (ICPC-101), the statement from the proposed caregiver and any supporting documentation. Prepare and send an email (ICPC@dhs.ga.gov) to the ICPC Unit notifying of the ICPC request with the subject line "New ICPC Request – Expedited".



Please adhere to the procedures outlined in the Georgia SHINES Job Aide "Documenting ICPC Cases in Georgia SHINES (Georgia is the Sending State)" for completing the ICPC request.

Upon receipt of a complete Regulation 7 request from the County DFCS, the Georgia ICPC Administrator will:

1. Transmit the completed request for the assessment and for any provisional placement to the receiving state Compact Administrator within two (2) business days of receipt.
2. The request shall include a copy of the Order of Compliance rendered in Georgia.

Requests for Provisional Approval or Denial

Upon request and receipt of the documentation (including an Order of Compliance and a request for provisional approval or denial) from the sending agency and agreement of the receiving state to make a provisional determination, the receiving state shall expedite provisional determination of the appropriateness of the proposed caregiver by having the assigned SSCM:

1. Perform a physical "walk through" of the prospective placement's home to assess the residence for risks and the appropriateness of the placement for the child;
2. Search the receiving state's child protective services database for prior reports/investigations on the prospective placement as required by the receiving state for emergency placement of a child in its custody;
3. Perform a local criminal background check on the prospective placement;
4. Undertake other determinations as agreed upon by the sending and receiving state ICPC Administrators; and
5. Provide a provisional written report to the receiving state Compact Administrator as to the appropriateness of the proposed placement.

The receiving state ICPC Administrator shall then make a determination within seven calendar days of receipt of the completed request packet.

1. A provisional approval or denial shall be communicated to the sending state ICPC Administrator by the receiving state ICPC Administrator in writing. This communication shall not include the signed ICPC Request until the final decision is made.
2. Provisional placement, if approved, shall continue pending a final approval or denial of the placement by the receiving state or until the receiving state requires the return of the child to the sending state.

3. If provisional approval is given for placement with a parent from whom the child was not removed, the court in the sending state may direct its agency to request concurrence from the sending and receiving state ICPC Administrators to place the child with the parent and relinquish jurisdiction over the child after final approval is given. If such concurrence is not given, the sending agency shall retain jurisdiction over the child as otherwise provided under Article V of the ICPC.
4. A provisional denial means that the receiving state cannot approve a provisional placement pending the more comprehensive home study or assessment process due to issues that need to be resolved.

Practice Guidance

ICPC Regulation 7

The intent of this regulation is to expedite ICPC approval or denial by a receiving state for the placement of a child with a parent, step-parent, grandparent, adult uncle or aunt, adult brother or sister, or the child's guardian, and to:

1. Help protect the safety of children while minimizing the potential trauma to children caused by interim or multiple placements while ICPC approval to place with a parent or relative is being sought through a more comprehensive home study process.
2. Provide the sending state court and/or sending agency with expedited approval or denial. An expedited denial would underscore the urgency for the sending state to explore alternative placement resources.

For cases involving a child who is under the jurisdiction of a court as a result of action taken by a child welfare agency, the court has the authority to determine custody and placement of the child or has delegated said authority to the child welfare agency as the child is no longer in the home of the parent from whom the child was removed, and the child is being considered for placement in another state with a parent, step-parent, grandparent, adult uncle or aunt, adult brother or sister, or the child's guardian. One of the following criteria must be met in order to be considered a Regulation 7 case:

1. Unexpected dependency due to a sudden or recent incarceration, incapacitation or death of a parent or guardian. Incapacitation means a parent or guardian is unable to care for a child due to a medical, mental or physical condition of a parent or guardian; or
2. The child sought to be placed is four years of age or younger, including older siblings sought to be placed with the same proposed caregiver; or
3. The court finds that any child in the sibling group sought to be placed has a substantial relationship with the proposed caregiver. Substantial relationship means the proposed caregiver has a familial or mentoring role with the child, has spent more than cursory time with the child, and has established more than a minimal bond with the child; or
4. The child is currently in an emergency placement.

This regulation shall not apply if:

1. The child has already been placed in violation of the ICPC in the receiving state, unless a visit

has been approved in writing by the receiving state Compact Administrator and a subsequent order entered by the sending state court authorizing the visit with a fixed return date in accordance with Regulation 9.

2. The intention of the sending state is for licensed or approved foster care or adoption.

In the event the intended placement [must be parent, step-parent, grandparent, adult aunt or uncle, adult brother or sister, or guardian as per Article VIII(a)] is already licensed or approved in the receiving state at the time of the request, such licensing or approval would not preclude application of this regulation.

1. The court places the child with a parent from whom the child was not removed, the court has no evidence the parent is unfit, does not seek any evidence from the receiving state the parent is either fit or unfit, and the court relinquishes jurisdiction over the child immediately upon placement with the parent.

Forms and Tools

[Association of Administrators of the Interstate Compact on the Placement of Children – ICPC Articles](#)

[Association of Administrators of the Interstate Compact on the Placement of Children – ICPC Regulations](#)

[Interstate Compact Placement Request \(ICPC-100A\)](#)


[Interstate Compact Placement Request - Instructions \(ICPC-100A-I\)](#)

[Sending State Priority Home Study Request \(ICPC-101\)](#)

[Sending State Priority Home Study Request - Instructions \(ICPC-101-I\)](#)

[Statement of Case Manager/Potential Placement/Party Under Regulation 7](#)

15.5 ICPC Placement Supervision

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	Interstate Compact on the Placement of Children		
	Policy Title:	ICPC Placement Supervision		
	Policy Number:	15.5	Previous Policy Number(s):	1010.6
	Effective Date:	February 2015	Manual Transmittal:	2015-01

Codes/References

O.C.G.A. § 39-4, Interstate Compact on the Placement of Children
ICPC Regulation 11, Responsibility of States to Supervise Children

Requirements


The Division of Family and Children Services (DFCS) will provide supervision for children placed into Georgia pursuant to an approved Interstate Compact on the Placement of Children (ICPC) request, if supervision is requested by the sending state, and:

1. The sending agency is a public child placing agency;
2. Georgia DFCS completed the home study for placement of the child; and
3. The child's placement is not in a residential treatment center or a group home.

When Georgia is the receiving state, the assigned Social Services Case Manager (SSCM) will be responsible for supervising ICPC placements in the same manner as any other placement.

When Georgia is the sending state, the assigned SSCM is responsible for receiving written supervisory (progress) reports from the out-of-state agency at least once every ninety (90) days. These progress reports are to ensure the safety and well-being needs of the child(ren) are continually assessed in the receiving state unless and until:

1. Authorization is received for the transfer of legal custody to the relative, adoptive home or foster home providing for the child's care;
2. Georgia DFCS is relieved of legal custody and responsibility for supervision of the child by the Juvenile Court exercising jurisdiction.

 If progress reports from the other state are not received, the Georgia ICPC Administrator should be contacted for assistance.

Procedures

Supervision of Children Placed into Georgia

Supervision shall begin when the child is placed in Georgia pursuant to an approved home evaluation, approval or provisional approval of the placement and the Georgia ICPC Administrator has received an ICPC form Interstate Compact Report on Child's Placement Status (ICPC-100B) from the sending state indicating the date of the child's placement. Supervision can and should begin prior to receipt of the Interstate Compact Report on Child's Placement Status (ICPC-100B) if the Georgia ICPC Administrator has been informed by other means that the child has been placed pursuant to an approved placement.

1. Supervision shall continue until any of the following conditions apply:
 - a. The child reaches the age of majority or is legally emancipated;
 - b. The child's adoption is finalized;
 - c. Legal custody of the child is granted to a caregiver or a parent and jurisdiction is terminated by the sending state;
 - d. The child no longer resides at the home approved for placement of the child subject to the approved ICPC home study request;
 - e. Jurisdiction over the child is terminated by the sending state;
 - f. Legal guardianship of the child is granted to the child's caregiver; or
 - g. The sending state requests in writing that supervision be discontinued, and the Georgia County DFCS office and Georgia ICPC Administrator concur.

 Supervision of a child in Georgia may continue, notwithstanding the occurrence of one of

the events listed above, by mutual agreement of the sending state and Georgia ICPC State Offices.

2. Supervision shall include the following components and occur as outlined:
 - a. Face-to-face visits with the child by the assigned SSCM at least once each month and beginning no later than 30 days from the date on which the child is placed or 30 days from the date on which the Georgia ICPC Administrator is notified of the child's placement, if notification occurs after placement has occurred;
 - b. A majority of the required visits shall occur in the child's home;
 - c. The purpose of face-to-face visits is to help ensure the on-going safety and well-being of the child and to gather relevant information to include in written reports provided to the child welfare agency in the sending state who exercises legal authority for the child(ren) subject to the ICPC case;
 - d. If significant issues of concern are identified during a face-to-face visit or at any time during a child's placement, the SSCM providing supervision shall promptly notify the assigned Georgia ICPC Administrator who in turn shall notify the sending state ICPC Compact Administrator in writing;
 - e. Assist the sending state in locating appropriate resources for the child and/or the placement resource;
 - f. Provide written notification to the sending state's ICPC Office of any unmet needs of a child placed in Georgia.

Providing a Written Supervision Report for Children Placed into Georgia

1. A written supervision report shall be completed by the SSCM providing supervision and uploaded to Georgia SHINES External documentation at least once every ninety (90) days following the date of the receipt of the Interstate Compact Report on Child's Placement Status (ICPC-100B) requesting supervision. Following uploading the supervision report to Georgia SHINES External Documentation the SSCM will send notification of the report via email to the assigned Georgia ICPC Administrator and ICPC@dhr.state.ga.us. The Georgia ICPC Administrator will retrieve the report from Georgia SHINES External Documentation and forward to the sending state's ICPC Compact Administrator. More frequent reporting may be provided if agreed to by the SSCM providing supervision and approved by the Supervisor and Georgia ICPC Administrator.
2. At a minimum, supervision reports sent to the sending state ICPC Compact Administrator shall include the following:
 - a. Date and location of each face-to-face contact with the child since the last supervision report was completed;
 - b. A summary of the child's current circumstances, including a statement regarding the ongoing safety and well-being of the child;
 - c. A statement of the child's school attendance and a summary of the child's academic performance along with copies of any available report cards, education-related evaluations or Individual Education Plan (IEP) documents;
 - d. A summary of the child's current health status, including mental health, the dates of any

health-related appointments that have occurred since the last supervision report was completed, the identity of any health providers seen, and copies of any available health-related evaluations, reports or other pertinent records;

- e. An assessment of the current placement and caregivers (e.g., physical condition of the home, caregiver's commitment to child, current status of caregiver and family, any changes in family composition, health, financial situation, work, legal involvement, social relationships, child care arrangements, etc.);
- f. A description of any unmet needs and any recommendations for meeting identified needs;
- g. If applicable, the supervising SSCM's recommendation regarding continuation of the placement, return of legal custody to a parent or parents with whom the child is residing and termination of the sending state's jurisdiction, finalization of adoption by the child's current caregivers or the granting of legal guardianship to the child's current caregivers.

Child Maltreatment Reports for Children Placed in Georgia

The County DFCS office responsible for providing placement supervision shall respond to any report of child maltreatment for a child placed in Georgia in the same manner as it would to a report of child maltreatment for any other child residing in Georgia.

1. When a report of child maltreatment is received in a County office:
 - a. The DFCS County Liaison shall immediately send notification of the report via email to the assigned Georgia ICPC Administrator and ICPC@dhs.ga.gov;
 - b. The Georgia ICPC Administrator shall promptly notify the ICPC Administrator in the sending state of any report of child maltreatment of a child placed in Georgia pursuant to an approved placement, regardless of whether or not the report is substantiated.
2. If it is determined that a child shall be removed from the placement in order to ensure their safety, and it is not possible for the child placing agency in the sending state to move the child at the time that the determination is made by Georgia, the sending state shall authorize the child to be moved or an emergency request shall be made to juvenile court. The child shall be placed with a Georgia placement resource pending the sending state making the appropriate arrangements to retrieve the child. The Georgia ICPC Administrator shall promptly notify the sending state when a child is moved to another home or other substitute care facility.
3. It is the responsibility of the public child placing agency in the sending state to:
 - a. Take action to ensure the ongoing safety of a child placed in Georgia pursuant to an approved placement, including return of the child to the sending state as soon as possible when return is requested by the Georgia ICPC Administrator;
 - b. Take timely action to relieve Georgia of any financial burden that Georgia has incurred as a result of placing a child into substitute care after removing the child from an unsafe placement in which the child was previously placed by the public child placing agency in the sending state.

Supervision of Children Placed in Other States by Georgia

1. The County SSCM shall request that supervision begin when:
 - a. The child is placed in the receiving state pursuant to an approved home evaluation,

approval or provisional approval of the placement and the Georgia ICPC Administrator has sent the Interstate Compact Report on Child's Placement Status (ICPC-100B) to the receiving state indicating the date of the child's placement.

- b. Supervision can and should begin prior to receipt of the Interstate Compact Report on Child's Placement Status (ICPC-100B) if the receiving state ICPC Compact Administrator has been informed by other means that the child has been placed pursuant to an approved placement.
- c. Supervision shall continue until any of the following conditions apply:
 - i. The child reaches the age of majority or is legally emancipated;
 - ii. The child's adoption is finalized;
 - iii. Legal custody of the child is granted to a caregiver or a parent and jurisdiction is terminated by the sending state;
 - iv. The child no longer resides at the home approved for placement of the child subject to the approved ICPC home study request;
 - v. Jurisdiction over the child is terminated by the Georgia Juvenile Court exercising jurisdiction and venue;
 - vi. Legal guardianship of the child is granted to the child's caregiver in the receiving state; or
 - vii. The receiving state requests in writing that supervision be discontinued, and the Georgia County DFCS office and Georgia ICPC Administrator concur.



Supervision of a Georgia child in the receiving state may continue, notwithstanding the occurrence of one of the events listed above, by mutual agreement of the receiving state and Georgia ICPC Compact offices.

Requesting Supervision for Children from Georgia Placed in Other States

The request for supervision shall be accompanied by a completed Interstate Compact Report on Child's Placement Status (ICPC-100B) and shall include requests for:

1. Face-to-face visits with the child at least once each month, beginning no later than 30 days from the date on which the child is placed, or 30 days from the date on which the Georgia ICPC Administrator notified the receiving state of the child's placement, if notification occurs after placement has occurred;
2. A majority of the required visits occur in the child's resource home;
3. Significant issues of concern that are identified during a face-to-face visit or at any time during a child's placement are promptly reported to the assigned Georgia ICPC Administrator and County DFCS SSCM;
4. Written reports to be sent to the Georgia ICPC Administrator for forwarding to the county DFCS SSCM at least once every ninety (90) days following the date of the receipt of the Interstate Compact Report on Child's Placement Status (ICPC - 100B) requesting supervision. More frequent reporting may be requested if agreed to by the receiving state ICPC Compact Administrator. At a minimum, supervisory reports received by the Georgia ICPC Administrator shall include the fol-

lowing:

- a. Date and location of each face-to-face contact with the child since the last supervision report was completed;
- b. A summary of the child's current circumstances, including a statement regarding the ongoing safety and well-being of the child;
- c. When applicable, a statement of the child's school attendance and a summary of the child's academic performance along with copies of any available report cards, education-related evaluations or Individualized Education Plan (IEP) documents;
- d. A summary of the child's current health status, including mental health, the dates of any health-related appointments that have occurred since the last supervision report was completed, the identity of any health providers seen, and copies of any available health-related evaluations, reports or other pertinent records;
- e. An assessment of the current placement and caregivers (e.g., physical condition of the home, caregiver's commitment to child, child care arrangements, current status of caregiver and family, any changes in family composition, health, financial situation, work, legal involvement, social relationships, etc.);
- f. A description of any unmet needs and any recommendations for meeting identified needs;
- g. If applicable, the supervising caseworker's recommendation regarding continuation of the placement, return of legal custody to a parent or parents with whom the child is residing and termination of jurisdiction, finalization of adoption by the child's current caregivers or the granting of legal guardianship to the child's current caregivers.

When placing a child in another state, the County DFCS office shall be responsible for:

1. Case planning;
2. The child's ongoing safety and well-being needs and meeting any identified needs of the child that are not being met by other available means;
3. Assisting in locating appropriate resources for the child and/or the placement resource.

Practice Guidance

N/A

Forms and Tools


[Association of Administrators of the Interstate Compact on the Placement of Children – ICPC Articles](#)

[Association of Administrators of the Interstate Compact on the Placement of Children – ICPC Regulations](#)

[Interstate Compact Report on Child's Placement Status \(ICPC-100B\)](#)

[Interstate Compact Report on Child's Placement Status - Instructions \(ICPC-100B-I\)](#)

15.6 Court Jurisdiction Cases and Other ICPC Components

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(15) Interstate Compact on the Placement of Children		
	Policy Title:	Court Jurisdiction Cases and Other ICPC Components		
	Policy Number:	15.6	Previous Policy Number(s):	1010.10, 1010.12, 1010.13, 1010.14, 1010.17
	Effective Date:	February 2015	Manual Transmittal:	2015-01

Codes/References

O.C.G.A. § 39-4 Interstate Compact on the Placement of Children
 ICPC Regulation 1 - Relocation of Family Units
 ICPC Regulation 2 - Public Court Jurisdiction Cases
 ICPC Regulation 9 - Definition of a Visit

Requirements

The Division of Family and Children Services (DFCS) will assume responsibility for assuring the proper maintenance and follow-up of Interstate Compact on the Placement of Children (ICPC) requests received from a sending state ICPC Administrator that require formal and informal action on the part of County DFCS staff. These actions include:

1. Custody Reviews
2. Protective Custody Services
3. Georgia Court as the Sending Agency
4. Out of State Foster Home
5. Out of State Residential Placement (Group Home)
6. Interstate Visits
7. Relocation of Family Units
8. Status Offenders return to state of residence

Procedures

Custody Reviews (Court and Subsidies)

1. For cases in which the Georgia Court granted permanent custody of a child to a relative prior to January 1, 2014, the Juvenile Court Judge reviews the circumstances of the child in the permanent custody of a relative every 12 or 36 months, based on the established jurisdiction where custody was originally transferred to the relative and location of the relative (in state or out of state).

2. If DFCS is requested to complete the court review, ICPC requirements apply.
3. Per policy [22.8 Kinship: Financial and Non-Financial Supports for Children in Foster Care or Who Have Achieved Permanency](#), if a relative is approved to receive Relative Care Subsidy and relocates to another state, the legal county of the child shall make subsidy payments as long as all eligibility criteria are met. Georgia will continue to be responsible for subsidy payments for eligible children as long as a Georgia court retains legal jurisdiction and the child remains eligible.
4. Should the relative placement no longer be appropriate and/or there is a court order changing the custody arrangements, the RCS payments are terminated. Refer to policy [22.8 Kinship: Financial and Non-Financial Supports for Children in Foster Care or Who Have Achieved Permanency](#) for the procedures for terminating the RCS.



There are no new relative subsidies established effective 1/1/ 2014.

Protective Custody Services

This situation presents when (1) protective services and/or supervision of a family is needed in Georgia (Georgia is receiving state) or in another state (Georgia is sending state) **and** (2) the court has established jurisdiction. In such cases, the court becomes the sending agency and ICPC applies.

When Georgia is the sending/legal state, the county department shall request the court to sign Interstate Compact Placement Request (ICPC-100A) and to be listed on the form in the two sections regarding financial responsibility.

1. If the court will not agree to retain jurisdiction or be identified as responsible for the placement, the county department “by order of the appropriate court”, can be listed in the section regarding responsibility.
2. The county director or designee must sign the Interstate Compact Placement Request (ICPC-100A). Information in these cases may be limited.
3. A cover letter, court order and any available information should be collated in three packets and forwarded along with the Interstate Compact Placement Request (ICPC-100A) to the ICPC office. A copy of the ICPC packet is to be uploaded into External Documentation in SHINES.



An open child protective services case without a protective order is not subject to the Compact. Neither are protective services situations, which do not involve a court in another state for court-ordered supervision or placement. For such situations, the county department should respond directly to the agency making the request. If a Georgia family receiving child protective services leaves the state, the county department should send a request for services directly to the agency in the other state. Refer to the APWA Directory for addresses. Do not submit an Interstate Compact Placement Request (ICPC-100A).

Georgia Court as the Sending Agency

Typically, when a Georgia court becomes the sending agency, the situation involves relatives who are in dispute over placement plans for the child. ICPC does not apply to most divorce custody cases. If there is a third party involved other than the parents, ICPC may apply. When such situations arise, the Georgia ICPC Administrator will assist with clarification on these cases.

Placement with an Out of State Foster Home

Under special circumstances, an out of state foster home may be sought for placement of a child who is in the custody of Georgia DFCS. Relatives or non-relative foster homes may also be sought for children in need of placement. Follow the steps outlined below:

1. The cover letter should request the receiving state to complete a foster home study.
2. The request should provide the amount of per diem Georgia will pay, and ask the receiving state to accept this per diem rate for the family if the home is approved.
3. An out of state non-relative may be considered for placement through the compact if there is reason to believe that this placement is in the best interest of the child.
4. The child's IV-E status should be documented when making this referral.



If parental rights have been terminated by a Georgia court and placement is sought with a birth family member, a foster home study will be requested rather than a relative home study.

Out of State Residential Placement (Group Home)

In rare instances, a child in Georgia DFCS custody may require an out of state group home placement. When such circumstances exist, a child may be placed in an approved out of state group home, childcare institution or basic IFC facility.

1. A multidisciplinary team meeting must be held to discuss the recommendation to place a child in DFCS custody in an out of state group home to discuss the following:
 - a. The rationale for considering such a placement;
 - b. What in-state services and facilities were used or considered;
 - c. Why in-state services are not being recommended;
 - d. Any additional information required by the placement facility must be shared.
2. Prior to initiating the ICPC procedures, obtain:
 - a. Approval from the County Director;
 - b. A waiver from the Regional Director and the Director of Foster Care Services.
3. Upon receipt of the approved waiver, apply the referral procedures referenced in policy [16.3 Room Board and Watchful Oversight \(RBWO\): RBWO Placement Referral](#).
4. Initiate ICPC procedures.
5. When an out-of-state group home placement is recommended or made, the case plan shall comply with O.C.G.A. § 39-4-4, the Interstate Compact on the Placement of Children. Update the case plan to include the following:
 - a. The recommendation of the multidisciplinary team and the rationale for such particular placement;
 - b. Which in-state services or facilities were used or considered and why they were not recommended;
 - c. Why the selected placement is in the best interest of the child.

Interstate Visits

An interstate visit is not considered a placement. Visits and placements are distinguished on the basis of purpose, duration, and the intent of the person or agency with court-ordered responsibility for planning for the child. An interstate visit shall not exceed thirty (30) days and is not subject to ICPC.

1. The purpose of a visit is to provide the child with a familial, social or cultural experience of short duration, such as an overnight camp or visiting with a friend or relative who has not assumed legal responsibility for said child.
2. A visit may not be approved or extended if the approval or extension exceeds thirty (30) days. A visit or proposed stay of longer than thirty (30) days constitutes a placement event, and must conform to ICPC regulations.
3. If at the onset of a visit the stay does not have a planned ending date or if its duration is not clear, it shall be considered a placement or proposed placement and must comply with ICPC regulations.
4. An interstate visit should not be authorized unless the visiting resource is found to be a safe environment for the child subject to the request.
 - a. Home assessments and supervision are not required when children are visiting out of state.
 - b. Request of, or receipt of a request for a home study or supervision made by a person or agency that sends or proposes to send a child on a visit must be explored with the person or entity to determine if the plan is for the child to remain with the visiting resource. Under such circumstances, ICPC regulations and policy apply.

Relocation of Family Units

A placement initially **intrastate** in nature becomes an **interstate** placement subject to the Interstate Compact on the Placement of Children (ICPC) when a child's principal residence permanently relocates to another state, except as set forth herein.

1. A request that the receiving state assess and approve the placement is mandatory.
2. The sending state must retain legal jurisdiction for the child until approval to do so is provided by the receiving state.
3. Assurance that a safe and stable placement is maintained for the child subject to court jurisdiction is the responsibility of both the sending and receiving states.
4. Additionally, it is the intent of the Compact that services and supports for the child and placement resource are uninterrupted, that the placement resource and sending state comply with the requirements of the receiving state, and that both states comply with all applicable state and federal laws, rules and regulations.
5. These guidelines apply to the relocation of a child and the placement resource where supervision is ongoing.
 - a. A request for a home study solely for the purpose of a periodic assessment of the placement where there is no ongoing supervision are not addressed by this process and shall be a matter of courtesy between the states.
 - b. The sending state has the option to contract privately for a periodic assessment of the place-

ment.

Status Offenders Return to State of Residence

DFCS recognizes it's responsible for the proper supervision or return of status offenders who are on probation or parole and who have absconded, escaped or run away from supervision and control and in so doing have endangered their own safety and the safety of others. Additionally, DFCS recognizes that each state is responsible for the safe return of juveniles who have run away from home and in doing so have left their state of residence.

Practice Guidance

N/A

Forms and Tools


[Association of Administrators of the Interstate Compact on the Placement of Children – ICPC Articles](#)

[Association of Administrators of the Interstate Compact on the Placement of Children – ICPC Regulations](#)

[Interstate Compact Placement Request \(ICPC-100A\)](#)

[Interstate Compact Placement Request - Instructions \(ICPC-100A-I\)](#)

15.7 ICPC Related Travel Expenses

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	Interstate Compact on the Placement of Children (ICPC)		
	Policy Title:	ICPC Related Travel Expenses		
	Policy Number:	15.7	Previous Policy Number(s):	1010.9
	Effective Date:	February 2015	Manual Transmittal:	2015-01

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will ensure that interstate travel expenses are only authorized by the Interstate Compact on the Placement of Children (ICPC) State Office.

1. These reimbursable travel expenses are associated with a child's approved ICPC placement to and from an approved ICPC out of home resource.
2. Travel costs include subsistence, mileage and/or airfare for the child only.
3. The Interstate Travel Expenses Waiver is completed by the Georgia ICPC Administrator and sent to the County Department at the time the County is notified that the ICPC placement is

approved.

County DFCS staff will request authorization for the child's travel expenses when placing the child in another state. If a Georgia child's placement disrupts, authorization for the child's travel expenses must be reauthorized via a request submitted to the Georgia ICPC Administrator.

When it is necessary for the Social Services Case Manager (SSCM) or other DFCS staff person to accompany the child:

1. The SSCM's travel costs are paid from Grant in Aid (GIA).
2. Advance approval for the SSCM's travel must be requested through the Deputy Director of Financial and Administration using the Child Related Out-of-State Travel Request (Form 5354).

Procedures

1. County DFCS staff must request the authorization for an Interstate Travel Expense Waiver through the Georgia ICPC office. Prior approval must be obtained before arranging travel for the child(ren).
2. The Georgia ICPC Administrator is responsible for approving the Interstate Travel Expense Waiver for the payment of the child(ren)'s travel. Interstate Travel Expense Waivers are **not** approved for court only jurisdiction cases (where the child is not in DFCS custody).
3. Travel Incorporated is the travel agency used to make the travel arrangements and secure payment authorization. The DHS Office of Financial Services/Travel Section should be contacted if assistance is needed.
4. All expenses related to the child(ren)'s travel are submitted to the Regional Accounting department, and copies should be maintained in Georgia SHINES External Documentation in the child's FCC stage for audit purposes. A copy of the Interstate Travel Expense Waiver must be attached to the expense authorization for the child(ren).

Practice Guidance

N/A

Forms and Tools


[Association of Administrators of the Interstate Compact on the Placement of Children – ICPC Articles](#)

[Association of Administrators of the Interstate Compact on the Placement of Children – ICPC Regulations](#)

[Interstate Travel Expense Waiver](#)

[Child Related Out-of-State Travel Request \(Form 5354\)](#)

15.8 Border Agreements

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(15) Interstate Compact on the Placement of Children (ICPC)		
	Policy Title:	Border Agreements		
	Policy Number:	15.8	Previous Policy Number(s):	N/A
	Effective Date:	February 2015	Manual Transmittal:	2015-01

Codes/References

O.C.G.A. § 39-4

ICPC Article VIII - Limitations

Requirements

A border agreement **may** be established between Georgia and another state sharing a geographic boundary when the opinion of the Georgia Department of Human Services (DHS) Commissioner or Division of Family and Children Services (DFCS) Director and the Commissioner/Director of the border state's child welfare agency agree that the existence of such agreement will positively impact the children subject to the border agreement. Georgia shares geographic boundary with the following states:

1. South Carolina
2. North Carolina
3. Tennessee
4. Alabama
5. Florida



Georgia currently does not have an approved Border Agreement with North Carolina but does have an approved Border Agreement with the other states.

The components of a properly executed border agreement will:

1. Identify by county/region and/or state the parties to the agreement;
2. Identify the population of children to be served (children subject to court jurisdiction due to deprivation or all children subject to Child Protective Services (CPS) Investigation and/or Family Preservation Services (FPS))
3. Establish specific time frames for the completion of the following:
 - a. Initial contact with the receiving county/state for the purpose of execution of an out of home safety plan placement in accordance with the border agreement;
 - b. Initial contact with the proposed resource caregiver(s) (safety resource, relative, relative foster home or foster home) for the purpose of determining that the resource family is interested, willing and capable of meeting the alleged victim child(ren)'s safety and well being needs;
 - c. Preliminary criminal records name search and CPS records search for all adult household

members living in the proposed resource home;

- d. Preliminary assessment of the resource home and resource caregivers' capacity to assure the safety of the child(ren) subject to the request and willingness to abide by the reasonable requests of the sending and receiving agencies;
 - e. Provision for the full assessment of the resource caregiver and resource home, in accordance with the policies and procedures of the receiving state child welfare agency;
 - f. If required, compliance with policies and procedures outlined in the Interstate Compact for the Placement of Children (ICPC).
4. Require compliance with federal, state and other policy and regulatory requirements;
 5. Require that the sending state remain programmatically, legally and fiscally responsible for the child as allowable under the sending state's policies and procedures;
 6. Provide for a mechanism for conflict resolution should problems arise; and
 7. Provide for the training of staff members in the counties, regions and states that are a party to the border agreement.

A properly executed border agreement **will not**:

1. Impose requirements or standards that are in violation of federal or state law, regulation or policy;
2. Result in an expense being incurred for the cost of maintenance of the child in the resource home that is not allowable under the fiscal policies of the sending state;
3. Transfer fiscal responsibility for a child subject to the border agreement to the receiving state, except for those services otherwise available to the child or resource parent absent child welfare involvement;
4. Violate federal or state law, rule, regulation or policy established by the parties to the border agreement.

The signature of the Georgia DHS Commissioner or DFCS Director and the Child Welfare Commissioner/Director of the border state is required for the border agreement to be effective and enforceable.

Procedures

See Appendices for the specific requirements included in the Border Agreement between Georgia and bordering states.

Practice Guidance

The purpose of the ICPC Regulations is to provide the member state agencies with guidelines for the achievement of permanency of children through their safe and timely placement with permanency resources in other states. Both Georgia law and the ICPC agreement acknowledge that under certain circumstances it may be beneficial for states sharing a geographical border to enter into compact agreements resulting in expedited placements that enhance child safety, permanency and well-being by agreeing to work collaboratively and in the best interests of children.

Forms and Tools

[Association of Administrators of the Interstate Compact on the Placement of Children – ICPC Articles](#)

[Association of Administrators of the Interstate Compact on the Placement of Children – ICPC Regulations](#)

[Alabama - Georgia Border Agreement](#)


[Florida - Georgia Border Agreement](#)

[South Carolina – Georgia Border Agreement](#)

[Tennessee - Georgia Border Agreement](#)

Chapter 16 Room Board Watchful Oversight (RBWO)

16.0 Introduction to Room Board and Watchful Oversight

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(16) Room Board and Watchful Oversight (RBWO)		
	Policy Title:	Introduction to Room Board and Watchful Oversight		
	Policy Number:	16.0	Previous Policy Number(s):	N/A
	Effective Date:	July 2024	Manual Transmittal:	2024-06

Codes/References

O.C.G.A. § 49-5-3-Definitions

Title IV-E of the Social Security Act §§ 471(a)(10), 472(c)(2), 472(k)(4) and 475A(c)

45 CFR § 1355.20(a)(2)

Public Law 115-123 Family First Prevention Services Act of 2018

Discussion

The mission of the Division of Family and Children Services (DFCS) foster care program is to strengthen families, protect children from further abuse and ensure that every child has a permanent family. The private provider community is an important and integral part of DFCS's ability to achieve its mission. The Room Board and Watchful Oversight (RBWO) providers follow and support the DFCS mission.

RBWO is the provision of lodging, food and attentive responsible care to children. Providers shall be responsible for the provision or acquisition of services to ensure that each child's physical, social, emotional, educational/vocational, nutritional, spiritual/cultural and permanency needs are met. These services are defined as follows:

1. Physical – all health services pertaining to the body (medical and dental). This includes medication monitoring, documenting and administering by staff or foster parents trained in medication dispensing.
2. Social – the provision of an environment in which the child's relationships with peers, staff, significant others and community are improved through the use of recreational and leisure activities.
3. Emotional - a support network that implements recommendations of treatment providers; provides access to treatment; and recognizes behaviors, such as anger, and negative and positive stress, often accompanied by physiological or psychological changes.
4. Educational/Vocational – enrollment of youth in an accredited educational school system; moni-

toring of progress and support of the youth's education by participation in student support team (SST) meetings, individual education planning (IEP) meetings, parent/teacher conferences and disciplinary meetings; opportunities for participation in school-related extra-curricular activities; for those youth who have completed high school or who have achieved a high school diploma or GED, access to academic or vocational opportunities that will prepare them to lead self-sufficient lives.

5. Nutritional – the provision or acquisition of food services to ensure healthy physical and emotional development, which is inclusive of the child's religious, cultural, and health needs in accordance with the United States Department of Agriculture (USDA) guidelines for servings per child.
6. Spiritual/Cultural – awareness, sensitivity and competence in understanding the child's and family's religious values, belief system, mores, customs, training, social growth or development.
7. Permanency – providing the child with continuous and guided interaction with family members and significant others for the purpose of transitioning the child back to the home and community and/or working to secure another permanent option for the child. Permanency planning begins during the admission process and continues through discharge.

The DFCS Office of Provider Management (OPM) is responsible for establishing and maintaining standards for child placing agency (CPA) foster family homes, child caring institutions (CCI), and Independent Living Programs which are reasonably in accord with recommended standards of national organizations concerned with standards for such institutions or homes, including standards related to admission policies, safety, sanitation, and protection of civil rights and which shall permit use of the reasonable and prudent parenting standard. The standards so established are applied by DFCS to any CPA foster family home or CCI receiving funds under Titles IV-E or IV-B. The standards shall require, as a condition of each contract entered into by a CCI to provide foster care, the presence on-site of at least one official who, with respect to any child placed at the CCI, is designated to be the caregiver who is authorized to apply the reasonable and prudent parent standard to decisions involving the participation of the child in age or developmentally-appropriate activities, and who is provided with training in how to use and apply the reasonable and prudent standard in the same manner as prospective foster parents are provided the training pursuant to paragraph 471(a)(24).

The standards for foster family homes and CCIs shall include policies related to the liability of foster parents and private entities under contract by the State involving the application of the reasonable and prudent parent standard, to ensure appropriate liability for caregivers when a child participates in an approved activity and the caregiver approving the activity acts in accordance with the reasonable and prudent parent standard. DFCS may provide waivers of such standards only on a case-by-case basis for non-safety standards (as determined by DFCS) in relative foster family homes for specific children in care. In order for a child to be eligible for Title IV-E funding, the licensing file for a CCI must contain documentation which verifies that safety considerations with respect to the staff of the institution have been addressed.

In order for a child to be eligible for title IV-E funding, the licensing file for a CCI must contain documentation which verifies that safety considerations with respect to the staff of the institution have been addressed. DFCS shall provide procedures for any CCI, including a group home, residential treatment center, shelter, or other congregate care setting, to conduct criminal record checks, including fingerprint-based checks of national crime information databases (as defined in section 534(f)(3)(A) of title 28, United States Code), and child abuse registry checks, on any adult working in a CCI, including

a group home, residential treatment center, shelter, or other congregate care setting (see policy [19.8 Case Management: Criminal Records Checks](#) and [19.9 Case Management: Safety Screenings](#)).

RBWO providers contracted with DFCS adhere to a set of guiding principles outlined in the RBWO Minimum Standards. RBWO Minimum Standards are focused on securing positive permanency, health and education outcomes for children and on reducing risks to their welfare and safety. Providers shall aim to provide the best care possible for the children under their supervision. Observing the Minimum Standards is essential, but only a part of the overall responsibility to safeguard and promote the welfare of each individual child placed. The Minimum Standards are intended to be qualitative, in that they provide a tool for judging the quality of care provided and are also designed to be measurable.

The OPM shall monitor RBWO providers against the Minimum Standards using annual comprehensive and random safety reviews. During monitoring visits, the OPM will look for evidence that the requirements are being met. Provider practices that exceed the requirements of the Minimum Standards will also be identified and documented in the OPM monitoring report. The following are the six broad areas comprising the Minimum Standards:

1. Safety;
2. Quality of care;
3. Permanency support;
4. Family foster homes;
5. Child caring institutions; and
6. General administrative matters.

OPM may execute the following reviews of contracted CCIs/CPAs and Independent Living Programs (ILP) to ensure adherence to the high standard of care and contractual obligations:

1. Annual Comprehensive Review (ACR) - an overall assessment of provider performance in the areas of safety, permanency and well-being; it is done to determine the provider's compliance with RBWO Minimum Standards as well as DFCS policy. ACRs are conducted on each CCI and CPA at least annually without prior notice to the provider. However, the list of files selected for review is withheld until the actual ACR. ACRs can take approximately two to four days to complete depending on the size of the agency. The ACR includes:
 - a. Staff and/or foster parents and child record reviews;
 - b. Staff and/or foster parents and child interviews;
 - c. Physical plant inspection;
 - d. All service delivery aspects incorporating safety, permanency and well-being; and
 - e. Review of agency's policies.
2. Safety Review (SR) – conducted to assess and identify immediate safety issues within a CPA, CCI, or Independent Living Program (ILP) and ensure that the agency staff and/or foster parent(s) have the capacity and support needed to maintain the child's safety. During a SR:
 - a. The family composition is assessed;

- b. Children are interviewed;
- c. Staff and/or foster parent(s) are interviewed; and
- d. A walkthrough of the facility/home is conducted.

A SR is designed to be employed randomly and frequently across all CCIs, CPAs, and ILPs. A SR may be used in response to risk and safety concerns instead of a full comprehensive review. A SR usually takes about 60 to 90 minutes to complete, and prior notice to the provider is not provided.

- 3. Foster Home Approval Review and Re-Evaluations – a random desk review of newly approved or re-approved foster homes. During this review, documentation is reviewed to determine if DFCS policies [14.10 Resource Development: Initial Family Evaluation](#) and [14.13 Resource Development: Family Re-evaluation](#) were followed during the approval or re-approval process (CPAs only).
- 4. Performance Based Placement Review – a review of self-reported provider data in GA Shines. Self-reported data includes staff training, placement stability, sibling contacts, Health Checks (medical & dental visits), academic supports, every child every month (ECEM) visits and general contacts. This visit is announced.
- 5. Safety Desk Check – A Safety Desk Check is conducted quarterly to review all safety screenings completed on employees of providers (i.e., Criminal Background (OIG), CPS History Check, Pardons and Parole, GA Sex Offender Registry and Department of Corrections).

Description of Program Types

Child Caring Institution (CCI)

A CCI is any institution, society, agency, or facility, whether incorporated or not, which either primarily or incidentally provides full-time care for children through 18 years of age outside of their homes, subject to such exceptions as may be provided in rules and regulations of the board. Such term includes a qualified residential treatment program (QRTP).

The children in CCIs are residing outside of their own home environment. These facilities provide care, supervision and oversight in a residential setting, including neighborhood-based group homes, campus-based arrangements and self-contained facilities. The CCI's Human Service Professionals or Child Care Workers work as a team to provide a stabilizing and nurturing environment that breaks down barriers to support the child stepping down to a less restrictive environment.

1. Maternity and Parenting Support Programs

- a. Maternity Home – any place in which any person, society, agency, corporation, or facility receives, treats, or cares for, within any six-month period, more than one pregnant woman whose child is born out of wedlock, either before, during, or within two weeks after childbirth. This definition does not include women who receive maternity care in the home of a relative or in general or special hospitals, licensed according to law, in which maternity treatment and care is part of the medical services performed and the care of children is only brief and incidental. Such term does not include a commercial sexual exploitation recovery center.
- b. Parenting Support Programs (PSP), also called Second Chance Homes, are specialized, adult

supervised RBWO programs established for young mothers and their children. A PSP is a licensed maternity home that provides full-time residential care, support, and supervision to pregnant and parenting youth (21 years of age or younger) and their children. Services can be provided by a CCI or CPA (in a residential setting, supportive foster home, transitional or independent living environment) and are expected to last for more than an eight-week period following delivery. Program services help young mothers develop parenting skills and improve their knowledge of child development. Additionally, services assist with education, job training, family budgeting, health and nutrition, and transitioning to independent living. PSP providers who offer services in a residential setting must be licensed through RCCL as a Maternity Home and may serve no more than a total of 16 residents (i.e., parenting youth and their children).

2. Qualified Residential Treatment Program (QRTP) – a QRTP is a program that:
 - a. Has a trauma-informed treatment model that is designed to address the needs (including clinical needs as appropriate) of children with serious emotional or behavioral disorders or disturbances and, with respect to a child, is able to implement the treatment identified for the child by the assessment to determine appropriateness of placement as provided for in Code Section 15-11-219;
 - b. Has registered or licensed nursing staff and other licensed clinical staff who:
 - i. Provide care within the scope of their practice;
 - ii. Are on-site according to the treatment model referred to in subparagraph (a) of this paragraph; and
 - iii. Are available 24 hours a day and seven days a week;
 - c. To extent appropriate, and in accordance with the child’s best interests, facilitates participation of family members in the child’s treatment program;
 - d. Facilitates outreach to the family members of the child, including siblings, documents how the outreach is made (including contact information), and maintains contact information for any known biological family and fictive kin of the child;
 - e. Documents how family members are integrated into the treatment process for the child, including post-discharge, and how sibling connections are maintained;
 - f. Provides discharge planning and family-based aftercare support for at least six months post-discharge; and
 - g. Is licensed pursuant to Chapter 5 of Title 49 in accordance with 42 U.S.C. Section 671(a)(10) of the Social Security Act and accredited in accordance with 42 U.S.C. Section 672(k)(4)(G).

 Georgia has not implemented QRTPs.

3. Children’s Transition Care Center (CTCC) - provides a temporary, home-like environment for medically fragile children, technology-dependent children and children with special health care needs, who are deemed clinically stable by a physician but are dependent on life-sustaining medications, treatments and equipment. These children require assistance with activities of daily living to facilitate transitions from a hospital or other facility.
4. Outdoor Child Caring Program “Specialty” Camp (OCCP) - provides room, board and watchful oversight in a wilderness or camp environment that is designed to improve the emotional and

behavioral adjustment of the children in care. The use of physical, environmental, athletic and other challenging activities is designed to improve the functioning of the children and to teach them pro-social and adaptive skills.

5. Independent Living Program (ILP) – a specialized RBWO program for youth 18 through 21 years of age. ILP is different from transitional living in that youth may live in an alternative living arrangement (i.e., community-based housing) rather than a group home or other residential type facility. Independent living placements shall begin no earlier than a youth’s 18th birthday. Youth in ILP will experience “graduated independence” regarding program expectations, skill development and levels or types of supervision provided. The goal of an independent living placement is to prepare youth to become socially, emotionally and personally independent of social services while connecting them to life-long permanency connections and laying the foundation for the pursuit of educational and career opportunities.
6. Transitional Living Program (TLP) - a specialized RBWO program for youth at least 16 years of age. Youth may be older than 18 years old if they have agreed to participate in the Extended Foster Care program. Transitional living is designed for youth who are ready to enter a phase of care that will eventually transition them to independent living. Transitional living affords youth an opportunity to practice basic independent living skills in a variety of settings with decreasing degrees of supervision. This specialized RBWO placement provides youth the opportunity to experience increased personal responsibility, so youth can become responsible for their own care when they exit foster care. The goal of a transitional living placement is to prepare youth to become socially, emotionally and personally independent of social services while connecting them to life-long permanency connections and laying the foundation for the pursuit of educational and career opportunities.
7. Commercial sexual exploitation recovery center- a CCI certified as a victim assistance program, as provided for in subsection (e) of Code Section 15-21-132, which provides full-time residential care and support services to youth through 18 years of age who are victims of sexual exploitation as defined in Code Section 49-5-40.


Child Placing Agency (CPA)

A CPA is an agency that places children in foster and adoptive homes for individualized care, supervision and oversight. CPAs are responsible for assessing the appropriateness of the room, board and watchful oversight that the prospective foster and adoptive families will provide. The CPA’s employees and their foster and adoptive parents work as a team to provide a stabilizing and nurturing environment that promotes safety, permanency and well-being.

Foster Family Home

A foster family home is the home of an individual or family approved as meeting the standards established by the State licensing or approval authority(ies) that provides 24-hour out-of-home care for children. The term may include group homes, agency-operated boarding homes or other facilities licensed or approved for the purpose of providing foster care by DFCS. Foster families that are approved must be held to the same standards as foster family homes that are licensed. Anything less than full licensure or approval is insufficient for meeting Title IV-E eligibility requirements. A foster family home may be operated by a CCI or a CPA.

16.1 Program Designation Types

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(16) Room Board and Watchful Oversight (RBWO)		
	Policy Title:	Program Designation Types		
	Policy Number:	16.1	Previous Policy Number(s):	N/A
	Effective Date:	July 2024	Manual Transmittal:	2024-06

Codes/References

O.C.G.A. § 49-5-3-Definitions

Public Law 115-123 Family First Prevention Services Act of 2018

Requirements

The Division of Family and Children Services (DFCS) may serve a child in foster care in either a child placing agency (CPA) or childcare institution (CCI) using various types of Room Board and Watchful Oversight (RBWO) care and the Independent Living Program (ILP). The types of RBWO care and the children supported are described as follows:

CPA	CCI
Traditional Care	Base Care-BWO
Base Care – BWO	Additional Watchful Oversight - AWO
Maximum Watchful Oversight - MWO	Maximum Watchful Oversight - MWO
Specialty Base Watchful Oversight - SBWO	
Specialty Maximum Watchful Oversight - SMWO	
Specialty Medically Fragile Watchful Oversight - SMFWO	
	Maternity Programs
	Parenting Support Programs (PSP) also called Second Chance Homes
	Transitional Living Program (TLP)
	Qualified Residential Treatment Program (QRTP)
	Independent Living Program (ILP)
	Specialty Camp
	Commercial sexual exploitation recovery center

 Georgia has not implemented QRTPs.

Traditional (CPA) or BASE - BWO (CCI) Care

A child served in traditional care or base care will exhibit the following behaviors:

- Mild to occasionally moderate emotional and/or behavioral management problems that inter-

ferre with the child's ability to function in the family, school and/or community setting without guidance and supervision;

- Traditional (CPA) - the child's behaviors identified for traditional care are mild; and
- BWO (CCI) – the child's behaviors identified for base care are mild to moderate.

The following are the child characteristics and operational impact on children in traditional care or BWO according to the Difficulty of Care Factors:

- Learning disabled requiring supports, such as student support team (SST) and tutoring services;
- Poor concentration at school and home;
- Occasional disruptive or disobedient behaviors resulting in in-school suspension;
- Behaviors that are managed by medications;
- Disregard for others property (minor property damage);
- Non-compliance with curfew and/or limits set by adults;
- Difficulty in adjusting to new environments;
- Lack age-appropriate knowledge of self-care or life skills;
- Behavioral outbursts. inclusive of profane and/or provocative language;
- Exhibit “annoying” behaviors to include excessive teasing, horseplay and language taunting;
- Shyness, fear, anxiety and nervousness in group/community settings
- Irritability and/or hostility toward peers;
- Impulsive behaviors that create mild risk (inappropriate verbal outbursts, wanders away from the group);
- Easily frustrated; temper tantrums; and/or
- Difficulty making friends.

A child served in base or traditional programs will have the following medical needs:

- Minimal to mild medical needs and can have a mild developmental delay that does not coexist with any medical condition.

BASE - BWO (CPA) or Additional Watchful Oversight - AWO (CCI)

A child served in base with watchful oversight (BWO), or additional watchful oversight (AWO) will exhibit the following behaviors:

- Moderate to occasionally serious emotional and/or behavioral management problems that interfere with his/her ability to function in a family, school, and/or community environment outside of a supervised and structured setting;
- BWO (CPA) – the child's behaviors identified for BWO care are moderate; and
- AWO (CCI) - the child's behaviors identified for AWO care are frequent and serious.

The following are the child characteristics and operational impact on children in BWO or AWO according to the Difficulty of Care Factors:

- Performance not in accordance with ability;
- Learning disability requiring IEP services;
- Disruptive and/or disobedient to school rules, which could result in suspension;
- Frequent attendance and truancy problems;
- Oppositional and defiant in the home and/or school setting;
- Use of vulgar and/or provocative language;
- Annoying behaviors (picks on peers, repetitive actions or language and taunting);
- Demanding and threatening;
- Lack of age-appropriate knowledge of self-care or life skills;
- Occasionally assaultive without causing major injuries;
- Disregard for the property of others (intentional property damage);
- Occasionally runs away and/or refuses to abide by curfews;
- Self-harming behaviors (eraser burns, repeatedly picking at sores, biting fingernails until they bleed and head banging);
- Does not engage in typical peer interactions or recreational activities because of tendency to be picked on or bullied by others;
- Often fearful, anxious or sad;
- Difficulty identifying and/or expressing emotions; emotionally blunted
- Easily annoyed frequent and intense irritability;
- Possible delinquent behaviors and Department of Juvenile Justice (DJJ) involvement;
- Child has engaged in substance use, but use does not interfere with daily activities; and/or
- Impulsive actions that create risk (inappropriate outbursts, plays with fire and/or wanders away).

A child served in BWO or AWO programs will have the following medical needs:

- Minimal to mild medical needs; and/or
- Mild developmental delay that does not coexist with any medical condition.

Maximum Watchful Oversight - MWO (CPA & CCI)

A child served in the maximum watchful oversight program will exhibit the following behaviors:

- Serious to severe emotional and/or behavioral management problems;
- MWO (CCI) - the behaviors exhibited by a child interfere with his or her ability to function in the family, school, and/or community outside of a supervised and structured setting; and
- The behaviors identified for MWO children placed in a CPA are identified as serious. The behaviors identified for MWO children placed in a CCI are identified as more frequent and severe.
- Found to be or at risk of becoming a victim of sex trafficking. See the Human Trafficking Case Management Statewide Protocol for more information on sex trafficking.

The following are the child characteristics and operational impact on children in MWO according to the Difficulty of Care Factors:

- Poor school attendance, grades and concentration in school; requires oversight from teachers, family and/or caregiver;
- Multiple school suspensions and disciplinary actions;
- History of explosive outbursts in schools;
- Failure and/or inability to learn;
- IEP with placement in specialized classes for behavioral or learning disabilities;
- May require adaptive learning tools;
- Refuses help with schoolwork or tutoring;
- Several years behind in the development of age-appropriate knowledge of self-care or life skills;
- Verbal aggression (use of vulgar and/or provocative language);
- Oppositional and defiant in the home and school setting;
- Demanding and/or threatening;
- Smearing and/or throwing feces;
- Bedwetting – graduating to intentional urination in places other than the toilet;
- Hiding soiled clothing/bed linens;
- Limited ability to perform routine tasks of daily living, such as chores and laundry;
- Deliberately or impulsively destroying property while in a structured setting (breaking windows, pictures, mirrors; damage to furniture, appliances, clothing, electronics, and vehicles);
- Preoccupation with fire;
- History of cruelty to animals;
- Sexual acting out with or without aggression that may be opportunistic, situational or planned;
- Highly sexualized behaviors, promiscuity, seeking inappropriate relationships with older persons, poor physical boundaries, often with history of sexual abuse and poor self-esteem;
- Recurrent and/or severe self-injurious behaviors and/or suicidal behaviors that are under control;
- Homicidal and/or suicidal threats;
- Physical aggression and/or assault (hitting, kicking, spitting, attacking with or without a weapon, throwing objects) toward adults and/or other children with or without injuries;
- Withdrawn behavior or attention seeking behaviors that are excessive (constant complaining about physical ailments, nightmares, difficulty going to bed and/or refusal to stay in bedroom);
- Fears, worries and anxieties that affect daily activities; frequent and severe headaches, stomach aches and/or refusal to get out of bed;
- Serious problems with personal hygiene;
- Impulsive behaviors that present a barrier to maintaining physical safety;
- Chaotic and poor control of anger toward self and others with frequency and intensity that

needs attention;

- Inflexibly adheres to routines or rituals and has difficulty with transitions, which may lead to serious harm to self or others or extremely aggressive behaviors;
- Difficulties with social interactions and/or communication (failure to speak, make eye contact, shake hands, hiding, standing too close, revealing personal information inappropriately to strangers, etc.);
- Odd, bizarre or explosive actions that pose a significant risk of harm to self or others;
- Hearing voices and/or seeing things that are not there;
- Frequent and/or uncontrollable behavioral outbursts and mood swings;
- Seemingly unable to form any meaningful friendships; socially isolated and unable to enjoy activities with peers;
- Delinquent behaviors (stealing, burglary, assault and/or battery);
- Recurring involvement with the Department of Juvenile Justice (DJJ);
- Fire setting with intent to destroy property or injure others and/or preoccupation with fire;
- Intentionally and/or maliciously cruel to animals;
- Runs away with involvement in situations where high risk activities are likely to occur
- Drinking and/or drug use, which may have resulted in disciplinary actions and/or affect daily function;
- Involvement with gangs and/or gang-like activities; and/or
- Poorly prepared for and lacking skills necessary for independent living

A child served in MWO programs will have the following medical needs:

- Moderate medical needs requiring specialized services;
- Generally, see two or more physicians at least on a quarterly basis for medical needs;
- Routine lab work to assess the effectiveness of medications; and
- Medical needs in this group could include two or three of the following:
 - Global developmental delay as the primary diagnosis;
 - Mild Cerebral Palsy;
 - Fetal Alcohol Syndrome;
 - Recovering from head injury;
 - Cancer in remission;
 - Diabetes – managed with insulin and follow up with Endocrinologist;
 - Ordered to have physical, occupational, and/or speech therapy one to two times weekly;
 - Infant with sucking difficulty and/or on a monitor;
 - Reflux that is controlled with one to two medications;
 - HIV exposure with medications;

- Severe visual impairment, which may include a diagnosis of legal blindness;
- Seizure disorder requiring medication;
- Episodes of enuresis or encopresis or a history of one or both;
- Autism (high functioning);
- Deafness or severe hearing impairment;
- May have self-harming behaviors, such as cutting or ingesting harmful substances; and/or
- Children with mental retardation may not be able to follow simple one and/or two-step directions and frequently have difficulty with three step directives.

Children with the identified medical needs can either be served in a MWO CPA or CCI program. However, there are children in the MWO category through selected CCI or Children's Transition Care Center (CTCC) programs whose medical needs are serious to severe. These children are deemed clinically stable by a physician but are dependent on life-sustaining medications, treatment/procedures and equipment. Children ages 0-12 are not permitted to be placed in a group setting without approval of a DFCS Regional Director. Children 10 and younger require a waiver from the Foster Care Services Director.

Some characteristics in which a child would qualify for a medically fragile approved MWO CCI/CTCC provider include, but are not limited to:

- A medical condition that requires management with medications;
- Child has a tracheotomy;
- Child is oxygen and feeding tube dependent;
- Complete or partial paralysis (child weighing 20 pounds or more);
- Depends upon medication to keep a life-threatening condition under control including, but not limited to, asthma, chronic lung disease, diabetes, heart disease, HIV infection, or chronic kidney disease being maintained by dialysis; and
- Limited mobility.

Specialty Base Watchful Oversight - SBWO (CPA)

A child served in this specialty program will have serious emotional and/or behavioral management problems that interfere with the child's ability to function normally within the family, school and community. Due to the severity and required attentiveness in caring for a child approved with a specialty program designation, other children are not permitted to be placed in the home without the written approval from a DFCS Designee. The child characteristics on children in SBWO are the same as MWO; however, the severity and frequency are increased.

Specialty Maximum Watchful Oversight - SMWO (CPA)

A child served in the specialty maximum watchful oversight program will have severe emotional and/or behavioral management problems that interfere with the child's ability to function in the family, school and/or community. Due to the severity and required attentiveness in caring for a child approved with a specialty program designation, other children are not permitted to be placed in the home without the written approval from a DFCS Designee. The child characteristics on chil-

dren in SMWO are the same as SBWO; however, the severity and frequency are increased.

Specialty Medically Fragile Watchful Oversight - SMFWO (CPA)

A child served in the specialty medically fragile program has serious to severe medical conditions. Non-compliance with any prescriptive regimen of care will endanger the life or health of the child. These children require time-intensive treatments/procedures to be performed daily. Due to the severity and required attentiveness in caring for a child approval with a specialty program designation, other children are not permitted to be placed in the home without the written approval from a DFCS Designee. Some of the characteristics in which a child would qualify for SMFWO include, but are not limited to:

- A medical condition which requires management with medications;
- Child has a tracheotomy;
- Child is oxygen dependent;
- Persistent reflux causing frequent vomiting;
- Requires oral feedings that take at least 30 minutes or requires tube feedings;
- Requires nebulizer treatments on a daily basis;
- Requires medications by feeding tube, injection or suppository;
- Requires ostomy care;
- Has any type of body cast;
- Blindness;
- Deafness or severe hearing impairment;
- Complete or partial paralysis (child weighing 20 pounds or more);
- Has self-harming behaviors, such as cutting, ingesting poisonous substances, etc.;
- Depends upon medication to keep a life-threatening condition under control, including, but not limited to, asthma, chronic lung disease, diabetes, heart disease, HIV infection, or chronic kidney disease being maintained by dialysis;
- Limited mobility;
- Bedwetting and urination in places other than the toilet;
- Several years behind in the development of age-appropriate knowledge of self-care or life skills; and/or
- Medical interventions may be required while in school.

Maternity Homes & Parent Support Programs (Second Chance Homes)

A child served in the maternity homes and parenting support programs (Second Chance Homes) is preparing for motherhood or receiving hands-on parenting training. The premise is to support an adolescent who is either pregnant or has a child(ren) with the skills and knowledge to care for her child(ren). Their emotional and/or behavioral management problems are mild. The following are the child characteristics and operational impact on children, according to the Difficulty of Care Factors, that children in these placements may exhibit:

- Learning disability requiring supports such as Student Support Team and tutoring services;
- Poor concentration at school and home;
- Occasional disruptive or disobedient behaviors resulting in in-school suspension;
- Behaviors that are managed by medications;
- Non-compliance with curfew and/or limits set by adults;
- Difficulty in adjusting to new environments;
- Behavioral outbursts inclusive of profane and/or provocative language;
- “Annoying” behaviors to include excessive teasing, horseplay, and language taunting;
- Impulsive behaviors that create mild risk, such as inappropriate verbal outbursts or wandering away from the group;
- Easily frustrated; temper tantrums; and/or
- Difficulty making friends.

A child under maternity and parenting support (Second Chance Homes) has minimal to mild medical needs and can have a mild developmental delay that does not coexist with any medical condition.

Transitional Living Program (TLP)

A child served in the transitional living/independent living program greatly benefits from life skill training to be more self-sufficient and prepared for adulthood. The premise of this program designation assignment is not behavioral based, as are BWO, AWO and MWO. Behaviors may be considered in the placement of a child based on each approved provider admission criteria. This program designation can serve adolescents as young as 16.

Specialty Camp

A child served in the specialty camp will have moderate to severe emotional and/or behavioral management problems that interfere with the child’s ability to function in the family, school and/or community outside of a supervised and structured setting. The child characteristics on children approved for the camp are the same as AWO and MWO. A child serviced in a camp has minimal to mild medical needs and can have a mild developmental delay that does not coexist with any medical condition.

Commercial Sexual Exploitation Recovery Center

A child served in a commercial sexual exploitation recovery center has been a victim of sexual exploitation and is in need of full-time residential care and support services.

Procedures

N/A


Practice Guidance

N/A

Forms and Tools

[Human Trafficking Case Management Statewide Protocol](#)

16.2 Performance Based Placement

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(16) Room Board and Watchful Oversight (RBWO)		
	Policy Title:	Performance Based Placement		
	Policy Number:	16.2	Previous Policy Number(s):	N/A
	Effective Date:	September 2015	Manual Transmittal:	2015-09

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will use the performance-based placement (PBP) score to assist in making an informed Room Board and Watchful Oversight (RBWO) provider selection decision.

Procedures

Social Services Case Manager

1. Access the RBWO Provider Profile;
2. Review the potential placement providers' profile and their quarterly PBP grade; and
3. Use this information to assist in selecting the best RBWO placement for the child.

Practice Guidance

Performance based placement (PBP) scorecards for child placing agencies and child caring institutions are available to assist in making more informed RBWO placement decisions for the children served. PBP grades provide some support and additional information in the decision-making process.

PBP quarterly grades are based on a 100 point scale with an additional 10 incentive points possible. The base and incentive points are based on safety, permanency and well-being goals tailored to each provider type and monitoring reviews conducted by the Office of Provider Management (OPM). Each quarter, providers receive scorecards with breakdowns of their performance on all

areas and an overall numerical score with a corresponding letter grade from A-F. The minimum satisfactory overall performance grade is 70/C.

Social Services Case Managers can use PBP grades to help select the best RBWO placement providers. Each provider’s overall numerical score and letter grade is available to staff on the provider’s profile sheet. The provider profile guide is a complete listing of all providers with a description of their services, contact information and their PBP quarterly grades.

In order to review a provider’s complete scorecard, submit a request to OPM at opmtraining@dhs.ga.gov.

Providers who earn less than 70 percent in any three consecutive quarters will be subject to admissions suspensions and other remedies as appropriate in order to address their performance deficits. PBP is one component of risk management that OPM employs to monitor provider performance. Therefore, unless OPM has suspended admissions to a provider, despite quarterly scores below the minimum expected threshold, the provider is still an active approved provider and can be considered for continuing existing placements and future placements.

If you have any questions or need help with PBP, please contact OPM at opmtraining@dhr.state.ga.us.


Forms and Tools

[CCI Score Card - Example](#)

[CPA Score Card - Example](#)

[RBWO Provider Profile Guide](#)

16.3 RBWO Placement Referral

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(16) Room Board and Watchful Oversight (RBWO)		
	Policy Title:	RBWO Placement Referral		
	Policy Number:	16.3	Previous Policy Number(s):	N/A
	Effective Date:	September 2017	Manual Transmittal:	2017-10

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Complete a common referral application for a child in foster care to participate in a Room Board and Watchful Oversight (RBWO) provider program and Department of Juvenile Justice (DJJ) placement; and

2. Make referrals to providers qualified to meet the individual needs of the child requiring placement.

Procedures

To make a RBWO Placement Referral, the Social Services Case Manager (SSCM) will:

1. Assess the placement needs of each child, taking into consideration such things as physical and emotional needs, school of origin, sibling(s), permanency plan, placement preferences, etc. using the guidelines in policies [10.1 Foster Care: Placement of a Child](#) and [10.4 Foster Care: Selecting a Placement Resource](#).



If the child has significant needs that cannot be adequately maintained at the RBWO program designation levels of base, traditional and/or additional watchful oversight, a specialty program designation may be required. See policy [16.4: Room Board Watchful Oversight: Specialty Program Designation](#) for policy and procedures for submitting a request for specialty program designation.

2. Refer to the RBWO Provider Profile Guide for information about approved RBWO providers.
3. Complete the Universal Application, answering all questions thoroughly and completely.
4. Email or fax the completed application directly to RBWO providers being considered as a placement resource.
5. Call the provider(s) to discuss the referral.



The RBWO provider makes the initial matching decision.

6. If the application is approved by the provider, provide the following to the provider upon placing the child or within three business days of the placement:
 - a. RBWO Program Designation Waiver, if applicable
 - b. RBWO Placement Agreement;
 - c. Copy of birth certificate;
 - d. Copy of social security card or social security number;
 - e. Medicaid card or Medicaid number;
 - f. A 30-day supply of all currently prescribed and over the counter medication(s), if applicable;
 - g. Health Information:
 - i. A current dental exam performed within the last six months;
 - ii. A current vision exam performed within the last year;
 - iii. A current hearing exam performed within the last year;
 - iv. A current physical exam completed by a licensed physician within the last year;
 - v. Medical history;



If no medical history is available or there is not a current physical exam that information should also be provided to the RBWO provider. The RBWO will schedule

and obtain a well-check for the child.

vi. Current record of immunizations; and

 The school immunization form may be used for this purpose.

vii. Developmental Assessment/Babies Can't Wait records.

h. Education Information (preferably obtained via the Department of Education Longitudinal System link in Georgia SHINES):

i. Copy of current transcripts or report cards since the beginning of the current school year;

ii. IEP or educational records (or name of last school attended); and

iii. Consent letter for school enrollment (on DFCS letterhead).

i. Emotional Health Information:

i. Psychological or trauma assessment;

ii. Discharge summary from any psychiatric hospitalization and/or previous placements; and

iii. If possible, three months of notes from outpatient counseling.

j. Placement History Information:

i. Complete placement history, including hospitalizations, since the original custody order; and

ii. Release of Information (ROI) for phone conversation with prior placement(s) and/or DJJ.

k. Case Information:

i. Comprehensive Child and Family Assessment (CCFA)/social history;

ii. Core provider information;

iii. Copy of the child's social services case plan;

iv. Court order showing DFCS has custody; and

v. Date and time of any upcoming meetings/appointments, such as family team meetings (FTM), court dates, scheduled doctors' appointments, etc.

l. Complete history of any DJJ involvement or any current or pending charges;

m. Name/contact information for the birth parent(s) for family visits and transporter (if applicable);

n. Authorized visitation list;

o. Consent for services;

p. Current clothing allowance balance, yearly clothing allowance amount and renewal date for clothing allowance; and

q. Any other relevant progress or placement notes.

7. Update the placement information in Georgia SHINES within three business days of the physical placement.



The RBWO provider will not have the ability to enter documentation in Georgia SHINES until the placement is updated.

Practice Guidance

Applications for a RBWO placement should only be submitted to RBWO providers who are approved to serve the type of youth for whom placement is being sought. Health or psychological information of any other individual related to the case, besides the youth whom placement is being sought, should not be included with the application or the material submitted after placement approval to prevent HIPPA violations (see policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#)).

Provider Profile Guide

The RBWO provider guide is a comprehensive listing of all approved RBWO providers, provider profiles and quarterly performance-based placement score/grade. It contains a description of services and contact information for each provider and is updated quarterly.


Universal Application

The Universal Application serves as the singular document for RBWO Program Designations requests, Specialized Foster Care requests and placement referrals. It replaces the RBWO Match Screening Summary (MSS), RBWO Program Designation and Waiver Application, and Specialized Foster Care Per Diem Application. For DFCS staff, the Universal Application is located in Georgia SHINES in the FCC stage under the Placement Tab. Many of the fields on the Universal Application pre-populate. To take full advantage of this feature, prior to launching the Universal Application in Georgia SHINES thoroughly complete the Person Detail, Health Detail, and Education Detail pages. Following completion save the Universal Application in PDF format and submit to the Placement Resource Operations (PRO) Unit on the Georgia Score's website at www.gascore.com/proteam/step1.cfm. For RBWO providers, the Universal Application can be located on Georgia Score's website at www.gascore.com. Click on the DFCS PRO Team Link for further instructions and guidelines.

Forms and Tools

[Room Board and Watchful Oversight Placement Agreement](#)
[RBWO Provider Profile Guide](#)

16.4 Specialty Program Designation, Children in DJJ & DFCS Joint Custody, and Capacity Waiver

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(16) Room Board and Watchful Oversight (RBWO)		
	Policy Title:	Specialty Program Designation, Children in DJJ & DFCS Joint Custody, and Capacity Waiver		
	Policy Number:	16.4	Previous Policy Number(s):	N/A
	Effective Date:	March 2023	Manual Transmittal:	2023-01

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Make a specialty RBWO waiver request for a child in the joint custody of DFCS and the Georgia Department of Juvenile Justice (DJJ) **after** obtaining a written authorization letter from the local DJJ Expeditor confirming that DJJ has agreed to pay 50 percent of the child's placement costs.
2. Submit a waiver request for consideration to the DFCS Care Coordination Treatment Unit for a child in foster care who has significant levels of mental, emotional and physical needs that require care and services that cannot be adequately provided at the following Room Board and Watchful Oversight (RBWO) program designation levels:
 - a. Traditional [Child Placing Agency (CPA)];
 - b. Base-BWO [Child Caring Institution (CCI)];
 - c. Base-BWO (CPA); or
 - d. Additional Watchful Oversight (CCI).



The county department can assign a program designation level of traditional, base, and/or additional watchful oversight (AWO) without the approval of the DFCS Care Coordination Treatment Unit.

3. Place no more than one child in a CPA family foster home or in a home for the purpose of respite when that child has been assigned a program designation level of specialty base (SBWO), specialty maximum (SMWO) or specialty medically fragile (SMFWO).



Any exceptions to this standard (whether for respite or placement) must be approved in advance of the placement by the Office of Provider Management (OPM).

Procedures

Requests for Program Designation Higher than Traditional, Base and/or Additional Watchful Oversight (AWO)

The Social Services Case Manager (SSCM) or RBWO provider will:

1. For a child in the joint custody of DJJ and DFCS, obtain an authorization letter from the local DJJ Expeditor stating that DJJ has agreed to pay for 50 percent of the child's placement costs.
2. Complete the Universal Application in Georgia SHINES.
3. Gather the required documentation to support the application.
4. Submit the following to the DFCS Care Coordination Treatment Unit via GA Score website:
 - a. Universal Application;
 - b. Psychological / Psychiatric Evaluation or Trauma Assessment;
 - c. Other supporting documentation;
 - d. A statement, email or other documentation indicating that the Social Services Case Manager concurs with the application, if a provider initiated the application.
 - e. Proof that a supplemental security income (SSI) application has been submitted to the Social Security Administration, if this is a subsequent application; and
 - f. The authorization letter indicating that DJJ will pay for 50 percent of the child's placement costs, if the child is in the joint custody of DJJ and DFCS.



Failure to submit a complete packet will result in an automatic denial. A complete packet should not exceed 25 pages.

5. Upload the program designation approval decision received from the DFCS Care Coordination Treatment Unit to Georgia SHINES External Documentation.
6. Provide a copy of the program designation approval notice received from the DFCS Care Coordination Treatment Unit to the following, if approved:
 - a. Regional Accounting Office; and
 - b. RBWO provider.

The DFCS Care Coordination Treatment Unit will:

1. Make a decision on the application within:
 - a. The same business day for an emergency request; or
 - b. Four business days for a routine request; or
 - c. Seven to 14 business days if the application involves a pending adoption.
2. Notify the SSCM via memorandum of the approval decision.



Notification of decisions concerning emergency requests may be initially conveyed verbally and/or via email by the DFCS Care Coordination Treatment Unit Director/designee until such time as the formal written waiver can be prepared and issued.

3. If approved, provide a memorandum that includes the:
 - a. Date the rate will begin; and
 - b. Date the rate will end.
4. If denied, provide a denial letter indicating the reason(s) for denial.

Specialty Program Designation Capacity Waiver Request

The SSCM or RBWO provider will:

1. Complete the RBWO Capacity Waiver; or
2. In the circumstance of respite, complete the RBWO Respite Waiver Request for Specialty Placements; and
3. Submit the following documents to the DFCS Care Coordination Treatment Unit via the GA Score website:
 - a. An explanation of the supporting circumstances; and
 - b. A letter of concurrence from the child's SSCM(s).

Practice Guidance

The county department can assign a program designation level of base, traditional and/or additional watchful oversight (AWO) without the approval of the DFCS Care Coordination Treatment Unit; all other program designation levels shall be approved by OPM. OPM program designation level approvals are effective for one year and must be re-applied for annually. At the point it becomes apparent that a child requires this higher level of care on a continuous basis, the SSCM should apply for Supplemental Security Income (SSI) on behalf of the child. Proof of the application for SSI will be included with any subsequent program designation level application/request submitted to the DFCS Care Coordination Treatment Unit.

When submitting an emergency request for a MWO program designation, the SSCM will submit as much information as is available to determine the child's level of need and a statement indicating why an emergency determination is needed. An emergency request that does not contain all the required information may be approved for a period of no greater than 30 days to allow the SSCM to obtain and submit a program designation waiver request with all the required supporting documentation. Therefore, an emergency MWO program designation based on limited information will be subject to change once all the required information is provided to the DFCS Care Coordination Treatment Unit.

Children in the Joint Custody of DJJ and DFCS

The county department should engage the local DJJ Expeditor as soon as possible upon realizing a child has been placed in the joint custody of DJJ and DFCS. Immediately acquiring all court orders referencing the child's continued joint custody and related conditions is very important and should be immediately uploaded into SHINES. Lastly, although the child may continue to be in joint custody, the child's placement must meet the child's individual needs, including being consistent with the child's case plan, permanency plan and Written Transitional Living Plan (WTLP), as appropriate.

Universal Application

The Universal Application serves as the singular document for RBWO Program Designations requests, Specialized Foster Care requests and placement referrals. It replaces the RBWO Match Screening Summary (MSS), RBWO Program Designation and Waiver Application, and Specialized Foster Care Per Diem Application. For DFCS staff, the Universal Application is located in Georgia

SHINES in the FCC stage under the Placement Tab. Many of the fields on the Universal Application pre-populate. To take full advantage of this feature, prior to launching the Universal Application in Georgia SHINES complete the Person Detail, Health Detail, and Education Detail pages. Following completion save the Universal Application in PDF format and submit to the DFCS Care Coordination Treatment Unit on the Georgia Score’s website at www.gascore.com/proteam/step1.cfm. For RBWO providers, the Universal Application can be located on Georgia Score’s website at www.gascore.com. Click on the DFCS Care Coordination Treatment Unit Link for further instructions and guidelines.

Supplemental Security Income (SSI)


Supplemental Security Income is a monthly benefit for persons who are disabled or who have functional limitations as determined by the Social Security Administration.

Forms and Tools

[RBWO Capacity Waiver](#)

[RBWO Respite Waiver Request for Specialty Placements](#)

16.5 Specialized Foster Care Per Diem

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(16) Room Board and Watchful Oversight (RBWO)		
	Policy Title:	Specialized Foster Care Per Diem		
	Policy Number:	16.5	Previous Policy Number(s):	N/A
	Effective Date:	September 2017	Manual Transmittal:	2017-10

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will consider a specialty rate for a child placed in a DFCS foster home who has a significant level of mental, emotional and physical needs that require care and services that cannot be adequately compensated by the basic foster care maintenance per diem.

Procedures

Social Services Case Manager

1. Complete the Universal Application in Georgia SHINES.
2. Have the foster parent complete the Caregiver Effort Declaration.
3. Gather any documentation to support the application.

4. Submit the following to the Placement Resource Operations Unit (PRO) via GA SCORE:
 - a. Completed Universal Application;
 - b. Completed Caregiver Effort Declaration; and
 - c. Any supporting documentation.

Placement Resource Operations Unit

1. Make a decision on the application within five business days.
2. Notify the SSCM of the approval decision in writing via memorandum.
3. If approved, provide a memorandum that includes the:
 - a. Date the specialized rate will begin; and
 - b. Date the specialized rate will end.
4. If denied, provide a denial letter indicating the reason(s) for denial.

Practice Guidance

DFCS staff shall not promise a foster parent a dollar amount or inform a foster parent that they will be approved for the specialized rate prior to obtaining approval from the PRO.


Universal Application

The Universal Application serves as the singular document for RBWO Program Designations requests, Specialized Foster Care requests and placement referrals. It replaces the RBWO Match Screening Summary (MSS), RBWO Program Designation and Waiver Application, and Specialized Foster Care Per Diem Application. For DFCS staff, the Universal Application is located in Georgia SHINES in the FCC stage under the Placement Tab. Many of the fields on the Universal Application pre-populate. To take full advantage of this feature, prior to launching the Universal Application in Georgia SHINES complete the Person Detail, Health Detail, and Education Detail pages. Following completion save the Universal Application in PDF format and submit to the Placement Resource Operations Team (PRO) on the Georgia Score's website at www.gascore.com/proteam/step1.cfm. For RBWO providers, the Universal Application can be located on Georgia Score's website at www.gascore.com. Click on the DFCS PRO Team Link for further instructions and guidelines.

Forms and Tools

[Caregiver Effort Declaration](#)

16.6 Age Requirements for Child Caring Institutions (CCI)

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(16) Room Board and Watchful Oversight (RBWO)		
	Policy Title:	Age Requirements for Child Caring Institutions (CCI)		
	Policy Number:	16.6	Previous Policy Number(s):	N/A
	Effective Date:	September 2015	Manual Transmittal:	2015-09

Codes/References

N/A

Requirements

The Division of Family Children Services (DFCS) will place children in the least restrictive and most appropriate placements. Congregate care or group home placements may be considered when it is the most appropriate and least restrictive environment and the youth is at least 12 years of age.



An age-based waiver will be granted before a child age 10 and under can be placed in a congregate care or group home setting. For a child age 11, the Regional Director shall make the age-based waiver approval decision. For a child age 10 and under, the State Office Placement and Permanency Services Director shall make the age-based waiver approval decision. If the child is under the age of 10 and the child of a teen parent who is also placed in the CCI, an age-based waiver request is not required.

Procedures

Social Services Case Manager

1. Assess the child's placement needs and ensure that a congregate or group home placement is the least restrictive and most appropriate environment prior to pursuing such a placement.
2. Draft a waiver request documenting the following:
 - a. Child's exceptional needs;
 - b. Why the child's needs cannot be satisfied in a foster home setting or other facility;
 - c. Length of time needed to identify a family home if the placement assessment does not require a CCI placement;
 - d. Planned sleeping arrangements;
 - e. Child vulnerabilities; and
 - f. Special supervision needs.
3. If the child is 11 years of age, submit the age-based waiver request to the Regional Director for an approval decision.
4. If the child is under the age of 10 and not the child of a teen parent who is also placed in the CCI, submit the age-based waiver request to the State Office Placement and Permanency Services Director for an approval decision at dfcswaivers@dhs.ga.gov.



The Regional Director has night and weekend approval authority until the next business day for waivers requiring the State Office Placement and Permanency Services Director.

5. Upload the age-based waiver request and the approval decision to Georgia SHINES External Documentation.

State Office Placement and Permanency Services Director or Regional Director

1. Review the waiver request.
2. Request additional information, if needed to assist with the decision.
3. Provide written notification of the decision within four business days.



If the youth is 12 years of age or older, follow the guidelines and process outlined in policy [16.3 Room Board and Watchful Oversight \(RBWO\): Placement Referral](#) for placing a child in a RBWO provider program.

Practice Guidance

Congregate or group home care may be assessed to be the least restrictive and most appropriate placement depending on the needs of the child. Residential care's primary purpose is to address the unique needs of children and youth who require more intensive services than a family setting can provide.


Congregate or group care should not be used as a default option for any youth, especially older youth. Each placement requires an assessment of what the child's needs are and where they can best be met in the least restrictive environment. Family homes provide the most "normal" replication of family operations.

CCIs standards are developed for the needs of older youth (12 years and up); staffing ratios, training expectations, routines, daily meal planning, etc. are based on programming for these older youth. Developmental and emotional needs, as well as monitoring and supervision needs of younger children vary greatly from that of older children. Therefore, age-based waiver requests for placement of younger children in a CCI will consider the room assignments, the younger child's vulnerability and exposure to situations or material that may not be suitable for a younger child but appropriate for older youth, impact on the provider (such as providing transportation to elementary schools when they are accustomed to only providing transportation to high schools), and how placement in a CCI may create a barrier to permanency options (since the majority of adoptions are foster parent adoptions).

Forms and Tools

N/A

16.7 Discharge Planning

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(16) Room Board and Watchful Oversight (RBWO)		
	Policy Title:	Discharge Planning		
	Policy Number:	16.7	Previous Policy Number(s):	N/A
	Effective Date:	October 2015	Manual Transmittal:	2015-09


Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Use discharge planning to minimize trauma when transitioning a child from one placement setting to another.
2. Obtain a 14-calendar-day notice to move a child from a Child Caring Institution (CCI) or a Child Placing Agency (CPA) family foster home.

 In cases where the RBWO provider requests a discharge based on the best interest of the child due to safety concerns, a 14-day notice is not required. In these circumstances, DFCS shall determine whether a minimum 72-hour notice, if appropriate, shall be obtained from the CCI or CPA family foster home. If the 72-hour notice is not appropriate, the reasons for the failure to notify in advance must be documented in the child's record.

3. Obtain a discharge summary from the RBWO provider, at the time of notification of a placement move or disruption, the discharge summary shall include:
 - a. General information covering the child's placement;
 - b. Progress;
 - c. Challenges; and
 - d. Recommendations for services and supports the child will need to be successful at home or in the next placement.
4. Only make the decision for placement disruption after all possible interventions to maintain the child in their current placement setting have proven unsuccessful including participating in a Placement Team Meeting as requested. If the discharge is a result of a placement disruption, obtain a discharge summary from the RBWO provider that also include the following:
 - a. The circumstances leading to the disruption;
 - b. The actions that were taken by the agency to prevent the disruption;
 - c. The reason(s) for the discharge decision;
 - d. The services and supports the child will need to be successful in the next placement; and
 - e. Details of the child's transfer from the CCI or CPA family foster home to the Social Services Case Manager or other placement.



If a child is discharged on an emergency basis (less than 14 days), the discharge summary shall be provided within five business days of the discharge notification.

Procedures

Social Services Case Manager

1. Review the discharge summary information.
2. Use the information provided in the discharge summary to assist in assessing the future placement and/or service needs of the child.
3. Upload the discharge summary to Georgia SHINES External Documentation.
4. Update the placement information in Georgia SHINES within three business days.

Practice Guidance

Discharge planning is essential to minimize trauma and prepare the child for his/her next move, whether it is identified as a move back home to his/her parent(s), relative placement or to another resource home. Decisions about the child's long-term or continued placement in the program should not be made during a crisis. At best, a decision to discharge a child from a placement should be made by mutual discussion between the provider and the Division concerning the child's situation, either in a face-to-face or telephone conference.


The 14-calendar-day notice should be used to prepare all parties involved for the move. Communication with the current CCI/CPA foster family, child and the potential placement resource is necessary to ensure a smooth transition and increase the chance of placement success. The CCI/CPA foster family and the child should be informed of the date and time the move will take place so the placement resource can prepare the child. The child should be able to say his/her good-byes to the CCI/CPA foster family he/she is leaving, whenever appropriate. Refer to policy [10.3 Foster Care: Changes in Placement](#), [10.22 Foster Care: Permanency Planning](#) and [10.26 Foster Care: Case Closure](#) and for additional requirements and procedures for placement changes.

For placement disruptions that occur within 10 days of placement or admission to the provider, providers will document a review of the initial placement decision and identify any changes needed in the admissions review or placement matching process. Providers will have and follow their protocol on addressing foster parents who have patterns of ejecting children within 60 days of placement or where other disruption patterns are identified.

Forms and Tools

N/A

16.8 Minimum Standards

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(16) Room Board and Watchful Oversight (RBWO)		
	Policy Title:	Minimum Standards		
	Policy Number:	16.8	Previous Policy Number(s):	N/A
	Effective Date:	April 2019	Manual Transmittal:	2019-03

Codes/References

N/A

Requirements

The Division of Family and Children Services will:

1. Receive the following information from the Room Board and Watchful Oversight (RBWO) provider for each child in a RBWO provider placement:
 - a. RBWO monthly summary;
 - b. RBWO independent living program (ILP) summary for youth age 14 and older; and
 - c. Documentation of “every child every month” visitation and all other contacts entered in the contact detail page in Georgia SHINES.
2. Be familiar with RBWO Minimum Standards, as established by the DFCS Office of Provider Management (OPM);
3. Utilize RBWO Minimum Standards as a guide to understanding performance expectations of RBWO Child Caring Institutions (CCIs) and Child Placing Agency (CPA) family foster home providers; and
4. Ensure RBWO Minimum Standard guidelines are only waived with written approval from the OPM.
5. Ensure non-safety standards regarding relative foster homes adhere to the guidelines in policy [22.6 Kinship: Waiver of Non-Safety Standards for Kinship Foster Homes](#).

Procedures

Social Services Case Manager

1. Review all case related materials and documents received from the RBWO provider for accuracy, completeness and quality;
2. Contact the RBWO provider to address issues or concerns with the material that was received; and
3. Upload the documents to Georgia SHINES External Documentation.



Contact OPM when there is a request to waive a RBWO Minimum Standard that may support the safety, permanency and well-being of a child.

Practice Guidance


RBWO Minimum Standards are published annually by the Office of Provider Management (OPM). The standards contain performance expectations grouped by provider type, safety, well-being and permanency support. Contact the OPM for partnership or issues related to quality, safety and provider performance concerns that can't be resolved at the county or regional level.

Forms and Tools

[RBWO Minimum Standards](#)

Chapter 17 Legal

17.0 Introduction to Court and Legal Process

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(17) Legal		
	Policy Title:	Introduction to Court and Legal Process		
	Policy Number:	17.0	Previous Policy Number(s):	N/A
	Effective Date:	July 2019	Manual Transmittal:	2019-09

Codes/References

O.C.G.A. §15-11-2 through §15-11-451

Title IV-E of the Social Security Act

45 CFR

Public Law (PL) 105-89 Adoption and Safe Families Act of 1997

PL111-320 Child Abuse Prevention and Treatment Act (CAPTA) Reauthorization Act of 2010

Discussion

Child welfare policy is guided by federal and state laws as well as good social work practice with the intent of preserving families, whenever possible, and ensuring the safety, well-being and permanency of children. Child welfare and law enforcement agencies have a specific legal authority to investigate, intervene and protect children from maltreatment. A child's right to protection and safety outweigh a parent's right to the child when there is serious maltreatment.


The juvenile court is a significant part of the child welfare network. Determining when to initiate juvenile court action is one of the most important and difficult decisions made in Child Protective Services (CPS). Involving the court too quickly may be a misuse of the authority granted both CPS and the court; and may create an adversarial relationship with parents and children. However, not seeking the authority and protection of the court, when necessary, may constitute a failure to adequately protect the child or properly utilize the authority given to DFCS.

Legal services are provided to county departments by the Special Assistant Attorney General (SAAG) who is appointed by the Office of Attorney General to represent each county department. The expertise of the SAAG in representing the county department, including researching legal questions, consulting on cases, preparing staff to testify, etc., is essential for the SSCM to effectively perform his/her role, especially in relation to dependency and termination proceedings. Thus, the SSCM must make efforts to maintain a good relationship with the SAAG through regular staffing, meetings, information sharing and cross training. The SSCM must be knowledgeable of child welfare laws and policies guiding interaction with the juvenile court and other legal partners. In addition, the SSCM must provide helpful information and timely documentation to the SAAG to ensure the appropriate application of legal processes in support of children and families.

The purpose of this chapter is to provide DFCS staff with applicable state and federal laws, the juve-

nile court process, other legal procedures and the legal partners involved in child welfare to support making decisions for preserving families and ensuring the safety, permanency and well-being of children.

17.1 The Juvenile Court Process

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(17) Legal		
	Policy Title:	The Juvenile Court Process		
	Policy Number:	17.1	Previous Policy Number(s):	N/A
	Effective Date:	July 2024	Manual Transmittal:	2024-06



Codes/References

- O.C.G.A. § 15-11-2 Definitions
- O.C.G.A. § 15-11-19 Rights of Parties to Proceedings
- O.C.G.A. § 15-11-26 Best Interests of Child
- O.C.G.A. § 15-11-27 Physical and Mental Examinations
- O.C.G.A. § 15-11-101 Medical and Psychological Evaluations when Investigating Child Abuse and Neglect
- O.C.G.A. § 15-11-102 Dependency Case Time Limitations
- O.C.G.A. § 15-11-103 Right to Attorney
- O.C.G.A. § 15-11-111 Court Orders
- O.C.G.A. § 15-11-125 Venue
- O.C.G.A. § 15-11-133 Removal of Child from the Home; Protective Custody
- O.C.G.A. § 15-11-133.1 Temporary Alternatives to Foster Care
- O.C.G.A. § 15-11-145 Preliminary Protective Hearing Requirements
- O.C.G.A. § 15-11-146 Preliminary Protective Hearing; Findings
- O.C.G.A. § 15-11-150 Authority to File Petition
- O.C.G.A. § 15-11-151 Time Limitations for Filing Petition
- O.C.G.A. § 15-11-170 Discovery
- O.C.G.A. § 15-11-181 Adjudication Hearing
- O.C.G.A. § 15-11-190 Social Study
- O.C.G.A. § 15-11-191 Contents of Social Study
- O.C.G.A. § 15-11-200 DFCS Report; Case Plan
- O.C.G.A. § 15-11-203 When Reasonable Efforts by DFCS Not Required
- O.C.G.A. § 15-11-210 Disposition Hearing
- O.C.G.A. § 15-11-211 Relative Search
- O.C.G.A. § 15-11-212 Disposition of Dependent Child
- O.C.G.A. § 15-11-230 Permanency Planning Hearing
- O.C.G.A. § 15-11-231 Permanency Planning Report
- O.C.G.A. § 15-11-232 Permanency Planning Hearing; Findings
- O.C.G.A. § 15-11-264 Discovery
- O.C.G.A. § 15-11-340 Criteria for Receiving Services; Development of Transition Plan; Termination
- O.C.G.A. § 15-11-414 Continued Custody Hearing; Findings

O.C.G.A. § 15-11-442.1 Disposition Hearing; Time Limitations; Disposition of a Child in Need of Services
O.C.G.A. § 15-11-601 Disposition of Delinquent Act
O.C.G.A. § 15-11-601.1
O.C.G.A. § 29-2-6 Parental Consent to Temporary Guardianship; Failure to Consent; Minor's Preference; Transfer to Juvenile Court
O.C.G.A. § 29-2-8 Termination of Temporary Guardianship; Petition for Termination of Guardianship
O.C.G.A. § 49-5-1 Children and Youth Act
O.C.G.A. § 49-5-8 Powers and Duties of Department of Human Services
O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records
Title IV-E of the Social Security Act §§ 471(a)(15)(E)(i); 471(a)(29); 475(5)(c)
45 CFR §1356.67
50 USC App. §§ 501-597b-Servicemembers Civil Relief Act (SCRA)
Public Law (PL) 95-608 Indian Child Welfare Act of 1978 Final Rule (25 CFR Part 23)
PL113-183 Preventing Sex Trafficking and Strengthening Families Act of 2014

Requirements

The Division of Family and Children Services (DFCS) will:

1. Seek court intervention to protect a child, when:
 - a. Access to the alleged maltreated child(ren) or the home cannot be gained to assess child safety.
 - b. A court order for either a physical examination, psychiatric, or psychological examination of a child or other children in the home is needed.
 -  This request may be made ex parte^[1].
 - c. A protective order is needed to restrain or otherwise control the conduct of a parent, guardian, or legal custodian or relative in accordance with policy [17.3 Legal: Court Orders and Placement Authority](#).
 - d. A temporary alternative to foster care (TAFC) order.
 - i. Authorize or continue any voluntary kinship agreement between the parent, guardian, legal custodian, and DFCS, pending further action by the court on a dependency petition for temporary guardianship or custody to the third party; or
 - ii. Obtain a temporary protective order to impose conditions or limitations on the conduct of the parent, guardian, or legal custodian while the child remains in the home. For the specified limitations or conditions see policy [17.3 Legal: Court Orders and Placement Authority](#).
 -  A TAFC order may be made ex parte.
 - e. Evidence indicates the child should not remain in the home or be returned home due to safety concerns and there are no alternative safety options for the child. Some of these situations may include, but are not limited to:


- i. A child has experienced life-threatening maltreatment or serious injury at the hands of a parent, guardian, or legal custodian.
 - ii. A child was intentionally abandoned by the parent, guardian, or legal custodian.
 - iii. A child steadfastly refuses to return to the parent, guardian, or legal custodian, and the return could cause significant physical or emotional harm to the child.
 - iv. The parent, guardian, or legal custodian steadfastly refuses to have a child returned to them.
 - v. The parent, guardian, or legal custodian has a significant mental illness, untreated illness, or significant mental disability that renders them unable to care for the child, and/or pose a safety threat to a child.
 - vi. A parent, guardian, or legal custodian has sexually abused the child, the offending parent, guardian, or legal custodian will have access to the child, and the non-offending parent, guardian, or legal custodian fails to protect the child.
 - vii. A parent, guardian, or legal custodian has caused the death of a child through maltreatment.
 - viii. The parent, guardian, or legal custodian has a chronic or severe drug or alcohol use disorder that has not been rehabilitated, rendering them unable to care for the child, and/or posing a threat to the safety of the child. This includes a parent of an infant born with prenatal substance or alcohol exposure, who is non-compliant with their substance or alcohol use disorder treatment plan, and the parent's substance or alcohol use poses a safety threat to the infant.
 - ix. A child requires medical treatment to prevent a serious illness, disability, or death, and the parent, guardian, or legal custodian is unwilling or refuses to seek medical treatment.
 - x. A non-offending parent, guardian, or legal custodian is unwilling or unable to protect a child from the offending parent, guardian, or legal custodian.
 - xi. The parent, guardian, or legal custodian is involved in repeated, serious criminal activity or has a conviction of a felony and imprisonment which has a demonstrable negative effect on the safety of the child.
 - xii. The parent, guardian, or legal custodian denies serious maltreatment and is unwilling to participate in the case plan.
 - xiii. The parent, guardian, or legal custodian's explanation for an injury or illness is inconsistent with the medical evaluation and/or assessment findings.
- f. When a parent, guardian, or legal custodian's moderate to high-risk substance or alcohol use is a contributing factor to child maltreatment (dependency) refer them to participate in the Family Treatment Court (FTC) when the minimum eligibility criteria for participation are met (refer to the Memorandum of Understanding) in the applicable FTC jurisdiction (see policy [19.24 Case Management: Family Treatment Court](#)).



The dependency petition/complaint shall include the recommendation for FTC participation.

- 2. At its discretion, file a petition alleging dependency if DFCS has actual knowledge of the abuse,


neglect, or abandonment of a child or is informed of the abuse, neglect, or abandonment and believes it to be true.

 Such petition shall not be accepted for filing unless the court or person authorized by the court has determined and endorsed on the petition that the filing of the petition is in the best interests of the public and the child.

3. At its discretion, file a dependency petition requesting placement authority for a child or requesting that temporary custody of a child be transferred to another party.

4. When a TAFC order is issued, if probable cause exists, and:

- a. The child was not removed from his or her home or if a child was removed from his or her home but was released from protective custody at the PPH, a petition alleging dependency shall be filed within 30 days of the PPH; or
- b. The child was removed from his or her home, and a petition alleging dependency shall be filed within five days of the PPH.

 The court may continue to impose the TAFC after the PPH.

5. Obtain approval of placement authority from the juvenile court when a child must be removed and placed in foster care.


6. Consult with the Special Assistant Attorney General (SAAG) prior to any scheduled juvenile court hearings (see Practice Guidance: Consultation with the SAAG).

7. Immediately inform the SAAG of any discovery requests to obtain direction on handling the request.

8. Adhere to the procedures and practices established by the juvenile court.

9. Request the court to appoint an attorney for:

- a. An alleged dependent child; and
- b. Any young adult receiving extended foster care services.

 An attorney will be appointed at all stages of the dependency proceedings. The appointment of the attorney shall be made as soon as practicable to ensure adequate representation of such child/young adult and in any event before the first court hearing that may substantially affect the interest of the child/young adult.

10. Adhere to the Indian Child Welfare Act (ICWA) in accordance with policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#) regarding:

- a. Informing the court if there is a reason to know the child is a member of a federally recognized Indian tribe; or eligible for membership in a federally recognized Indian tribe and is the biological child of a member/citizen of a federally recognized Indian tribe or a member of a Georgia recognized tribe.
- b. Notification requirements for removal and termination proceedings.

11. Notify the court of a parent, guardian, or legal custodian's military service when the parent, guardian, or legal custodian is on active military duty and serving outside the state of the court

that has jurisdiction over the legal proceeding.



For the purposes of Section 521 of the Service Members Civil Relief Act (SCRA), the term “state” includes the District of Columbia, Puerto Rico, the Virgin Islands, and Guam.

12. File a petition for dependency within five days of the child’s PPH when the child is not released from DFCS custody at this hearing. If the child was not removed from the home or was returned to the PPH, the petition shall be filed within 30 days of the PPH.

13. Attend all court hearings including:

- a. The PPH is held within 72 hours of the child’s placement into foster care.
- b. The adjudication hearing is scheduled no later than 10 days after the filing of the petition for dependency if the child is in foster care. If the child is not in foster care, the adjudication hearing shall be held no later than 60 days after the filing of the petition for dependency.



If the adjudication is not completed within 60 days of the removal, the dependency petition may be dismissed without prejudice.

c. The disposition hearing is held and completed within 30 days after the conclusion of the adjudication hearing, if not held in conjunction with the adjudication hearing.

d. Review hearings:

- i. The initial review is held within 75 days following a child’s removal from the home.
- ii. The subsequent periodic review is held four months following the initial review.



The Judicial Citizen Review Panel (JCRP) may conduct any periodic review as requested by the court.

iii. Subsequent review hearings consistent with federal law are held no less frequently than once every six months (see policy [17.2 Legal: Case Review/Permanency Plan Hearings](#)).

e. The permanency plan hearing held:

- i. No later than 30 days after DFCS submits a non-reunification case plan to the court.
- ii. No later than nine months after the date the child is considered to have entered care, for a child under seven years of age at the time a petition for dependency is filed.
- iii. No later than 12 months after the date the child is considered to have entered care, for children seven years of age and older at the time a petition for dependency is filed.



For siblings removed at the same time and in which at least one child is under seven years of age at the time the dependency petition is filed, the permanency plan hearing shall be held no later than nine months after the children are considered to have entered foster care.

iv. At least every six months after the initial permanency plan hearing, as long as the child remains in care or more frequently as deemed necessary by the court until the court determines that such child’s permanency plan and goal have been achieved.

v. The Termination of Parental Rights (TPR) Hearing, if applicable (see Practice Guidance: Termination of Parental Rights Hearing).

14. Determine the date the child is considered to have entered foster care to be the date of the first judicial finding that the child has been subjected to child abuse or neglect or the date that is 60 days after the date on which the child is removed from his or her home, whichever is earlier (see Practice Guidance for guidance on calculating the time in foster care).
15. Conduct a diligent search for parents, relatives (including the parents of the child's siblings, when that parent has legal custody of such siblings), fictive kin, and others who have demonstrated an ongoing commitment to the child in accordance with policy [19.20 Case Management: Diligent Search](#).
16. Submit an updated diligent search report to the court at each periodic review hearing (see policy [19.20 Case Management: Diligent Search](#)).
17. Submit a written report (case plan) to the court within 30 days of the removal and at each subsequent review of the disposition order.



A hearing to review the case plan shall be held if the parent, guardian, or legal custodian disagrees with a proposed case plan for reunification and exercises his or her right to request a hearing before the court within five days of the receipt of the plan (see policy [10.23 Foster Care: Case Planning](#)).

18. At the permanency plan hearing for non-reunification:
 - a. Demonstrate, by clear and convincing evidence, that a reunification plan is not appropriate considering the child's health, safety, and need for permanency.
 - b. Notification to the court whether and when DFCS intends to file for TPR.



The court shall consider in-state and out-of-state permanent placement options for the child and incorporate a permanency plan for the child in the order from this hearing.

Procedures

Court Intervention

The Social Services Case Manager (SSCM) will:

1. Consider requesting a court hearing when:
 - a. The parent, guardian, or legal custodians fail to comply with critical elements of the case plan and exhibit continued diminished protective capacities, despite documentation reflecting that DFCS provided support and services necessary to achieve these critical elements.
 - b. A change of custody is recommended.
 - c. A change in the specific provisions of the court order is needed.
 - d. The outcomes of the case plan have been met, and it is appropriate to request to be relieved of custody/court-ordered supervision.
 - e. Other individual circumstances are identified and need to be brought to the court's attention.
2. Seek court intervention when the safety of a child cannot be assured and/or a caregiver is non-compliant and court intervention may be necessary to protect the child:

- a. In conjunction with the Social Services Supervisor (SSS) consult with the SAAG to determine whether there is a need to file a dependency complaint and/or petition either for custody of the child or TAFC.
 - b. Conduct a Family Team Meeting (FTM) or other family meeting prior to any court action, when possible, to notify the family of the impending court action and possible outcomes and to discuss any changes in the safety or case plans (see policy [19.3 Case Management: Solution-Focused Family Team Meetings](#)).
 - c. Consult with the SAAG and request they file a dependency complaint and petition with the juvenile court when court action is being sought.
 - d. Afford the person against whom a protective order is directed due notice and an opportunity to be heard, prior to an order being granted by the court (accomplished by service of the petition as required by state law).
 - e. Request that a protective order be modified, extended, or terminated by the court as deemed necessary and in the best interest of the child.
3. When it is determined that a TAFC is needed to expedite legal intervention:
- a. In conjunction with the SSS, consult with the SAAG regarding the appropriateness of seeking a TAFC order. Prepare to present the following information in court or provide to the SAAG, if the TAFC will be obtained ex parte:
 - i. The reason DFCS is requesting a TAFC order;
 - ii. The approved Kinship Assessment (see Practice Guidance: Temporary Alternative to Foster Care and policy [22.3 Kinship: Kinship Assessment](#));
 - iii. Services and options to prevent placement that have been explored/provided to the family and the safety issues requiring legal intervention;
 - iv. The legal options being considered:
 1. Temporary Guardianship (see policy [22.11 Kinship: Guardianship in Child Protective Services](#));
 2. Temporary custody to a third party (see policy [22.12 Kinship: Temporary Custody to a Third Party in Child Protective Services](#)); or
 3. Temporary protective order while the child remains in their home (see policy [17.3 Legal: Court Orders and Placement Authority](#)).
 - b. Obtain and review the TAFC order.
 - c. Participate in the PPH hearing.
 - d. File a dependency petition when the court finds probable cause in the PPH to believe a child is a dependent child pending an adjudication hearing.
 - e. Prepare for the adjudication hearing in conjunction with the SAAG to discuss DFCS' recommendations and to confirm completion of any tasks ordered by the court. Document issuance of the TAFC court order in Georgia SHINES:
 - i. Update the Legal Action and Outcomes Detail page.
 - ii. Upload the TAFC order into External Documentation.
4. When the decision is made to remove the child:

- a. Consult with the SAAG and request they obtain authorization from the court or designated intake officer for DFCS to obtain placement authority for the child if law enforcement does not make the removal.



A verbal order may be issued by a juvenile court judge but must be followed by a written order that is obtained the first business day after the issuance of the verbal order. DFCS cannot remove children without court authorization.

- b. Provide the SAAG with all necessary and relevant supporting evidence and information pertaining to possible witnesses if the court requires a hearing or other sworn testimony/statement prior to authorizing the removal of the child.
- c. Obtain a copy of the ex parte removal order, if issued by the court, or “authorization” to take the child into custody.
- d. Document legal actions and outcomes following in Georgia SHINES:
 - i. Upload the authorization or order into External Documentation, if not uploaded via the Case Plan Reporting System (CPRS) interface.
 - ii. Custody Detail page.
 - iii. Legal Action and Outcomes Detail page.
 - iv. Legal Status page.
- e. File a dependency complaint if it was not filed to obtain authorization for placement authority.



A dependency action may be filed in the county in which the child legally resides or in the county where the child is present when the proceeding is commenced provided that the child is present in that county without his parent, guardian, or legal custodian or the acts underlying the dependency allegation are alleged to have occurred in that county. This is referred to as the venue. The court may transfer the proceedings to the county in which a child legally resides if the proceedings start in a different county (see policy [17.13 Legal: Court Transfer of Jurisdiction](#)).

5. When the decision is made by the court to remove a child pursuant to a CHINS disposition or a disposition of delinquent act:
 - a. Consult the SAAG regarding the court’s request to attend the disposition hearing and to prepare for the hearing.
 - b. Attend the disposition hearing and be prepared to provide information to the court as to the availability of services for the child.
 - c. Obtain a copy of the removal order, if issued by the court, or “authorization” to take the child into custody.
 - d. Attend the preliminary protective hearing (PPH) not later than 72 hours after the child is placed in DFCS custody.
 - e. File the dependency petition, if dependency exists, in conjunction with the SSS and SAAG.



If there is a question about whether dependency exists, in conjunction with the SSS, SAAG, and County Director, staff with the Regional and District Director. The County,

Regional, or District Director may consult with the Office of the General Counsel if needed.

f. Prepare for and attend the adjudication hearing to discuss DFCS' recommendations.



If the court finds the child dependent at the adjudication hearing, follow the dependency court procedures below.

g. Document legal actions and outcomes following in Georgia SHINES:

- i. Upload the court order(s) into External Documentation, if not uploaded via the Case Plan Reporting System (CPRS) interface.
- ii. Custody Detail page.
- iii. Legal Action and Outcomes Detail page.
- iv. Legal Status page.

Preparing for Court

Prior to any court hearing, the SSCM will:

1. Review the case record.
2. Staff with the SSS all available information that supports DFCS' position on a case.
3. Discuss the case plan/services with the family and family support team via a Family Team Meeting (FTM) or other family meetings (see policy [19.3 Case Management: Solution-Focused Family Team Meetings](#)).
4. Develop a court report to present to the court, when necessary, summarizing:
 - a. The background of the case.
 - b. Services and/or steps taken to resolve the issues.
 - c. Progress toward completion of the case plan.
 - d. DFCS' recommendations, including visitation if applicable.
5. Consult with the SAAG prior to any upcoming hearing, if available:
 - a. Contact SAAG and request a consultation that will ensure timely preparation for the upcoming hearing.
 - b. Apprise SAAG of all the information.
 - c. All evidence, potential witnesses, and DFCS' recommendations.



Include the Court Appointed Special Advocate and Guardian Ad Litem (GAL), if appropriate based on consultation with the SAAG.

6. Notify the SAAG of the following, any time there is reason to know:
 - a. When either parent, guardian, or legal custodian is on active duty in the military, the SAAG can notify the court.
 - b. Whether there is reason to know the child is a member of a federally recognized Indian tribe; or eligible for membership in a federally recognized Indian tribe and is the biological

child of a member/citizen of a federally recognized Indian tribe [see policy; or a member of a Georgia recognized tribe.

Juvenile Court Hearings

The SSCM will:

1. For the **preliminary protective hearing (PPH)**:

- a. Staff the case with the SSS and SAAG prior to the hearing.
- b. Be prepared to provide testimony.
- c. Ensure a dependency petition is presented to the court within five calendar days of the PPH, if the court finds probable cause to believe that the child is dependent, and the judge orders the child to remain in foster care.
- d. Update the Legal Status and/or Legal Action and Outcomes Detail pages in Georgia SHINES within 72 hours of the hearing.



If the court finds probable cause to believe the child is dependent, but does not find that protective custody is necessary, then the court shall return the child to his parent, guardian, or legal custodian pending the hearing on the dependency petition.

2. For the **adjudication hearing**:

- a. Ensure a staffing occurs between the investigator, investigator's SSS, Permanency SSCM, Permanency SSS, and SAAG to discuss the evidence to be presented, witnesses needed, etc. prior to the hearing.
- b. Be prepared to provide testimony.
- c. Update the Legal Status and/or Legal Action and Outcomes Detail pages in Georgia SHINES based on the court findings, within 72 hours of the hearing.



Such findings become the basis of the initial case plan for reunification, including any findings of dependency as a result of alcohol or other substance abuse.

3. For the **disposition hearing**:

- a. Share the results of the Comprehensive Child and Family Assessment (CCFA) with the court, if available, to assist with the decision-making regarding the placement and needed services.
- b. Be prepared to present agency recommendations.
- c. Present the initial case plan to the court to be entered into the disposition order.



The initial case plan must be submitted to the court within 30 days of removal and at least 48 hours prior to the disposition hearing.

- d. Present the initial diligent search to be entered into the disposition order.



The initial diligent search must be submitted to the court within 30 days of removal (see policy [19.20 Case Management: Diligent Search](#)).

- e. Update the Legal Status and/or Legal Action and Outcomes Detail pages in Georgia SHINES

within 72 hours of the hearing.

4. For a **review hearing** or **permanency plan hearing**:
 - a. Staff the case with the SSS and SAAG to discuss the evidence to be presented, witnesses needed, etc.
 - b. Submit a case plan to the court five days prior to the permanency plan hearing (see policy [10.23 Foster Care: Case Planning](#)) including:
 - i. A recommended permanency plan for the child.
 - ii. An estimation of when the plan will be achieved.
 - iii. Documentation of the reasonable efforts taken by DFCS to finalize the permanent placement of the child.
 - c. Submit an updated diligent search to the court at each periodic review hearing (see policy [19.20 Case Management: Diligent Search](#)).
 - d. Be prepared to provide testimony.
 - e. Request the court review the following, if a permanency plan hearing is being held on a case where voluntary surrenders were obtained:
 - i. The circumstances of the child.
 - ii. Child-specific recruitment strategies DFCS has utilized, such as the use of state, regional, and national adoption exchanges and/or electronic exchanges.
 - iii. Any other steps taken by DFCS to pursue a permanent home for the child.
 - f. Update the Legal Status and/or Legal Action and Outcomes Detail pages in Georgia SHINES within 72 hours of the hearing.

The SSS will:

1. Review the case record including any documented evidence to help determine whether:
 - a. Court intervention is warranted;
 - b. The type of legal intervention needed to protect a child (i.e., protective order, TAFC, custody);
 - c. Sufficient evidence exists to support:
 - i. Present or impending danger.
 - ii. Each allegation of the dependency petition.
 - iii. The case plan or permanency plan to be considered by the court.
 - d. Services were provided to prevent foster care placement; and
 - e. ICWA notification requirements when the child is an Indian child as defined in ICWA.
2. The initial diligent search is completed and submitted to the court within 30 days of the child's entry into foster care, and an updated diligent search is completed and submitted prior to each periodic review hearing.
3. Assist the SSCM in:
 - a. Determining DFCS' recommendations to the court, including whether visits with a child in

DFCS custody need to be supervised (see Practice Guidance: Best Interest Determination).

- b. Preparing for court testimony.
4. Staff the case with the SSCM and the SAAG prior to any court hearing (see policy [19.6 Case Management: Supervisor Staffing](#); also see Procedures on Preparing for Court).
5. Attend court hearings, as needed, to provide guidance and support to the SSCM.
6. Verify documentation of legal actions in Georgia SHINES and that court orders and other legal documents were uploaded to External Documentation.

Practice Guidance

Preserving and strengthening families to prevent the unnecessary removal of children from their homes is an integral part of permanency planning. It recognizes that most children's needs for permanency are met by the continuity of family relationships. In many ways, the court acts as a "gatekeeper" for children entering and exiting the foster care system. Consequently, DFCS and the court must work in partnership and share accountability in ensuring permanency at the earliest possible time for children. To enhance the partnership with the court and ensure the best outcomes for children and families, the SSCM should be knowledgeable about the following:

1. The rights, roles, and responsibilities of the County Department when serving as custodian of a child in foster care.
2. Procedural safeguards for the parent, guardian, or legal custodians of children in foster care.
3. The juvenile court process, including courtroom etiquette.
4. The applicable federal laws and sections of the Official Code of Georgia (O.C.G.A.).
5. Court order requirements for title IV-E funding.
6. Timeframes for custody and other legal actions.

Court Intervention to Protect Children

Determining when to initiate juvenile court action is one of the most difficult and important decisions for DFCS staff. Involving the court too quickly may be a misuse of the authority granted to DFCS and the court. Not involving the authority and protection of the court when a child is not safe or is at significant risk may constitute a failure to adequately protect the child and a failure to discharge the authority given to DFCS. Therefore, when making the decision whether to pursue court intervention, the health, and safety of the child is the paramount concern.

Some caregivers cannot or will not protect their child or ensure the child's needs are met; and despite reasonable efforts to remedy or improve the circumstances leading to the abuse or neglect, a child may remain in imminent danger. When making critical decisions about whether to seek court action to remove a child from the home as the only alternative for the child to be protected and safe, a child's right to protection and safety outweighs a caregiver's right to the child.

Consultation with the SAAG

The SAAG provides legal representation for DFCS. To provide competent legal representation, the SAAG must communicate with DFCS staff to learn the facts and details of the case. Conversely, this

communication helps DFCS staff understand the court processes, procedures, and expectations. Consultation with the SAAG increases the likelihood of achieving the expected outcome in court. It is recommended that staff consult with the SAAG, as early as possible, prior to scheduled court hearings (with an exception for emergency court hearings or preliminary protective hearings). Early and consistent involvement of the SAAG can help to increase staff preparedness for court and improve overall outcomes for families.

Child's Attorney

The court shall appoint an attorney for an alleged dependent child before the first court hearing which may substantially affect the interest of the child to ensure the child's interests are adequately represented. An attorney for an alleged dependent child may serve as a child's GAL unless or until there is a conflict of interest between the attorney's duty to the child as the child's attorney and the attorney's opinion of the best interest of the child as GAL. A child's attorney owes the child the duties imposed by the laws of Georgia in an attorney-client relationship. Neither a child nor a representative of a child may waive a child's right to an attorney in a dependency proceeding

The court shall appoint an attorney for any young adult receiving extended foster care services at all stages of proceedings. The appointment shall be made as soon as practicable to ensure adequate representation of the young adult and in any event before the first court hearing that may substantially affect the interest of the young adult. If the young adult does not have an attorney, a young adult shall be informed prior to any hearing of their right to have legal representation and shall be given an opportunity to:

1. Obtain an attorney of his or her own choice;
2. Obtain a court-appointed attorney at the court's discretion; or
3. Waive the right to an attorney.

Court Appointed Special Advocate (CASA)/Guardian ad Litem (GAL)

In dependency hearings, an attorney CASA or both may be appointed as the child's GAL to ensure the child's interests are adequately represented. See policy [17.10 Legal: Court Appointed Special Advocate \(CASA\)/Guardian Ad Litem \(GAL\)](#).

Parent's/Guardian's/Legal Custodian's Attorney

Whenever a parent, guardian, or legal custodian is represented by an attorney, the County Department shall recognize the implications of the attorney-client relationship. The SSCM needs to ensure the SAAG is informed of the attorney representing the parent, guardian, or legal custodian. If the parent, guardian, or legal custodian's attorney is appointed by the court, the attorney cannot be relieved of responsibility until the court issues an order indicating he/she is no longer the attorney of record. If an attorney has entered an appearance in the juvenile court, he/she remains the parent's attorney for the matter until the court has permitted the attorney to withdraw by appropriate order.

If the parent, guardian, or legal custodian seeks to bring an attorney as his/her representative to any conference or review held at the County Department or other location, the County Department shall consult with the SAAG regarding the attorney's presence and whether the SAAG should also be present.

Party

A party means the state, a child, parent, guardian, legal custodian, or other person subject to any judicial proceeding under Chapter 11 of Title 15 of the Official Code of Georgia. However, for CHINS and delinquency actions, only the child and the state shall be a party. A party to a hearing has the right to:

1. Be present.
2. Be heard.
3. Present evidence material to the proceedings.
4. Cross-examine witnesses.
5. Examine pertinent court files and records.
6. Appeal the orders of the court.



All children subject to a dependency action are parties. The court may exclude a child from any part or parts of any proceeding if the court determines that it is not in the child's best interest to be present. The attorney for an excluded child shall not be excluded from the proceedings.

Service Members Civil Relief Act (SCRA)

Under the provisions of SCRA, a person on active-duty military service, or someone on his/her behalf, may petition the court for a stay of the proceeding if he/she feels his/her military service materially affects his/her ability to defend himself/herself.

The court does not automatically grant each request for a stay; only when it is determined that the parent, guardian, or legal custodian's ability to defend himself/herself is materially affected by military service will a stay be granted. The court may, on its own motion, postpone the proceeding for the presence of the parent, guardian, or legal custodian.

Discovery

Prior to any court proceedings, a party may request information from another party to assist them in the presentation of their case in court. Although state law dictates that upon written request a party to a proceeding shall have full access to certain information for inspection, copying, or photographing, these requests are usually handled by the attorneys (i.e., SAAG, parent, guardian, or legal custodian's attorney, child's attorney, etc.) in the proceedings. If DFCS receives a written request from the attorney for a parent or child in a dependency case for records or information, DFCS should immediately notify the SAAG of the request. In order to meet the discovery requirements of the Juvenile Court Code, the SSCM should immediately request to staff the case with the SAAG if the following information is requested:

1. The names and telephone numbers of each witness likely to be called to testify at the hearing by another party.
2. A copy of any formal written statement made by the child or any witness concerning the testimony of the witness that a party intends to call as a witness at the hearing.
3. Any scientific or other report that is intended to be introduced at a hearing or that pertains to

physical evidence that is intended to be introduced unless a court order or written consent from the appropriate person is required.

4. Any drug screen concerning the child or his/her parent, guardian, or legal custodian.
5. Any case plan concerning the child or his or her parent, guardian, or legal custodian.
6. Any visitation scheduled is related to the child.
7. Photographs and any physical evidence that are intended to be introduced at any hearing.
8. Copies of any police reports that are included in the basis for the petition.
9. Any other relevant evidence not requiring consent or a court order.

The SAAG will provide directions to DFCS concerning the provision of information or records, including responses to discovery requests, to a child or parent's attorney while a dependency case is pending in juvenile court.

Upon presentation of a court order or written consent from the appropriate person permitting access, any party shall have access to the following:

1. Any psychological, developmental, physical, mental, or emotional health or other assessments of the child or his/her family, parent, guardian, or legal custodian.
2. Any school record concerning the child.
3. Any medical record concerning the child.
4. Transcriptions, recordings, and summaries of any oral statement of the child or of any witness, except child abuse reports that are confidential.
5. Any FTM report or multidisciplinary team meeting report concerning the child or his/her parent, guardian, or legal custodian.
6. Supplemental police reports, if any, regarding an occurrence that is included in the basis of the petition.
7. Immigration records concerning the child.



If DFCS receives a court order providing access to any of the above, immediately staff the request with the SAAG.

Any request for discovery shall be complied with no later than five days from receipt of the request or 72 hours prior to any hearing unless the timing of the request does not allow the party to meet these timeframes. If a request for discovery is made fewer than 48 hours prior to the hearing, the response should be produced in a timely manner. DFCS shall immediately inform the SAAG of all discovery requests and the SAAG should assist the County Department with all discovery requests.

Date Child is Considered to Have Entered Foster Care

When a child is alleged to be a dependent child, the date such child is considered to have entered foster care shall be the date of the first judicial finding that such child has been subjected to child abuse or neglect or the date that is 60 days after the date on which such child is removed from his or her home, whichever is earlier.

In order to meet the time frames for permanency plan hearings required under Title IV-E rules and

regulations, DFCS staff is advised to schedule permanency plan hearings using the removal date as the beginning point from which the permanency plan hearing time limits are calculated. As an example, an initial permanency plan hearing that must be held no later than 12 months from the time a child is considered to have entered foster care would be scheduled 12 months from the date the child was removed from the home. This practice will ensure that hearings are held within the time limits required by federal law.

Emergency Removal

DFCS does not have the authority to remove a child without the written consent of the parent, guardian or legal custodian or order of the court, except in short-term emergency care situations (see policies [3.21 Special Circumstance: Intakes Involving Short Term Emergency Care \(Emergency or Illness\)](#); [3.22 Special Circumstance: Intakes Involving Short Term Emergency Care \(Human Trafficking\)](#); [20.8 Special Circumstances: Short Term Emergency Care \(Emergency or Illness\)](#); and [20.9 Special Circumstances: Short Term Emergency Care \(Human Trafficking\)](#)). In situations where the life of a child is in immediate danger because of maltreatment or the child is a victim of trafficking for labor or sexual servitude and removal must take place without a court order, removal must be completed by law enforcement officials or by a duly authorized officer of the court.

Any law enforcement officer has the authority and responsibility to take necessary action to protect children from immediate danger. This authority allows the officer to take a child into custody without a court order. If immediate medical treatment is needed, the officer is further authorized to take the child directly to a medical facility, giving notice of this action promptly to juvenile court and DFCS.

If a law enforcement officer removes a child, the officer should not expect that DFCS will take placement responsibility for that child without first having a judge's signed order or the signed order of a juvenile court intake officer. If any law enforcement agency leaves a child at a DFCS office without having obtained the required legal documentation, DFCS shall immediately initiate procedures to obtain an emergency custody order.

Prior to authorizing the removal of a child from their home or ordering a child to remain in protective custody, the court shall consider whether there are reasonable alternatives to the removal of the child and placement into foster care.

Temporary Alternatives to Foster Care (TAFC)

The juvenile court may order a TAFC to prevent or reduce the trauma of removal. This may include authorizing or continuing any voluntary agreement between the parent, guardian or legal custodian and DFCS to allow a child to be cared for by persons with whom the child has an existing bond or attachment; or other actions to ensure the safety of the child pending further action by the court on the dependency complaint or petition (see policy [17.3 Legal: Court Orders and Placement Authority](#) Practice Guidance: Temporary Alternatives to Foster Care [TAFC] Orders for the actions that a court may order in conjunction with a TAFC).

TAFC may be ordered by the court ex parte, prior to or following a PPH. When entering an order for a TAFC authorizing or continuing any voluntary agreement between the parent, guardian, or legal custodian and DFCS for the child to be cared for by a relative or fictive kin, the court shall order a preliminary assessment of the person who is to provide care for the child by a probation officer, or

other individual or agency as the court may designate. DFCS utilizes the Kinship Assessment to meet the requirements of the preliminary assessment (see policy [22.3 Kinship: Kinship Assessment](#)). The preliminary assessment shall be completed no later than 72 hours after the time the order is entered. If the order is entered on a weekend, the preliminary assessment may be completed no later than five days after the order has been entered.

The preliminary assessment shall include at a minimum:

1. A walk-through of such a person's residence to identify safety hazards;
2. An in-state criminal record check of the relative or fictive kin and all other adults living in the residence;
3. A search of the Georgia Sex Offender Registry for the relative or fictive kin and all adults living in the home; and
4. A search of data provided electronically to the public by the Department of Community Supervision and the Department of Corrections for information on the relative or fictive kin and all adults living in the home.

Best Interest Determination

The SSCM shall consider the "best interests" of the child whenever making recommendations to the court. Whenever a best interest determination is required (at any juvenile court proceeding), the court shall consider and evaluate all the factors affecting the best interests of the child based on the child's age and developmental needs. Such factors shall include:

1. The physical safety and welfare of the child, including food, shelter, health, and clothing.
2. The love, affection, bonding, and emotional ties existing between the child and each parent or person available to care for the child.
3. The love, affection, bonding, and emotional ties existing between the child and his/her siblings, half-siblings and stepsiblings, and the residence of the other children.
4. The child's need for permanence, including the child's need for stability and continuity of relationships with his/her parents, siblings, other relatives, and any other person who has provided significant care to the child.
5. The child's sense of attachment, including his/her sense of security and familiarity, and continuity of affection for the child.
6. The capacity and disposition of each parent or person available to care for the child, to give him/her love, affection, and guidance, and to continue the education and rearing of the child.
7. The home environment of each parent or person available to care for the child is related to the child's nurturance and safety.
8. The stability of the family unit and the support systems within the community to benefit the child.
9. The mental and physical health of all individuals involved.
10. The home, school, and community history of the child as well as any health or educational special needs of the child.
11. The child's community ties, including church, school, and friends.

12. The child's background and ties, including familial, cultural, and religious.
13. The least disruptive placement alternative for the child.
14. The uniqueness of every family and child.
15. The risks of entering and being in substitute care.
16. The child's wishes and long-term goals.
17. The preferences of the people available to care for the child.
18. Any evidence of family violence, substance abuse, criminal history, or sexual, mental, or physical child abuse in any current, past, or considered home for such child.
19. Any recommendation by a court-appointed custody evaluator or Guardian Ad Litem (GAL).
20. Any other factors considered by the court to be relevant and proper to its determination.

Court Ordered Visitation

When a child is removed from his/her home, the court will order reasonable visitation that is consistent with the age and developmental needs of a child if the court finds it is in the child's best interests. State law provides that there be a presumption that visitation will be unsupervised unless the court finds that unsupervised visitation is not in the child's best interests. Thus, the court's order must specify the frequency, duration, and terms of visitation, including whether visitation will be supervised or unsupervised. DFCS has a responsibility to make recommendations to the court initially and on an ongoing basis, including whether visitation should be supervised or unsupervised. Information that must be considered includes, but is not limited to:

1. CPS history and prior Permanency (Foster Care) history;
2. Current allegations;
3. Current family conditions;
4. Sufficiency of the safety plan;
5. Caregivers' intent and attitudes towards the support of the safety plan;
6. Progress towards the enhancement of caregiver protective capacities; and
7. The best interest of the child including safety, permanency, and well-being.



Within 30 days of the court finding that there is a lack of substantial progress toward completion of a case plan, the court shall review the terms of visitation and determine whether the terms continue to be appropriate for a child or whether the terms need to be modified.

Preliminary Protective Hearing (PPH)

The purpose of the PPH is to allow the court to determine whether there is probable cause to believe a child is a dependent child and whether protective custody of a child is necessary to prevent abuse or neglect pending the hearing on the dependency petition. At the PPH, the court informs the parties of:

1. The contents of the complaint.
2. The nature of the proceedings.

3. The parties' due process rights, including the parties' right to:
 - a. An attorney or an appointed attorney if they are indigent persons;
 - b. Call witnesses and to cross-examine all witnesses;
 - c. Present evidence; and
 - d. A trial by the court on the allegations in the complaint or petition.

At the PPH, the court may:

1. Dismiss the case and return the child to the parent, guardian, or legal custodian;
2. Return the child to the parent, guardian, or legal custodian pending the hearing on the dependency petition. The court may also order a temporary alternative to foster care if it determines that such an order is necessary to prevent abuse or neglect prior to the adjudicatory hearing and to prevent the need for the child to be placed in foster care; or
3. Place the child in the temporary custody of DFCS pending the hearing on the dependency petition. DFCS shall prioritize temporary placement with an adult who is a relative or fictive kin, provided that the individual has met DFCS' requirements for relative placement and the placement is in the best interest of the child.

The judge will hear limited testimony from the parties to determine whether there is probable cause to believe that the allegations of dependency are true. The court may consider any evidence, including hearsay evidence, that the court finds to be relevant, reliable, and necessary to determine the needs of an alleged dependent child or to make determinations or findings.

The first order signed by a judge sanctioning the removal of the child or ordering a temporary alternative to foster care must contain the language and finding that "continuation in his or her home would be contrary to the welfare of the child" or "removal is in the best interest of the child". A judicial determination shall be made at this time as to whether DFCS has made "reasonable efforts to preserve and reunify families".

Adjudication Hearing

The purpose of the adjudication hearing is to determine whether the allegations in the petition are true and if the child is "dependent" under Georgia law. At the adjudication hearing, the issue is whether the child is a dependent child. The judge may not allow hearsay evidence; thus, people with firsthand knowledge of the matter must personally testify. DFCS bears the burden of proof that the allegations in the petition filed are true by clear and convincing evidence. If the court finds the allegations in the petition are true, it should make both specific findings of fact and conclusions of law. If the child is found to be dependent, the court may immediately, or within 30 days, make a disposition as well as make a finding whether such dependency is a result of substance abuse by the child's parent, guardian, or legal custodian. A judicial determination must be made, at this time and in court orders for later hearings, as to whether DFCS is making "reasonable efforts to preserve and reunify families". If the child is not found dependent, the court shall dismiss the petition and order the child discharged from foster care or other restrictions previously ordered.

The following persons shall have a right to participate in the adjudication hearing:

1. The parent, guardian, or legal custodian of the child, unless such person cannot be located or

- fails to appear despite being notified;
- 2. The attorney and guardian ad litem of the child;
- 3. The child, unless the court finds that being present is not in the child's best interests;
- 4. The attorneys for the parent, guardian, or legal custodian of the child;
- 5. The assigned DFCS employee; and
- 6. The SAAG for DFCS.

The following persons may also be present at an adjudication hearing if the court finds it is in the child's best interest:


1. Any relative or other persons who have demonstrated an ongoing commitment to a child and with whom he/she might be placed;
2. DFCS employees involved with the case;
3. An advocate as requested by the parent, guardian, or legal custodian of the child; and
4. Other people who have knowledge of or an interest in the welfare of the child.

Disposition Hearing

The disposition hearing is often held immediately following the adjudication hearing, but the court may schedule it at a later date. The purpose of the disposition hearing is to determine the needs of the child who has been adjudicated dependent and the most appropriate disposition for the child now that he/she has been found "dependent." The court may consider any evidence, including hearsay evidence, that the court finds to be relevant, reliable, and necessary to determine the needs of a child adjudicated as a dependent child and the most appropriate case plan and permanency plan (see policy [17.3 Legal: Court Orders and Placement Authority](#)). At the conclusion of the disposition hearing, the court shall set the time and date for the first periodic review hearing and the permanency plan hearing.

Before determining the appropriate disposition, the court shall receive, not less than 48 hours prior to the disposition hearing, the following in evidence:

1. The social study report (usually the Comprehensive Child and Family Assessment [CCFA]), if the court directs as discussed in Practice Guidance: Social Study; and
2. The child's proposed written case plan (including the WTLF if the child is 14 years old or older).
3. The completed diligent search.

 If the court elects to hold the disposition hearing in conjunction with the adjudication hearing, timeframes for submitting the initial case plan, social study, and diligent search will be shortened. Thus, the SSCM will need to ensure the case plan and social study are completed and submitted to the court at least 48 hours prior to the disposition hearing and the diligent search is completed before the disposition hearing.

The court shall also consider:

1. Any study or evaluation made by the GAL.

2. Any psychological, medical, developmental, or educational study or evaluation of the child.
3. Other relevant evidence, including, but not limited to, the willingness of the caregiver to provide permanency for the child if reunification is not successful.

Prior to a disposition hearing and upon request, the parties and their attorneys shall be given an opportunity to examine any written report received by the court. Portions of written reports may be withheld by the court. Parties and their attorneys shall be given the opportunity to dispute written reports and to cross-examine individuals making the reports.

The court may make any of the following orders of disposition or combination of dispositions best suited to the protection and physical, emotional, mental, and moral welfare of the child:

1. Permit the child to remain with his or her parents, guardian, or legal custodian, with or without conditions by the court, including supervision.
2. Grant or transfer temporary legal custody to any of the following persons or entities:
 - a. Any individual, including a biological parent, who has been studied and has been determined to be qualified to receive and care for the child, provided that priority placement is given to an adult who is a relative or fictive kin;
 - b. An agency or other private organization licensed or legally authorized to receive and provide care for a child;
 - c. Any public agency authorized by law to receive and provide care for the child except the Department of Juvenile Justice (DJJ), the Department of Behavioral Health and Developmental Disabilities (DBHDD); or
 - d. An individual in another state, with or without supervision, pursuant to the Interstate Compact on the Placement of Children (see policy [15.6 Interstate Compact on the Placement of Children \(ICPC\): Court Jurisdiction Cases and Other ICPC Components](#)).
3. Transfer jurisdiction of the child in compliance with ICPC.
4. Order the child and his/her parent, guardian, or legal custodian to participate in counseling or other services as determined by the court.
5. Order the parent, guardian, or legal custodian of the child to participate in a court-approved educational or counseling program designed to contribute to the ability of the parent, guardian, or legal custodian to provide proper care and supervision of the child including, but not limited to, parenting classes.
6. Order DFCS to implement and the parent, guardian, or legal custodian to cooperate with any court-approved plan.
7. Order temporary child support.

If a child is adjudicated as a dependent child and the dependency is found to have been the result of substance abuse by his or her parent, guardian, or legal custodian and the court orders the transfer of temporary legal custody of such child, the court shall be authorized to further order that legal custody of such child may not be transferred back to his or her parent, guardian, or legal custodian unless such parent, guardian, or legal custodian:

1. Undergoes substance abuse treatment and random substance abuse screenings and those screenings remain negative for a period of no less than 12 consecutive months; or

2. Successfully completes programming through a family treatment court division.

Permanency Plan Hearing

The purpose of the permanency planning hearing is to determine the future permanent legal status of each child in DFCS custody. The permanency plan adopted by the court is entered into an order. The case plan developed to achieve the adopted permanency plan is monitored at subsequent permanency plan hearings and should result in the child's timely exit from foster care into a safe, permanent home. Both federal and state statutes govern the time frames in which permanency plan hearings must be held (see policy [17.2 Legal: Case Review/Permanency Plan Hearings](#)).

Termination of Parental Rights Hearing

The termination of parental rights hearing is conducted within 90 days of the date the TPR petition is filed. In all TPR proceedings, the standard of proof is by clear and convincing evidence. When parental rights are terminated, there is the expectation that the child will achieve permanency through adoption. To make sure that agency efforts are directed toward achieving this outcome, both federal and state law require certain status reports, hearings, and case plan documentation as a way to provide judicial oversight of agency efforts to place the child in an adoptive home (see policy [17.11 Legal: Termination of Parental Rights](#)).

Social Study

If the allegations of the dependency petition are admitted or after the child is adjudicated dependent, the court may direct a person to complete a written social study and report. In most situations, the CCFA will serve as the social study for the case. A social study shall include, but not be limited to, a factual discussion of the following:

1. The plan for reunification and for achieving permanency for the child if reunification efforts fail.
2. Whether it is in the best interest of the child to grant reasonable visitation rights to his/her other relatives to maintain and strengthen the child's family relationships.
3. Whether the child has siblings under the court's jurisdiction, and if so:
 - a. The nature of the relationship between the child and his/her siblings.
 - b. Whether the siblings were raised together in the same home and whether they have shared significant common experiences or have existing strong bonds.
 - c. Whether the child expresses a desire to visit or live with his/her siblings and whether ongoing contact is in the child's best interest.
 - d. The appropriateness of developing and maintaining sibling relationships.
 - e. If siblings are not placed together, why they are not placed together, the efforts being made to place them together, or why those efforts are not appropriate.
 - f. If siblings are not placed together, the frequency and nature of visitation with siblings.
 - g. The impact of the sibling relationship on the child's placement and planning for legal permanence.
4. The appropriateness of a placement with a relative.


5. Whether a caregiver desires and is willing to provide permanency for the child if reunification is not successful.

Forms and Tools

[Courtroom Proceedings Tips for Case Managers](#)

[Legal Services Request/Report](#)

17.2 Case Review/Permanency Plan Hearings

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(17) Legal		
	Policy Title:	Case Review/Permanency Plan Hearings		
	Policy Number:	17.2	Previous Policy Number(s):	N/A
	Effective Date:	July 2024	Manual Transmittal:	2024-06

Codes/References

- O.C.G.A. § 15-11-10 Exclusive Original Jurisdiction
- O.C.G.A. § 15-11-102 Dependency Case Time Limitations
- O.C.G.A. § 15-11-201 DFCS Case Plan; Contents
- O.C.G.A. § 15-11-211 Relative Search by DFCS
- O.C.G.A. § 15-11-212 Disposition of Dependent Child
- O.C.G.A. § 15-11-216 Periodic Review Hearing
- O.C.G.A. § 15-11-217 Periodic Review by Judicial Citizen Review Panel
- O.C.G.A. § 15-11-218 Content of Orders Following Periodic Review Hearings or Reports by Judicial Citizen Review Panels
- O.C.G.A. § 15-11-231 Permanency Planning Report
- O.C.G.A. § 15-11-322 Continuing Court Review When Child Not Adopted
- Title IV-E of the Social Security Act §§ 475(5)(B) and (6); 475(A); 475A(c)(4)
- 45 CFR §1356.21(f) and 1356.67
- Public Law (PL) 95-608 Indian Child Welfare Act of 1978 Final Rule (25 CFR Part 23)
- PL 113-183 Preventing Sex Trafficking and Strengthening Families Act of 2014

Requirements

The Division of Family and Children Services (DFCS) will:

1. *In collaboration with the juvenile court have a case review system that meets the federal requirements of Title IV-E and ensures that:*
 - a. *A review of each child’s status is made no less frequently than once every six months either by a court or by an administrative review to:*
 - i. *Determine the safety of the child and the continuing need for and appropriateness of the placement;*

- ii. Determine the extent of compliance with the case plan;
- iii. Determine the extent of progress made toward alleviating or mitigating the causes necessitating the placement; and
- iv. Project a likely date by which the child may be returned and safely maintained at home or placed for adoption or legal guardianship;
- v. For a child for whom another planned permanent living arrangement (APPLA) has been determined as the permanency plan, determine the steps DFCS is taking to ensure the child's foster family home or childcare institution is following the reasonable and prudent parent standard and to ascertain whether the child has regular, ongoing opportunities to engage in age or developmentally appropriate activities;



DFCS has not implemented qualified residential treatment programs (QRTP), therefore provisions for case reviews of children placed in a QRTP will be incorporated at such time the program has been implemented.

- b. If an administrative review is conducted instead of a case review, the following requirements will be met:
 - i. The review will be open to the participation of the parents of the child;
 - ii. The review will be conducted by a panel of appropriate persons, at least one of whom is not responsible for the case management of, or delivery of services to either the child or the parents who are the subject of the review.
- 2. Inform the court if there is reason to know the child is a member of a federally recognized Indian tribe, or eligible for membership in a federally recognized Indian tribe and is the biological child of a member/citizen of a federally recognized Indian tribe (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).
- 3. Conduct a formal evaluation of all cases at least two weeks prior to any initial or subsequent periodic review or permanency plan hearing.
- 4. Utilize DFCS panel case reviews only when the child is no longer subject to permanency plan hearings by the court to ensure the child's case is reviewed every six months.
- 5. Participate in all case reviews/permanency hearings including:
 - a. The initial review conducted by the court within 75 days following a child's removal from the home;
 - b. The periodic review conducted by the court or the Judicial Citizen Review Panel (JCRP) within 4 months following the initial review;



The JCRP may conduct any other periodic review as requested by the court.

- c. Any subsequent review hearings the court shall schedule at its discretion;
- d. A review when a child is placed pursuant to a permanency plan of adoption following a termination of parental rights and the adoption petition is not filed within six months following the disposition order.



If at any review subsequent to the initial 75-day review the court finds that there is a lack

of substantial progress towards completion of the case plan, the court shall order DFCS to revise the case plan and select a permanency plan other than reunification or add a concurrent plan within 14 days of such review.

6. Submit a revised case plan to the court within 14 calendar days of the review in which the court finds there has not been substantial progress toward completion of the case plan and orders DFCS to revise the case plan and select a permanency plan other than reunification or add a concurrent plan (see policy [10.23 Foster Care: Case Planning](#)).



The court shall review and adopt the revised case plan, as submitted or as amended, within 45 days of the review or at a previously scheduled hearing.

7. Notify the court, at each review hearing, whether and when DFCS intends to proceed with the termination of parental rights.
8. Submit an updated diligent search to the court at each periodic review hearing (see policy [19.20 Case Management: Diligent Search](#)).
9. Submit a written report to the court recommending a permanency plan at least five days prior to a permanency plan hearing.



A thoroughly completed case plan should meet the requirements of a written report recommending a permanency plan (see Practice Guidance: Written Report for Permanency Plan Hearings).

10. Ensure written notification of the permanency plan hearing and submission of the recommended permanency plan for the court's consideration is provided at least 72 hours prior to the permanency plan hearing to the following:
 - a. The child;
 - b. The parent, guardian, or legal custodian;
 - c. The child's attorney;
 - d. The Guardian Ad Litem (GAL);
 - e. Foster parents, pre-adoptive parents, kinship caregivers, or other placement resources (see policy [17.8 Legal: Caregiver's Right to be Notified and Heard](#)); and
 - f. Other parties.
11. *Provide documentation to the court of the compelling reason for the alternate plan if DFCS concludes, after considering reunification, adoption, legal guardianship, or permanent placement with a fit and willing relative, that the most appropriate permanency plan for a child is placement in another planned permanent living arrangement (APPLA).*
12. *Document in the case plan presented at each permanency plan hearing held in the case of any child for whom APPLA is the permanency plan:*
 - a. *The intensive, ongoing, and, as of the date of the hearing, unsuccessful efforts made to return the child home or secure a placement for the child with a fit and willing relative (including adult siblings), a legal guardian, or an adoptive parent, including through efforts that use search technology (such as social media) to find biological family members for the children;*
 - b. *The steps DFCS is taking to ensure the child's foster family home or child care institution is fol-*

lowing the reasonable and prudent parent standard; and

- c. The steps DFCS is taking to ensure the child has regular, ongoing opportunities to engage in age and developmentally-appropriate activities (including by consulting with the child in an age-appropriate manner about the opportunities of the child to participate in the activities).*



DFCS has not implemented the qualified residential treatment program (QRTP), therefore provisions for permanency plan hearings of children placed in a QRTP will be incorporated at such time the program has been implemented.

13. *Participate in permanency plan hearings held for all children in foster care under the responsibility of the state, including children for whom DFCS claims federal reimbursement for the costs of voluntary foster care maintenance payments. Ensure a permanency plan hearing:*
 - a. Determines the permanency plan for a child including whether and, if applicable, when a child will be returned to the parent or placed for adoption, whether DFCS will file a petition for termination of parental rights (TPR), or a child will be referred to legal guardianship, or only in the case of a child who has attained 16 years of age (in cases where DFCS has documented to the court a compelling reason for determining, as of the date of the hearing, that it would not be in the best interest of the child to return home, be referred for TPR or be placed for adoption, with a fit and willing relative or a legal guardian) placed in another planned permanent living arrangement (APPLA);*
 - b. Considers in-state/Tribal service area and out-of-state/Tribal service area placement options (in the case of a child who will not be returned to the parent);*
 - c. Determines whether the out-of-state/Tribal service area placement continues to be appropriate and in the best interests of the child (in the case of a child placed out of the State/Tribal service area in which the home of the parent(s) of the child is located);*
 - d. Determines the services needed to assist the child in making the transition from foster care to successful adulthood (in the case of a child who has attained 14 years of age);*
 - e. Applies procedural safeguards to ensure the court conducts the hearing:*
 - i. Consult, in an age-appropriate manner, with the child regarding the proposed permanency plan or transition plan for the child; and*
 - ii. Ask the child about their desired permanency plan (for any child with a goal of APPLA); and*
 - iii. Makes a judicial determination explaining why, as of the date of the hearing, APPLA is the best permanency plan for the child, and the compelling reasons why it continues to not be in the best interest of the child to return home, be placed for adoption, be placed with a legal guardian, or be placed with a fit and willing relative (for any child with a goal of APPLA);*
 - iv. Determines if the permanency plan developed for a child that has attained 14 years of age, and any revision or addition to the plan, is developed in consultation with the child and, at the option of the child, with not more than 2 members of the permanency planning team who are selected by the child and who are not a foster parent of, or case manager for, the child, except that DFCS may reject an individual so selected by the child if the agency has good cause to believe that the individual would not act in the best interests of the child, and one individual so selected by the child may be designated to be the child's advisor and, a*

necessary advocate, with respect to the application of the reasonable and prudent parent standard to the child.

- f. *Applies procedural safeguards with respect to parental rights pertaining to the removal of a child from the home of his/her parents to a change in the child's placement, and any determination affecting visitation privileges of parents.*
- g. *Is held within 30 days of a court's determination that reasonable efforts to return a child home are not required unless the requirements of the permanency plan hearing are fulfilled at the hearing in which the court determines reasonable efforts to reunify a child and family are not required.*
- h. *Takes place within 12 months of the date the child is considered to have entered foster care [as defined within the meaning of 475(5)(F)] and not less frequently than every 12 months thereafter during the continuation of foster care. Georgia law requires:*
 - i. A permanency plan hearing is to be held within nine months of the date the child is considered to have entered foster care for children under seven years of age at the time the dependency petition is filed (and any siblings that enter care at the same time);
 - ii. A permanency plan hearing must be held no later than 12 months after a child seven years of age or older is considered to have entered foster care;



If a sibling group enters care at the same time and at least one member of the group is under seven years of age at the time the dependency petition is filed, the permanency plan hearing for the entire sibling group shall be held no later than nine months after the children are considered to have entered foster care (see policy [17.1 Legal: The Juvenile Court Process](#) Practice Guidance regarding calculating timeframes).

- iii. Subsequent permanency plan hearings shall be held at least every six months after the initial permanency plan hearing or more frequently as deemed necessary by the court.



A review compliant with federal case review requirements shall be completed as part of every permanency plan hearing.

- i. *Makes judicial findings of reasonable efforts to finalize the permanency plan; however, this finding must be made within 12 months of the date the child is considered to have entered foster care.*
- j. *Conducted by an administrative body, appointed, or approved by the court, applies the procedural safeguards set forth in the definition of a permanency plan hearing.*



In Georgia, permanency plan hearings shall be conducted by the court.

- 14. Inform the court, when the case plan is concurrent, of the reasonable efforts made to recruit, identify, and make a placement with kin (relatives and fictive kin), foster parent, or another person who has demonstrated an ongoing commitment to the child and has agreed to provide a permanent home for the child if reunification is not successful when the case plan is concurrent.
- 15. Re-evaluate concurrent case plans every 90 days via a formal meeting (i.e., Family Team Meeting (FTM), Permanency Roundtable, case staffing, etc.) with the parents, guardians or legal cus-

todians, child, placement resource, and family's support team.

16. Upload any court orders, not uploaded via the Case Plan Reporting System (CPRS), in External Documentation in Georgia SHINES.

Procedures

Formal Evaluation

Prior to any review or permanency plan hearing, the SSCM will:

1. At least five calendar days in advance of the Family Team Meeting (FTM) to review and/or revise the case plan, provide written notification to the parents, guardians or legal custodians, child, extended family, Court Appointed Special Advocate (CASA)/Guardian ad Litem (GAL), placement resource, service providers and any other significant persons. Include in the notification:

- a. The purpose of the meeting;
- b. The date, time, and location of the meeting;
- c. The opportunity of the placement resource to share information about the child.



If they are unable to attend the review, then verbal or written input may be provided and considered at the time of the review;

- d. That a permanency plan hearing will be held no later than 30 calendar days from the date DFCS files a proposed non-reunification plan if DFCS is recommending non-reunification.
2. Conduct an FTM or other family meeting to evaluate progress toward achieving reunification or another permanency plan and address barriers towards achievement (see policy [19.3 Case Management: Solution-Focused Family Team Meetings](#)).
 3. Complete an updated diligent search and submit it to the court at each periodic review hearing (see policy [19.20 Case Management: Diligent Search](#)).
 4. Revise the case plan in Georgia SHINES including:

- a. Child Plan and permanency plan;
- b. Outcomes and tasks:
 - i. Dates when outcomes/tasks were completed;
 - ii. Progress or lack thereof on the Child Plan, Family Plan, and WTLP;
 - iii. Adding, deleting, or modifying outcomes/tasks, if applicable.
- c. Selecting and documenting the reason(s) for non-reunification is recommended on the Non-Reunification Checklist of the Family Plan, if applicable;
- d. Indicating whether DFCS intends to file a petition for TPR, and if so when.



If DFCS indicates it does not intend to petition for TPR, the court may appoint a GAL to determine whether termination proceedings should commence.

5. Review the case plan with and obtain signatures from the parents, guardians, or legal custodians, the child (if age and developmentally appropriate), the SSCM, and the Social Services Super-

visor (SSS) on the case plan.

6. Provide a copy of the proposed case plan to the child (age 14 or older), the child's attorney, the guardian ad litem, if any, and the parent, guardian, or legal custodian at the time of the FTM, if possible. Otherwise, deliver it by United States mail, email, or hand delivery at the same time the report and case plan are transmitted to the court (see policy [10.23 Foster Care: Case Planning](#)).
7. Submit the proposed case plan to the juvenile court or JCRP within the required timeframes prior to the review/hearing.

Case Plan Reviews Conducted by the Court and Permanency Plan Hearings

For initial reviews or subsequent periodic reviews conducted by the court and permanency plan hearings, the SSCM will:

1. Submit the proposed case plan to the court (via the CPRS interface, if applicable) five calendar days prior to the review/hearing, including a statement as to whether DFCS intends to proceed with TPR.
2. Submit an updated diligent search to the court at each periodic review hearing.
3. Attend the hearing and provide testimony supporting DFCS' recommendations.
4. Provide copies of the appropriate components of the case plan, upon receipt of the court order and approved plan from the court to the following:
 - a. Placement resource for the child (i.e., foster parent, kin, etc.);
 - b. Child (when age and developmentally appropriate);
 - c. GAL/CASA; and
 - d. Any other person (with the signed consent of the parent, guardian, or legal custodian).



Refer to policy [10.23 Foster Care: Case Planning](#) for the components of the case plan required to be provided.

5. Submit a revised case plan to the court within 14 calendar days of the court finding there has not been substantial progress toward the completion of the case plan and ordering DFCS to revise the case plan and select a permanency plan other than reunification or add a concurrent plan.



The court shall review and adopt the revised case plan, as submitted or amended, within 45 days of the review or at a previously scheduled hearing.

6. Update the Legal Action and Outcomes Detail page, Family Plan, Child Plan, etc. in Georgia SHINES.

Subsequent Reviews Conducted by Judicial Citizen Review Panels (JCRP)

The SSCM will:

1. Attend the JCRP and be prepared to discuss the following:
 - a. Case plan information, including any updates from the last review;

- b. Information about the child, including:
 - i. Current placement;
 - ii. Educational, medical, and behavioral needs;
 - iii. Special needs;
 - iv. Appropriateness of services provided to the child, parent, guardian, or legal custodian and placement resource to address the child's needs.
- c. The frequency and outcome of parent-child visits;
- d. Sibling visits and efforts to place siblings together if they are not placed together;
- e. Progress on the outcomes and tasks by all parties of the case plan, including the level of participation/cooperation and any behavioral changes observed;
- f. Appropriateness of the recommended permanency plan and a projected date by which it can be achieved;
- g. The compelling reason for selecting a permanency plan other than reunification including an explanation of why the permanency plan is in the child's best interest and reunification or other permanency plans are not, if applicable;
- h. Specific steps to be taken by DFCS to finalize the permanent placement of the child; and
 - i. Whether DFCS intends to file for TPR and, if so when the petition will be filed.
2. Indicate whether DFCS agrees with the panel's findings and recommendations prior to the conclusion of the review.
3. Provide the placement resource with a copy of the portions of the report of the JCRP that involve the recommended permanency goal and the recommended services to be provided to the child.
4. Update the Legal Action and Outcomes Detail page, Family Plan, Child Plan, etc. in Georgia SHINES.

The JCRP and its local Program Coordinator will:

1. Review all cases of children in foster care in the legal custody of DFCS when directed to do so by the court.
2. Provide at least 72 hours advanced notice of any scheduled reviews to the following:
 - a. Parents, guardians, or legal custodians;
 - b. DFCS staff;
 - c. Foster parents/placement resource;
 - d. Relatives;
 - e. GAL/CASA; and
 - f. Any other person having specific knowledge of the case and who can assist the panel in its review.
3. Assist DFCS in developing the initial case plan, when designated by the court.
4. Conduct the review and complete findings and recommendations, including whether grounds

for TPR exist.

5. Make a recommendation to DFCS and the child's attorney to file a TPR petition because a parent, guardian, or legal custodian has unjustifiably failed to comply with the ordered reunification case plan and such failure is significant enough to warrant consideration of TPR.
6. Provide the following to the court and parent, guardian, or legal custodian within five days after the review:
 - a. JCRP report, including findings and recommendations;
 - b. DFCS' proposed plan for reunification or other permanency plan.

DFCS Panel Case Review


When utilizing a DFCS Panel Case Review as the method of review, the SSCM will:

1. Determine if the DFCS Panel Case Review option is appropriate for a child in foster care depending on whether:
 - a. The child is exempt from mandatory judicial review (in accordance with the judge's approval); and
 - b. A Judicial Citizen Review Panel (JCRP) is not an option in the county or if it is, the child is exempt from JCRP review.
2. Provide 14 days advanced written notification of the scheduled review to the parents, guardians, or legal custodians, child (if age and developmentally appropriate), placement resource, and any others pertinent to the case planning process. The notification should include the following:
 - a. The purpose of the meeting;
 - b. The date, time, and location of the meeting; and
 - c. The parents, guardians, or legal custodians right to bring a representative to the meeting.
3. Conduct the DFCS panel case review with at least one member of the panel outside of the direct line of case management or service delivery for the child/family.
 - a. Obtain the appropriate release of information (ROI) and confidentiality agreements prior to beginning the meeting;
 - b. Discuss the following at the DFCS panel case review:
 - i. The purpose and goals of the review;
 - ii. The focus of the agency and court upon achieving permanency for the child;
 - iii. The continuing necessity for placement;
 - iv. The extent of parental involvement and responsibility in resolving the issues that led to the child's removal and/or prevent the child from being safely returned to the home;
 - v. The extent of progress or lack of progress toward the identified case plan outcomes and tasks that are designed to achieve permanency;
 - vi. The appropriateness of the placement and the services provided to the child;
 - vii. Outcomes and tasks outlined on the child's WTLP (see policy [13.3 Independent Living Program: Written Transitional Living Plan](#)); and

- viii. Alternative options for the parents, guardians, or legal custodians in planning for a permanent home for their child.
- c. Review and obtain signatures of the parents, guardians, or legal custodians, the child (if age and developmentally appropriate), and each panel member on the case plan. Identify the panel member outside of the direct line of case management or service delivery using an asterisk;
- d. Provide an approved copy of the revised case plan to the parents, guardians, or legal custodians at the time of the meeting, if possible. If not, send a copy by certified mail to the parents, guardians, or legal custodians within five business days of the review. Copies should also be provided for the following:
 - i. Child (if age and developmentally appropriate);
 - ii. Panel members;
 - iii. GAL/CASA;
 - iv. Placement resource;
 - v. The court; and
 - vi. Any other significant person if the parent, guardian, or legal custodian signs a release of information.
4. Provide written notification to the parents, guardians, or legal custodians of any changes needed on the case plan and their right to appeal through a fair hearing (see policy [17.16 Legal: Fair Hearings](#)).


Post-Termination Reviews

The SSCM will:

1. Prepare and submit a status report including:
 - a. The circumstances of the child;
 - b. The child-specific recruitment strategies, such as the use of state, regional, and national adoption exchanges and/or electronic exchanges which have been used to identify a home; and
 - c. Any other steps taken to achieve the permanency plan of adoption.
-  An updated case plan should suffice as the status report unless the judge requires a separate report.
2. Recognize there is no requirement for the court to receive a status report for review if the child is in an adoptive placement with a petition filed to finalize the adoption.
 3. Ensure the case plan is submitted every six months for review at a permanency plan hearing until the adoption is finalized.

The SSS will:

1. Review the case record to determine whether:

- a. An updated diligent search has been completed and submitted to the court prior to each periodic review hearing;
 - b. Reasonable efforts are being made and documented to achieve permanency;
 - c. Sufficient evidence exists to support the child's continued stay in foster care and/or permanency plan to be considered by the court.
2. Assist the SSCM in:
 - a. Determining DFCS' recommendations to the court, including whether or not visits with a child in DFCS custody need to be supervised (see Practice Guidance: Best Interest Determination in policy [17.1 Legal: The Juvenile Court Process](#));
 - b. Preparing for court testimony.
 3. Staff the case with the SSCM, other relevant DFCS staff, and the SAAG prior to any court hearing (see policy [19.6 Case Management: Supervisory Staffing](#)).
 4. Attend court hearings as needed to provide guidance and support to the SSCM.
 5. Complete the following, either directly or indirectly through a designee, when the Judicial Citizen Review Panel (JCRP) is utilized to conduct the review:
 - a. Provide the local JCRP Program Coordinator with a master calendar of foster care cases to be reviewed at least quarterly;
 - b. Provide the local JCRP Program Coordinator with a list of individuals to be invited to each review at least 20 business days prior to the scheduled review;
 - c. Provide or ensure the local JCRP Program Coordinator has the following documents at least five business days prior to the scheduled review:
 - i. Comprehensive Child and Family Assessment (CCFA);
 - ii. Initial and subsequent case plans including the current proposed case plan;
 - iii. Petitions and court orders related to the case;
 - iv. Copies of psychological evaluations, mental health reports, school records, and any other pertinent document that would assist in case planning and decision making; and
 - v. Any additional information, within five business days of the request.
 - d. Ensure the Permanency SSCM or SSS assigned to the case attends the review;
 - e. Ensure the Permanency SSCM or SSS is knowledgeable and prepared to engage the panel in a thorough discussion of the case.
-  The above procedures for JCRPs are outlined by the Council on Juvenile Court Judges but may vary in each county based on protocols developed between the County Department and the JCRP Program Coordinator.
6. Ensure documentation is entered and court orders are uploaded in Georgia Shines within 72 hours of the case review/permanency plan hearing.
 7. Review court orders for:
 - a. Accuracy;
 - b. Required language and case-specific details;

- c. Court-ordered recommendations/tasks.
8. Ensure compliance with the orders of the court.

Practice Guidance

90-Day Re-evaluation of Concurrent Case Plans and Permanency Plans

The evaluation should be completed through the use of a formal process that ensures family engagement in the planning, development, and implementation of the primary plan of reunification as well as any alternative permanency plan. This may take the form of any type of evaluation in which the family, the SSCM, the SSS, and any other relevant family support team members, come together to formally review outcomes and levels of achievement and to decide on the next steps. At each evaluation, the progress toward achievement of the permanency plan(s) should be discussed as well as the status of placement with resource parents, visitation plan, and any barriers to achieving reunification or an alternate permanency plan.

Types of Reviews that Complies with Provisions of Title IV-E of the Social Security Act

There are three methods of review that comply with Federal requirements:

1. Case Review/Permanency Plan Hearings conducted by the juvenile court judge, associate judge, or judge pro tempore;
2. Judicial Citizen Review Panel (JCRP) conducted by a court-appointed panel of citizens acting in a review and advisory capacity on behalf of the judge who must approve the findings of the panel;
3. DFCS Panel Case Review conducted internally by DFCS staff with a three-person panel, with at least one panel member being out of the direct line of case management responsibility for either the child or family.

Timely reviews continue even when children are on runaway status; TPR has occurred but is under appeal, or children are on adoptive status pending finalization.

Initial, Periodic, or Other Review Hearings

For initial reviews, the court shall:

1. Provide 72 hours advanced written notice to all parties;
2. Hear the evidence, which may include oral and written testimony offered by the parents, guardians or legal custodians, foster parents, pre-adoptive parents, and/or kin caring for the child and the SSCM;
3. Consider any evidence, including hearsay evidence, that the court finds to be relevant, reliable, and necessary to determine the needs of a child adjudicated as a dependent child and the most appropriate case plan and permanency plan;
4. Approve the completion of the relative search;
5. Schedule the subsequent four-month review to be conducted by the court or JCRP;
6. Determine the following:

- a. Whether a child continues to be a dependent child;
- b. Whether the existing case plan is still the best case plan for the child and his/her family and whether any changes are needed in the case plan, including whether a concurrent non-reunification plan is appropriate;
- c. Compliance by all participants with the case plan;
- d. Whether the parent has made substantial progress toward completion of the case plan;
- e. Appropriateness of any recommended changes to the child's placement;
- f. Whether appropriate progress is being made on the permanency plan;
- g. Whether all legally required services are being provided to the child, his/her foster parents, and his/her parent, guardian, or legal custodian;
- h. Whether visitation is appropriate and, if so, approve and establish a reasonable visitation schedule consistent with the age and developmental needs of the child;
- i. Whether the services needed to assist the child (14 years of age and older) to make a transition from foster care to successful adulthood is being provided; and
- j. Whether reasonable efforts continue to be made to prevent or eliminate the child's removal and to reunify the family unless reasonable efforts were not required.

A parent, guardian, or legal custodian may request a hearing before the court within five days of receipt of the case plan when they do not agree with the initial case plan developed or the proposed revised case plan reviewed by the JCRP. Upon reviewing the case plan and hearing evidence, the court shall issue a supplemental order to incorporate any changes/revisions.

Other review hearings may be held at any time by the court at the request of any party to determine the continued appropriateness of the case plan outcomes, services, and progress made to date. The overall case outcome for permanency is usually the focus of these review hearings. The court may direct additional reviews by the JCRP (see policy [17.16 Legal: Fair Hearings](#)).

Judicial Citizen Review Panels

The Council of Juvenile Court Judges administers Judicial Citizen Review Panels (JCRP) in select counties/ judicial circuits. The local juvenile court judge appoints volunteers from the community to serve as JCRP panel members and they receive specialized training by JCRP staff for their role in conducting reviews for children in foster care. They are appointed as sworn officers of the court and the judge affirms their confidentiality with respect to all information discussed and in acting in the best interest of the child. Although their role is advisory, their findings and recommendations are submitted to the judge with whom final authority rests regarding the case plan. The goal of a JCRP is to work collaboratively with DFCS, the court and other agencies to ensure reunification or to identify other permanency options when reunification is not possible.

The judge appoints a local Program Coordinator to schedule the reviews, mail out notification letters to all parties invited to the review, maintain all official case and JCRP records, and distribute the panel recommendations to the judge, DFCS, parents, guardians, or legal custodians and other appropriate agencies/parties. At the conclusion of the review, the JCRP will complete its findings and recommendations for submission to the judge and will include:

1. The permanency plan for the child and possible achievement date;
2. The documentation of a "compelling reason" should the panel select "another planned permanent living arrangement" as the child's permanency plan, along with an explanation as to why the other permanency options would not be in the child's best interests;
3. The appropriateness of the current placement and services provided for the child;
4. The visitation schedule and its outcome;
5. The documentation regarding compliance with outcomes of the case plan and any recommendations for changes in the outcomes or permanency plan for the child; and
6. The findings of fact regarding DFCS efforts to:
 - a. Make "reasonable efforts to finalize the permanency plan";
 - b. Ensure that the placement continues to be appropriate and in the best interest of the child; and
 - c. Determine the services needed to assist the child (age 14 years or older) in making a transition from foster care to being able to live independently.

Any party to the JCRP review may request a hearing on the proposed case plan in writing within five days of receiving a copy of the plan. The parent, guardian, or legal custodian shall be notified in writing that the case plan will be submitted to the court for consideration. If no hearing is requested or scheduled by the court on its motion, the court shall:

1. Review the proposed case plan;
2. Enter a supplemental order incorporating the case plan as part of its disposition in the case; or
3. Schedule a hearing within 30 days of a finding by the JCRP that there is a lack of substantial progress towards the completion of the case plan to determine whether a case plan for non-reunification is appropriate.



If the proposed case plan is for non-reunification, the SSCM shall notify the parent, guardian, or legal custodian in writing that the court will hold a permanency plan hearing within 30 calendar days of receipt of the proposed non-reunification case plan to review DFCS' recommendation that reunification is no longer appropriate.

In the event a hearing is held after the JCRP, the court shall, after hearing evidence, enter a supplemental order incorporating all elements that the court finds essential in the proposed revised case plan.

Findings of Fact and Dispositions at the Conclusion of Periodic Reviews

At the conclusion of a periodic review hearing or upon review of a report by a JCRP, the court will issue written findings of fact that include:

1. Why a child continues to be a dependent child;
2. Whether the existing case plan is still the best case plan for the child and family and whether any changes are needed including whether a concurrent non-reunification plan is appropriate;
3. The compliance with the case plan by all participants;

4. Whether the parent has made substantial progress toward completion of the case plan;
5. The basis for any changes to the child's placement;
6. Whether visitation is or continues to be appropriate;
7. The progress made on the permanency plan;
8. Whether all legally required services are being provided to the child, the child's foster parents, and the child's parent, guardian, or legal custodian;
9. Whether the services needed to assist the child (age 14 years of age or older) to make a transition from foster care to successful adulthood are being provided; and
10. Whether reasonable efforts continue to be made to prevent or eliminate the child's removal and to reunify the family unless reasonable efforts were not required.

Upon the conclusion of a periodic review hearing or review by a JCRP, the court will order one of the following dispositions:

1. Return the child to the parent, guardian, or legal custodian with or without court-imposed conditions;
2. Allow the child to continue in the current custodial placement because the current placement is appropriate to meet the child's needs;
3. Allow the child to continue in the current custodial placement although the current placement is no longer appropriate and direct DFCS to devise another plan which shall be:
 - a. Submitted within 10 days for court approval;
 - b. Furnished to all parties after court approval of the revised plan; and
 - c. Provided to the placement resource, child's foster parents, pre-adoptive parents, or kin caring for the child; or



Only those portions of the court-approved revised plan that involve the permanency outcome and services to be provided to the child may be provided.

4. Make additional orders regarding the treatment plan or placement of the child.

After transferring temporary legal custody of a child adjudicated dependent to DFCS, the court may at any time conduct, *sua sponte* (without prior motion or request), a judicial review of the current placement plan being provided for a child. After the review, the court may:

1. Order DFCS to comply with the current placement plan;
2. Order DFCS to devise a new placement plan; or
3. Make any other order relative to placement or custody outside of DFCS as the court finds to be in the best interest of the child.



Placement or a change of custody by the court outside DFCS shall relieve DFCS of further responsibility for such child except for any provision of services ordered by the court to ensure the continuation of reunification services to such child's family when appropriate.

DFCS Panel Case Review

Federal law requires periodic review of children in care by either a court or an administrative body (a panel). In Georgia, an administrative review is known as the DFCS Panel Case Review and it must be conducted by a three-person panel of DFCS staff, at least one of whom is not responsible for the case management or delivery of services to the child or parent, guardian, or legal custodian. This provision is intended to ensure objectivity in case planning and decision-making. DFCS Panel Case Reviews must be open to the participation of the parent, guardian, or legal custodian and child. Reviews must be held no less frequently than once every six months. If there is more than one County Department involved, the county of legal responsibility should arrange the DFCS Panel Case Review and provide the required written notice to the parent, guardian, or legal custodian. DFCS Panel Case Reviews should be utilized whenever the child or youth is exempt from mandatory judicial reviews.

Interdisciplinary staffing, treatment team reviews, etc. may substitute for a DFCS Panel Case Review if:

1. It meets timeliness requirements;
2. The SSCM is in attendance;
3. The parent, guardian, or legal custodian and child are invited and/or attend; and
4. The case plan is updated at the time of the meeting.

Extended family members may be involved in the DFCS Panel Case Review process, especially if they can provide input for case planning or placement planning purposes. To the extent possible, the parent, guardian, or legal custodian should always be present at the DFCS Panel Case Review unless TPR has been granted. An incarcerated parent, guardian, or legal custodian should be sent notice of the review and may participate by telephone if they are unable to be brought to the review. An incarcerated parent, guardian, or legal custodian may designate a representative to be present and give information during the review; however, the representative cannot sign the case plan for the parent, guardian, or legal custodian. It will be necessary for the parent, guardian, or legal custodian to sign a release to designate such individuals to attend and be a party to the review.

The child should attend a review. Excluding the child from participating in critical life decisions produces feelings of helplessness and confusion about being in foster care. However, if the child's attendance is not appropriate, the specific reasons should be documented in the case record. At the review, information regarding the child should be shared by the SSCM and/or the individual providing care for the child. A written report may be shared at the review about the child should an individual with direct knowledge about the child not be present.

Composing the DFCS Panel Case Review

The panel for the DFCS Panel Case Review shall be comprised of three DFCS staff members (one of whom will act in the capacity of chairing the review) including:

1. A person who is not directly responsible for case management or service delivery to the child or parent, guardian, or legal custodian;
2. The SSCM for the parents, guardians, or legal custodians and/or child (if rights are not terminated/surrendered); and

3. The SSS, another SSS, or another DFCS staff person of a higher position.

In addition, the following participants may attend the DFCS Panel Case Review:

1. DFCS Staff (SSS, Director, Field Program Specialist, State Office staff, etc.);
2. GAL/CASA (if appointed);
3. Facility representative where the child is placed; and
4. Other agency staff/service providers/interested parties who can contribute information.
 - a. The parent, guardian, or legal custodian must sign a release for these individuals to be present for the entire review;
 - b. A release is not necessary if the individuals only participate by giving information and answering questions during a portion of the review.

Review of Children on Adoptive Status

The focus of the adoptive status review is permanency for the child, including any services needed or provided to achieve permanency. If the child is not in an adoptive placement, the review must address the steps needed to find an adoptive family, including child-specific recruitment efforts and the use of regional and national adoption exchanges/electronic exchanges and registries. If the child is in an adoptive placement, the review should address the steps or services needed to facilitate the filing of a finalization petition. The legal county and the supervising county need to determine each other's roles in timely periodic reviews.

The responsibilities of the court in post-termination adoption cases include the following:

1. Review the circumstances of the child every six months, if the child remains unadopted, to determine what efforts have been to ensure that the child will be adopted,
2. Make written findings regarding whether reasonable efforts have been made to move the child to permanency;
3. Evaluate whether, in light of any change in circumstances, the permanency plan for the child remains appropriate;
4. Enter such orders as it deems necessary to further adoption or if appropriate, other permanency options, including, but not limited to, another placement.

The court may consider any evidence, including hearsay evidence, that the court finds to be relevant, reliable, and necessary to determine the needs of a child and the permanency and custody of a child whose parents have had their parental rights terminated or who have surrendered their parental rights.

Permanency Plan Hearing

The Official Code of Georgia states the purpose of the permanency plan hearing is to determine the future permanent legal status of each child in DFCS custody. The permanency plan adopted by the court is entered into an order. The case plan developed to achieve the adopted permanency plan is monitored at subsequent permanency plan hearings and should result in the child's timely exit from foster care into a safe, permanent home. Both federal and state statutes govern the time

frames in which permanency plan hearings must be held.

Federal regulations do not consider paper reviews, ex parte hearings, consent orders, or other actions/hearings that are not open to the participation of the parents, guardian or legal custodian, the child (if age and developmentally appropriate), foster parents, kin, or pre-adoptive parents as permanency plan hearings. The court may consider any evidence, including hearsay evidence, that the court finds to be relevant, reliable, and necessary to determine the needs of a child adjudicated as a dependent child and the most appropriate permanency plan. At the permanency plan hearing, the court shall make written findings of fact that include the following:

1. Whether DFCS has made reasonable efforts to finalize the permanency plan that is in effect at the time of the hearing;
2. The safety and appropriateness of the placement and whether the placement is still necessary;
3. Compliance with the permanency plan by DFCS, parties, and any other service providers;
4. Whether the parent has made substantial progress toward completion of the case plan;
5. Efforts to involve appropriate service providers in addition to DFCS staff in planning to meet the special needs of the child and the parent, guardian, or legal custodian;
6. Efforts to eliminate the causes for placement outside of the child's home, toward returning the child safely to the home or obtaining a permanent placement for the child;
7. The date by which it is likely the child will be returned to the home, placed for adoption, placed with a permanent guardian, or in some other alternative permanent placement;
8. Whether the placement of a child who is placed out-of-state continues to be appropriate and in the best interests of the child;
9. What services are needed to assist the child (14 years of age or older) in transitioning from foster care to successful adulthood;
10. In the case of a child for whom APPLA is the permanency plan:
 - a. Whether DFCS has documented intensive, ongoing, and as of the date of the hearing, unsuccessful efforts to return the child to the home or to secure a placement for the child with a fit and willing relative, a legal guardian, or an adoptive parent, including through efforts that utilize search technology, including through social media, to find biological family members for the children;
 - b. Whether DFCS has documented the steps it is taking to ensure that the child's foster family home or child care institution is following the reasonable and prudent parent standard and the child has regular, ongoing opportunities to engage in age or developmentally appropriate activities, including by consulting with the child in an age-appropriate manner about the opportunities of the child to participate in the activities; and
 - c. The child's desired permanency outcome.
11. If a child has attained the age of 14 years old, whether the permanency plan developed for the child, and any revisions or additions to the plan, were developed in consultation with the child and, at the option of the child, with not more than two members of the permanency planning team who were selected by the child and who is not a foster parent of or caseworker for the child.
12. An explanation of the determination if the court finds, as of the date of the hearing, that APPLA

is in the best interest of the child who is at least 16 years of age, and in its order, provide compelling reasons why it is not or continues to not be in a child's best interests to be reunified, referred for TPR and adoption, placed with a guardian or placed with a fit and willing relative.

The permanency plan incorporated in the court's order shall include:

1. If and when the child shall be returned to the parent, guardian, or legal custodian;
2. If and when the child shall be referred for Termination of Parental Rights (TPR) and adoption;
3. If and when, the child shall be placed with a permanent guardian; or
4. In the case in which DFCS has documented a compelling reason that none of the options listed above would be in the best interests of a child, whether, and if applicable when such child shall be placed in another planned permanent living arrangement.

Written Report for Permanency Plan Hearing

A thoroughly completed case plan should be submitted to the court prior to any permanency hearing and should serve as the written report required by the court. The written report is required to document the steps to be taken by DFCS to finalize the permanent placement of the child and shall include, but not be limited to:


1. The name, address, and telephone number of the child's parent, guardian, or legal custodian;
2. The date the child was removed from the home and placed in foster care;
3. The location and type of home/facility where the child is currently placed or will be placed;
4. The reasons for removing the child from the home;
5. A statement as to the availability of a safe and appropriate placement with a fit and willing relative or another person who has demonstrated an ongoing commitment to the child or a statement why placement with the relative or other person is not safe or appropriate;
6. Documentation that a placement that would maintain a child in the current school setting is unavailable or inappropriate or that a transfer to a new school is in the child's best interest;
7. A plan for ensuring the safety and appropriateness of the placement and a description of the services provided to meet the needs of the child and family, including a discussion of services that have been investigated and considered and are not available or likely to become available within a reasonable time to meet the needs of the child, or if available, why such services are not safe or appropriate;
8. The goal of the permanency plan shall include:
 - a. If and when the child shall be returned to the parent, guardian, or legal custodian;
 - b. If and when the child shall be referred for Termination of Parental Rights (TPR) and adoption;
 - c. If and when the child shall be placed with a permanent guardian; or
 - d. When DFCS has documented a compelling reason that none of the above options would be in the best interest of the child, if and when the child who has attained 16 years of age will be placed in another planned permanent living arrangement (APPLA). The case plan for a child with a permanency plan of APPLA should include:

- i. Documentation of a compelling reason or reasons why reunification, termination of parental rights and adoption, permanent guardianship, or placement with a fit and willing relative are not in the child's best interests;
 - ii. Documentation of the intensive, ongoing, and unsuccessful efforts made by the state agency to return the child home or secure a placement for the child with a fit and willing relative, a legal guardian, or an adoptive parent, including through efforts that utilize search technology, including social media, to find biological family members for the child; and
 - iii. Documentation of the steps the state agency is taking to ensure that the child's foster family home or child care institution is following the reasonable and prudent parent standard and documentation that the child has regular, ongoing opportunities to engage in age or developmentally appropriate activities, including by consulting with the child in an age-appropriate manner about the opportunities of the child to participate in the activities.
9. A description of the programs and services that are or will be provided to assist the child (age 14 years or older) in transitioning from foster care to successful adulthood. The description shall include all of the following:
 - a. The anticipated age the child will be discharged from foster care;
 - b. The anticipated amount of time available to prepare the child for the transition from foster care to successful adulthood;
 - c. The anticipated location and living situation of the child upon discharge from foster care;
 - d. A description of the assessment processes, tools, and methods that have been or will be used to determine the programs or services that are or will be provided to assist the child with the transition from foster care; and
 - e. The rationale for each program or service that is or will be provided to assist the child in preparing for the transition, the timeframes for delivering the programs or services, and the intended outcomes; and
10. A description of specific recruitment efforts, such as the use of state, regional, and national adoption exchanges, including electronic exchange systems, to facilitate orderly and timely in-state and interstate placements, when the recommended permanency plan is for TPR and adoption or placement in another home.

Forms and Tools

N/A

17.3 Court Orders and Placement Authority

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(17) Legal		
	Policy Title:	Court Orders and Placement Authority		
	Policy Number:	17.3	Previous Policy Number(s):	N/A
	Effective Date:	July 2024	Manual Transmittal:	2024-06

Codes/References

O.C.G.A. § 15-11-2 Definitions

O.C.G.A. § 15-11-12 Dual Designation of Children; Consolidation of Proceedings; Time Limitations

O.C.G.A. § 15-11-29 Protective Orders

O.C.G.A. § 15-11-30 Rights and Duties of Legal Custodian

O.C.G.A. § 15-11-102 Dependency Case Time Limitations

O.C.G.A. § 15-11-107 Treatment by Spiritual Means; Life-threatening Condition or Disability Exception

O.C.G.A. § 15-11-111 Court Orders

O.C.G.A. § 15-11-130 Emergency Care and Supervision of Child Without Court Order; Immunity

O.C.G.A. § 15-11-132 Verbal Custody Order

O.C.G.A. § 15-11-133 Removal of Child from the Home; Protective Custody

O.C.G.A. § 15-11-133.1 Temporary Alternatives to Foster Care

O.C.G.A. § 15-11-134 Required Findings Justifying Removal from the Home

O.C.G.A. § 15-11-146 Preliminary Protective Hearing; Findings

O.C.G.A. § 15-11-202 Reasonable Efforts by DFCS to Preserve or Reunify Families

O.C.G.A. § 15-11-214 Duration of Disposition Orders

O.C.G.A. § 15-11-232 Permanency Planning Hearing; Findings

O.C.G.A. § 15-11-233 Termination of Parental Rights; Exceptions

O.C.G.A. § 15-11-261 Scope, Effect, and Duration of Order Terminating Parental Rights

O.C.G.A. § 15-11-320 Termination of Parental Rights; Findings; Standard of Proof

O.C.G.A. § 15-11-442 Disposition Hearing; Time Limitations; Disposition of a Child in Need of Services

O.C.G.A. § 15-11-442.1 Placement of Child in Need of Services

O.C.G.A. § 15-11-601 Disposition of Delinquent Act

O.C.G.A. § 15-11-601.1 Role of Judiciary Prior to Placing Child in Custody of DFCS

Requirements

The Division of Family and Children Services (DFCS) will:


1. At its discretion file a dependency petition with the juvenile court seeking a **protective order** to restrain or otherwise control the conduct of a parent, guardian, or legal custodian or relative in a case, to:
 - a. Stay away from the home or the child;
 - b. Permit a parent, guardian, or legal custodian to visit the child at stated periods;
 - c. Abstain from offensive conduct against the child, the parent, guardian or legal custodian or

any person to whom custody of the child is awarded;

- d. Give proper attention to the care of the home;
 - e. Cooperate in good faith with an agency to which custody of a child is entrusted by the court or with an agency or association to which the child is referred by the court;
 - f. Refrain from acts of commission or omission that tend to make the home not a proper place for the child;
 - g. Ensure that the child attends school pursuant to any valid law relating to compulsory attendance;
 - h. Participate with the child in any counseling or treatment deemed necessary after consideration of employment and other family needs; or
 - i. Enter and successfully complete a substance abuse program approved by the court.
2. Obtain a temporary alternative to foster care (TAFC) order when appropriate to:
- a. Authorize or continue any voluntary kinship agreement between the parent, guardian, legal custodian, and DFCS, pending further action by the court on a dependency petition for temporary guardianship or custody to a third party; or
 - b. Obtain a temporary protective order to impose conditions or limitations on the conduct of the parent, guardian, or legal custodian while the child remains in the home, including requiring the individual to:
 - i. Prohibit access to the child by an individual;
 - ii. Comply with any existing visitation agreement associated with the voluntary placement;
 - iii. Abstain from offensive conduct against a child or his or her parent, guardian, or legal custodian;
 - iv. Give proper attention to the care of his or her home;
 - v. Cooperate in good faith with DFCS;
 - vi. Refrain from acts of commission or omission that may render a home an improper place for a child; or
 - a. Ensure that a child attends school pursuant to any valid law relating to compulsory attendance.

 DFCS shall **not** request a protective order for a child to remain out of their home.

3. Derive placement authority for children in foster care through any of the following means:
- a. Juvenile Court order granting temporary custody (for procedures when a child enters foster care see policy [10.1 Foster Care: Placement of a Child](#));

 If Juvenile Court orders a child into foster care pursuant to a child in need of services (CHINS) or delinquency, the court shall comply with the law pertaining to the dual designation of a child. Dual designation of a child is a child adjudicated both a dependent child and a child in need of services (CHINS); or adjudicated both a dependent child and a delinquent child.

- b. Juvenile Court order terminating parental rights (TPR) (see policy [17.11 Legal: Termination](#)

of Parental Rights);

- c. Voluntary Placement Agreement (VPA) to Place Child in Foster Care (see policy [10.2 Foster Care: Placement of a Child Via Voluntary Placement Agreement](#));
- d. Voluntary surrender of parental rights (see policy [17.12 Legal: Voluntary Surrender of Parental Rights](#));
- e. Superior Court order; or
- f. Short-term emergency care and supervision (see policies [3.21 Special Circumstance: Intakes Involving Short Term Emergency Care \(Emergency or Illness\)](#); [3.22 Special Circumstance: Intakes Involving Short Term Emergency Care \(Human Trafficking\)](#); [20.8 Special Circumstances: Short Term Emergency Care \(Emergency or Illness\)](#); and [20.9 Special Circumstances: Short Term Emergency Care \(Human Trafficking\)](#)).



DFCS shall provide short-term emergency care to a child without seeking a court order for a period not to exceed seven calendar days.

- 4. Obtain a verbal order when emergency removal or treatment of a child is required, and no option is available to obtain a signed order from a judge. A written order with the judge's signature shall be obtained the next business day following issuance of the verbal order.
- 5. Retain the rights and duties that would otherwise be executed by the parent, guardian, or legal custodians, when a child is placed in DFCS' custody, including:
 - a. Maintaining physical custody of the child, unless the child is on a trial home visit;
 - b. Determining the nature of care and treatment of the child (including ordinary medical care);
 - c. Providing for the care, protection, training and education and the physical, mental, and moral welfare of the child;
 - d. Determining and monitoring the placement of the child to assure the child's safety and well-being;
 - e. Selecting an appropriate training/educational facility for the child (see policy [10.13 Foster Care: Educational Needs](#));
 - f. Obtaining routine medical and dental care;
 - g. Providing for recreational activities;
 - h. Approving out-of-town trips;
 - i. Arranging for purchases for the child (i.e., clothing, haircuts, etc.);
 - j. Informing the parent, guardian or legal custodians of injuries, accidents, and illnesses of the child; and
 - k. Arranging for and monitoring visitation between the child and parent, guardian or legal custodian or other family members.



The Social Services Case Manager (SSCM) should consider the parent, guardian or legal custodian's wishes and/or religious beliefs and include them in the decision-making process about the child, when appropriate.

- 6. Ensure the parent, guardian or legal custodians retain the following rights when DFCS has tem-

porary custody of the child:

- a. Participate in permanency planning for the child;
 - b. Visit the child;
 - c. Petition the court at any time for the return of custody;
 - d. Determine the child's religious affiliation;
 - e. Consent to the child's adoption, marriage, enlistment in military service, driving an automobile or traveling out-of-state;
 - f. Grant permission for major, non-emergency surgery (see policy [10.11 Foster Care: Medical, Dental and Developmental Needs](#)); and
 - g. Receive timely notice of any changes in the child's placement.
7. Review court orders to determine if they contain the following findings:
- a. "Contrary to the welfare of the child" and "removal from the home is in the best interest of the child" findings in any order authorizing the child's removal from the home (see policy [9.4 Eligibility: Removal from the Home](#));
 - b. Written findings of fact, in an order placing or continuing the placement of a child in DFCS custody, stating:
 - i. The child's continuation in or return to the home would be contrary to his/her welfare;
 - ii. Reasonable efforts have been made to prevent or eliminate the need for placement unless the court has determined that such efforts are not required or shall cease (see policy [9.5 Eligibility: Reasonable Efforts](#)); and
 - iii. Reasonable efforts should continue to be made to prevent or eliminate the need for placement unless the court has determined that such efforts are not required or shall cease.
 - c. "Reasonable efforts to prevent removal" or "reasonable efforts to prevent removal were not required" in any order issued within 60 days of the child's removal (see policy [9.5 Eligibility: Reasonable Efforts](#));
 - d. "Reasonable efforts have been made to finalize the permanency plan" within 12 months of a child's removal and at least every 12 months thereafter (see policy [9.5 Eligibility: Reasonable Efforts](#)).
8. Obtain court approval prior to returning the child to the parent, guardian, or legal custodian.

Procedures

Social Services Supervisor Manager

1. Review all court orders for accuracy and the appropriate court order language.
2. Obtain any clarification needed regarding what DFCS and the family have been ordered to do.
3. Notify the Special Assistant Attorney General (SAAG) of any inaccuracies in the court order and request an amended order.
4. Complete the Legal Action and Outcomes Detail and Legal Status Detail pages and upload the court order into External Documentation in Georgia SHINES, if it has not been uploaded

through the Case Plan Reporting System (CPRS) interface.

5. Notify the Revenue Maximization Unit (RevMax) via the Notification of Change in Georgia SHINES of the receipt and uploading of the court order.
6. Complete the following when the county department receives custody/placement authority of a child via a Superior Court order:
 - a. Staff the case with the Social Services Supervisor (SSS) and SAAG to ensure understanding and strict adherence to the requirements set forth in the order, including the submission of any court reports;
 - b. Adhere to all stipulations outlined in the Superior Court order; and
 - c. Ensure case planning and periodic case review requirements are met.

Social Services Supervisor

1. Review court orders for accuracy and appropriate court order language.
2. Staff any court order issues and any Superior Court orders with the SSCM and SAAG (see policy [19.6 Case Management: Supervisory Staffing](#)).
3. Ensure compliance with court orders.

Practice Guidance

Placement authority for most children in care is derived from an order of the court. The juvenile court has exclusive jurisdiction over a child who is alleged to be dependent. However, the juvenile court will not accept a dependency petition filed by one parent against another in a possible attempt to modify a custody award.

Based upon the evidence at any hearing held with respect to a child, the court may enter an order:

1. Accepting or rejecting any DFCS report;
2. Ordering an additional evaluation; or
3. Undertaking another review as deemed necessary and appropriate to determine the disposition in the child's best interests.

The court's order:

1. May incorporate all or part of the DFCS case plan; and
2. Shall include findings of fact which reflect the court's consideration of the oral and written testimony offered by all parties, as well as non-parties, who are required to be provided with notice and a right to be heard in any hearing to be held with respect to a child and DFCS.

Court Approval for Removal

Court approval for the removal of a child is considered the first judicial determination on behalf of the child. This determination or order is known by various names in the different counties across the state including, but not limited to:


1. Authorization to place

2. Authorization to pick up
3. Preliminary Protective order
4. Ex parte order
5. Emergency order
6. Pick-up order

Dependency

A dependent child means a child who:

1. Has been abused or neglected and is in need of protection of the court;
2. Has been placed for care or adoption in violation of law; or
3. Is without his parent, guardian, or legal custodian.

 A parent, guardian, or legal custodian's reliance on prayer or other religious nonmedical means for healing in lieu of medical care, in the exercise of religious beliefs, shall not be the sole basis for considering the child to be a dependent child; however, the religious rights of a parent, guardian or legal custodian shall not limit the child's access to medical care in a life-threatening situation or when the condition will result in a serious disability. The juvenile court has the authority to order medical care of a child without DFCS taking custody.

Legal Custodian

A legal custodian of a child is defined as:

1. A person to whom legal custody has been given by order of a court; or
2. A public or private agency or other private organization licensed or otherwise authorized by law to receive and provide care for a child to which legal custody of the child has been given by the court.

Verbal Orders

The issuance of a verbal order usually occurs because a judge/court is unavailable after regular office hours, on holidays, and weekends. When issuing a verbal order is the practice of a county's judge, and there is no acceptable alternative for getting a signed order for the child needing protection, the county department must have clearly written procedures that specify the immediate steps staff will follow in obtaining a signed order.

The written procedures should address:

1. Situations that demand the immediate protection of a child and for which the county will proceed with a verbal order;
2. Designated county staff who are authorized to request a verbal order from the judge;
3. SAAG involvement in preparing an order for the judge's signature on the first business day after issuance of the verbal order;
4. Case record documentation needed, including the date and time of all actions taken who was

involved in each step of the process; and

5. Incorporation of these procedures into the written procedures developed by the local child abuse protocol committee.

Temporary Alternative to Foster Care (TAFC) Order

An order for TAFC may include one or more of the following:

1. A temporary order authorizing or continuing any voluntary agreement between the parent, guardian, or legal custodian and DFCS;



This order shall be based upon a finding by the court that continuation in the home would be contrary to the child's welfare. The finding shall be made on an individualized basis and shall be documented in the written court order.

2. A temporary protective order imposing conditions or limitations on the conduct of the parent, guardian, or legal custodian;
3. An order that DFCS investigate and report to the court whether removal is necessary; or
4. An order that the DFCS provide services designed to allow the child to remain safely in the child's home.

When TAFC is ordered by the court, the order shall remain in effect until modified by the court or until the court has held the PPH. Upon issuance of an order for TAFC, a PPH will be completed no later than 72 hours.

Authorization to Place or Authorization for Protective Custody

In some counties, a court official or Department of Juvenile Justice (DJJ) intake officer has the authority, delegated by the judge, to issue an authorization to place or for protective care. The document is signed by the person delegated this duty. The document can be given directly to the SAAG, SSCM, or other DFCS representative or it may be faxed to the DFCS office. This document is the agency's legal authority to hold a child.

A law enforcement officer may take a child into temporary custody when there are reasonable grounds to believe a child has run away or the circumstances are such that a child's health or welfare is in imminent danger unless immediate action is taken. A physician licensed to practice medicine in Georgia who is treating a child may take or retain temporary protective custody of the child, without a court order and without the consent of the child's parent, guardian, or legal custodian (see policy [20.10 Special Circumstances: Temporary Protective Custody of Child by Physician](#)).

Superior Court Order

An order issued by superior court granting custody/placement authority to the county department sets time limits for the duration, specifies the custodian, and outlines the custodian's rights and duties. An order without time limits stands until another order is issued.

Superior court orders giving a county department custody/placement authority usually occur in connection with divorce proceedings. The placement may be time-limited while the parent, guardian, or legal custodians and/or others are being evaluated to determine the appropriate custo-

dian. It is possible for the placement to be longer in duration if the county department is ordered to supervise, offer services to the parent, guardian or legal custodian or others and/or determine the appropriate custodian. The superior court is responsible for making the final decision about placement.

It may become necessary to consult with the agency's SAAG should the superior court order appear to be incomplete or have conflicting court requirements. Required findings specified in the Juvenile Code of the Official Code of Georgia may or may not be included in the court order. Additionally, the SAAG can provide guidance on meeting case plan and periodic review requirements when superior court is involved.

Disposition Orders

Any order of disposition shall contain written findings of fact to support the disposition and case plan ordered. Prior to making an order of disposition, the court shall consider the following:

1. Why the best interests and safety of the child are served by the disposition and case plan ordered, including, but not limited to:
 - a. The interaction and interrelationship of the child with his/her parent, guardian or legal custodians, siblings, and any other person who may significantly affect the child's best interests;
 - b. The child's adjustment to his/her home, school, and community;
 - c. The mental and physical health of all individuals involved;
 - d. The wishes of the child as to his/her placement;
 - e. The wishes of the child's parent, guardian, or legal custodian as to the custody of the child;
 - f. Whether there exists a relative or other individual who, after a study by DFCS, is approved to receive and care for the child; and
 - g. The ability of the parent, guardian, or legal custodian of the child to care for the child in the home so that no harm will come to the child.
2. The availability of services recommended in the case plan;
3. What alternative dispositions or services were considered by the court and why such dispositions or services were not appropriate;
4. The appropriateness of the placement or potential placement; and
5. Whether reasonable efforts were made to prevent the removal and to reunify the child unless reasonable efforts were not required. The court's findings should include a brief description of what preventive and reunification efforts were made and why further efforts could not have prevented or eliminated the need for removal.

An order of disposition in a dependency proceeding shall continue in force until:

1. The purposes of the order have been accomplished and DFCS is relieved of custody by the court;
or
2. The court terminates the order; or
3. The dependent child turns 18 unless the child receives Extended Foster Care (EFC) services or

continues to receive Independent Living services.

Supplemental Orders

A supplemental order adopting the permanency plan shall be entered following any permanency plan hearing and no later than 30 days after the court has determined that reunification efforts need not be made by DFCS. The supplemental order shall include a requirement that the SSCM, DFCS staff, and other representatives of the child provide the child with assistance and support in developing a transition plan that is personalized at the direction of the child and includes specific options on housing, health insurance, education, local opportunities for mentors and continuing support services, workforce supports and employment services and is as detailed as the child wishes, 90 days prior to the date the child turns 18.

Permanent Guardianship

If the court enters an order finding that reasonable efforts to reunify a child and family are not required and that TPR and adoption are not in the best interests of the child, the court may place the child with a permanent guardian.

Permanent guardianship orders shall:

1. Remain in effect until a child turns 18 years of age or becomes emancipated;
2. Not be subject to review by the court unless a petition to modify, vacate or revoke the guardianship is filed;
3. Establish a reasonable visitation schedule that allows the child to maintain meaningful contact with the parent, guardian, or legal custodians through personal visits, telephone calls, letters, or other forms of communication or restrictions on a parent, guardian, or legal custodian's right to visitation.

TPR Orders

An order terminating the parental rights of a parent shall be without limit as to duration and shall take away the parent and child's legal rights, powers, privileges, immunities, duties, and obligations with respect to each other except the right of the child to:

1. Receive child support from his/her parent until a final order of adoption is entered;
2. Inherit from and through his/her parent until a final order of adoption; and
3. Pursue any civil action against his/her parents.



The legal relationship between a child and siblings shall not be severed until the relationship is terminated by a final adoption order. Despite TPR, a relative's relationship for the purpose of placement and permanency remains intact until terminated by a final order of adoption.

A TPR order shall:

1. Contain written findings on which the order is based including the facts for determining that grounds for TPR exist and that TPR is in the best interest of the child;
2. Be conclusive and binding on all parties upon the date of entry;

- Grant custody of the child in accordance with Code section §15-11-321 (see policy [17.11 Legal: Termination of Parental Rights](#));
- Inform the parent(s) to use the services of the Georgia Adoption Reunion Registry, however, failure to include this shall not affect the validity of the judgment.



The court shall transmit a copy of every final order of TPR to the Adoption Exchange, State Adoption Unit within 15 days of the filing of the order.

Forms and Tools

N/A

17.4 Mediation

Georgia Division of Family and Children Services Child Welfare Policy Manual				
	Chapter:	(17) Legal		
	Policy Title:	Mediation		
	Policy Number:	17.4	Previous Policy Number(s):	N/A
	Effective Date:	July 2019	Manual Transmittal:	2019-09

Codes/References

- O.C.G.A. § 15-11-2 Definitions
- O.C.G.A. § 15-11-20 Referral for Mediation
- O.C.G.A. § 15-11-22 Agreement to Mediate; Procedure
- O.C.G.A. § 15-11-23 Stay of Proceeding Pending Mediation; Time Limitations
- O.C.G.A. § 15-11-24 Termination of Mediation
- O.C.G.A. § 15-11-25 Approval of Mediation Agreements; Exceptions

Requirements

The Division of Family and Children Services (DFCS) will:

- Staff with the Special Assistant Attorney General (SAAG) any case the court refers to mediation during a juvenile court or dependency proceeding.
- Request the SAAG review any agreement to mediate and any agreement reached during mediation, prior to signing the agreement.



All mediation agreements shall be presented to the juvenile court judge for approval and shall be made an order of the court unless, after further hearing, the court determines by clear and convincing evidence that the agreement is not in the best interest of the child.

Procedures

Social Services Case Manager

1. Staff any case referred to mediation with the County Director, Social Services Supervisor (SSS) and SAAG to determine:
 - a. The non-negotiable requirements of the dependency case.
 - b. Areas of flexibility for DFCS in terms of the mediation agreement.
 - c. Procedures for the SAAG's review of the agreement to mediate and the mediation agreement, prior to DFCS signing either agreement.
 - d. The next steps, including whether the SAAG should participate in mediation.



When necessary, the county departments are encouraged to have their SAAGs present at mediation.

2. Submit the agreement to mediate to the SSS, County Director and SAAG for review and approval, prior to signing.
3. Attend at least one mediation session.
4. Mediate in good faith, while keeping discussions and agreements consistent with the determinations made at the mediation staffing.



The county department cannot refuse to mediate. However, the county department can withdraw from mediation at any time and is not required to reach an agreement.

5. Consult with the SAAG during mediation, as necessary.
6. Submit the mediation agreement to the SSS, County Director and SAAG for review and approval, prior to signing.
7. Document the mediation process in the narrative of the Contact Detail in Georgia SHINES, including:
 - a. Dates of any mediation meetings.
 - b. All attendees at any mediation meeting.
 - c. The name of the mediator.
 - d. Discussions that occurred at mediation meetings.
 - e. The outcomes of mediation.
 - f. Any review of the mediation agreement by the SSS, County Director and SAAG.
 - g. Whether a court hearing will be requested.
 - h. If and when the mediation agreement becomes a part of the court order.
8. Upload a copy of the agreement to mediate, mediation agreement and court orders in External Documentation in Georgia SHINES unless previously uploaded via the Case Plan Reporting System (CPRS).
9. Stop participating in mediation any time the mediation process conflicts with non-negotiables identified by DFCS and re-staff the case with the County Director, SSS and SAAG to determine next steps.

Social Services Supervisor

1. Participate in a staffing with the SSCM, County Director and SAAG on any case referred to mediation.
2. Review and approve the mediation agreement.

Practice Guidance

Mediation

The court may stay a proceeding upon issuing a referral to mediation. Mediation is the proceeding in which a mediator facilitates communication between the parties concerning the matters in dispute and explores possible solutions to promote collaboration, understanding and settlement. Mediation shall occur as soon as possible, but no later than 30 days from the order referring the matter to mediation unless the timeframe is extended by the court. DFCS or any other party may withdraw from or terminate further participation in mediation at any time.

Mediator

A mediator is a neutral third party who attempts to focus the attention of the parties upon their needs and interests rather than upon their rights and positions. The mediator does not have authority to impose any particular agreement upon the parties or to recommend any particular disposition of the case to the court. The juvenile court shall appoint a mediator from a list of court approved mediators who are registered with the Georgia Office of Dispute Resolution to mediate juvenile court cases.

Agreement to Mediate


Prior to the parties signing an agreement to mediate, the mediator shall advise the parties of their right to have an attorney review the agreement reached during mediation. The agreement to mediate shall:

1. Identify the controversies between the parties.
2. Affirm the parties' intent to resolve such controversies through mediation.
3. Specify the circumstances under which mediation may continue.
4. Specify the confidentiality requirements of mediation and the exceptions to those requirements.

Forms and Tools

N/A

17.5 Continuances

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(17) Legal		
	Policy Title:	Continuances		
	Policy Number:	17.5	Previous Policy Number(s):	N/A
	Effective Date:	July 2019	Manual Transmittal:	2019-09

Codes/References

O.C.G.A. § 15-11-110 Continuance of a Hearing in Dependency Proceedings

Requirements

The Division of Family and Children Services (DFCS) will:

1. Request a continuance only when in the best interest of the child.
2. Ensure that no continuance interferes with the required court findings and timeliness of review and permanency plan hearings for Title IV-E.

Procedures

Social Services Case Manager


1. Participate in a staffing with the Social Services Supervisor (SSS) and Special Assistant Attorney General (SAAG) prior to requesting a continuance to:
 - a. Determine whether “good cause” to continue the case exists;
 - b. Discuss the implications of the continuance on the case and the child’s safety and well-being;
 - c. Determine the next steps to ensure the hearing is held as expeditiously as possible.
2. Notify the SAAG, prior to any continuance being granted, if the continuance would cause DFCS to be out of compliance with Title IV-E “reasonable efforts” findings, six-month review requirements or permanency plan hearing requirements.




If the continuance would prevent a reasonable efforts finding within the first 60 days of the child’s removal, the SAAG should request a hearing for the purpose of reviewing reasonable efforts.

3. Complete the following, if a continuance is granted that leads to a permanency plan hearing not being held within six months of a previous hearing:
 - a. Request the SAAG ask the court to schedule an immediate Judicial Citizen Review Panel (JCRP), if held in the county/circuit;
 - b. Contact the JCRP Coordinator to schedule a JCRP no later than the following (seventh) month if JCRPs are held in your county; or
 - c. Conduct a DFCS Panel Case Review (see policy [17.2 Legal: Case Review/Permanency Plan Hearings](#)), if JCRPs are not held in the county/circuit.

4. Request the SAAG obtain the earliest possible date for the permanency plan hearing, if a continuance is granted that leads to a permanency plan hearing not being held within twelve months of a child's removal from the home or twelve (12) months from the previous permanency plan hearing.
5. Notify the Revenue Maximization (RevMax) Unit via the Notification of Change (NOC) and update the Legal Action and Outcomes Detail page in Georgia SHINES:
 - a. If a continuance is granted and delays reasonable efforts to prevent removal finding beyond sixty days of the child's removal from foster care;

 The child would not be eligible for IV-E funding during this foster care episode (see policy [9.5 Eligibility: Reasonable Efforts](#)).
 - b. If a continuance is granted that leads to a permanency plan hearing not being held within twelve months of a child's removal from the home or at least every 12 months thereafter.

 The child loses IV-E reimbursability until a permanency plan hearing is held and a finding of "reasonable efforts to finalize the permanency plan" is made (see policy [9.5 Eligibility: Reasonable Efforts](#)).

Social Services Supervisor

1. Conduct a staffing with the SSCM and SAAG prior to a request for a continuance.
2. Encourage the SAAG to ensure that the hearing and/or review timeframes comply with Title IV-E.
3. Ensure RevMax is notified of any continuances via the NOC.

Practice Guidance

Child's Interests

Upon request of an attorney for a party, the court may continue any hearing beyond the time limit in which it is required to be held unless the continuance is contrary to the interests of the child.

In considering a child's interests, the court shall give substantial weight to:

1. A child's need for prompt resolution of his/her custody status.
2. The need to provide a child with a stable environment.
3. The damage to a child of prolonged temporary placements.

Good Cause

Continuances shall be granted only upon showing of good cause and only for a period of time shown to be necessary by evidence presented at the hearing. Whenever any continuance is granted, the facts proving the need for the continuance shall be entered into the court record.

The following situations shall not constitute good cause for a continuance:


1. A stipulation between attorneys or the convenience of the parties.

2. Except as provided by judicial reviews governing attorney conflict resolution, a pending criminal prosecution or family law matter.
3. The need for discovery unless the court finds that a person or entity has failed to comply with an order for discovery.

Forms and Tools

N/A

17.6 Public Access to Dependency Proceedings

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(17) Legal		
	Policy Title:	Public Access to Dependency Proceedings		
	Policy Number:	17.6	Previous Policy Number(s):	N/A
	Effective Date:	July 2019	Manual Transmittal:	2019-09

Codes/References

O.C.G.A. § 15-11-700 Admission to Hearings of General Public and Media
 Title IV-E of the Social Security Act §§ 471a (8) and 471(c)
 Public Law (PL) 93-247 Child Abuse Prevention and Treatment Act (CAPTA) of 1974
 PL 109-171 Deficit Reduction Act of 2005

Requirements

The Division of Family and Children Services (DFCS) will comply with State law and ensure the safety and well-being of children, parents and families when considering whether the public should have access to court proceedings.

i *In the use of child welfare records in court proceedings, section 471 (a) (8) of the Social Security Act shall not be construed to limit the flexibility of a State in determining policies relating to public access to court proceedings to determine child abuse and neglect or other court hearings held pursuant to Title IV-B or Title IV-E of the Act, except that such policies shall, at a minimum, ensure the safety and well-being of the child, parents, and family.*

Procedures

The Social Service Case Manager (SSCM) will:

1. Staff cases with the Social Services Supervisor (SSS) and Special Assistant Attorney General (SAAG) prior to any court hearing (see policy [19.6 Case Management: Supervisory Staffing](#)).
 - a. Inform the SAAG if Protected Health Information (PHI) will be disclosed during the hearing (see policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#)).

- b. Discuss with the SAAG whether a motion should be filed to request for the hearing to be closed (See Practice Guidance: Filing a Motion to Close the Hearing). A motion can be filed to close a hearing if the following situations exist:
 - i. The allegation of the case involves a sexual offense.
 - ii. The presence of potential individuals is not in the best interest of the child based on the child's age or the nature of the allegations.
 - iii. There is a need to protect the privacy of the child, foster parent, caretaker or a victim of domestic violence.
2. Provide testimony and documentation to the court regardless of whether the hearing is open or closed. The following information should be presented in court:
 - a. PHI necessary to prove dependency;
 - b. Specific PHI ordered by the court;
 - c. Responses to questions on cross-examination; and
 - d. Responses to questions from the judge.
3. Maintain the confidentiality of the reporter's name and identity, unless ordered by the court.

Social Services Supervisor

1. Staff the case with the SSCM and SAAG prior to any court hearing.
2. Assist the SSCM in determining what to present when testifying in court.
3. Attend court hearings to provide guidance and support to the SSCM, as needed.

Practice Guidance

Filing a Motion to Close the Hearing

During the staffing with the SSS and SAAG, determine whether the SAAG needs to file a motion to request a closed hearing or to request certain individuals be excluded. Consideration should be given to the following:

1. The extent of disclosure necessary for the purposes of the court hearing with the goal of disclosing only that which is minimally necessary, if PHI is involved.



The subject of the PHI has a right to object to the disclosure of their PHI, making it necessary for the court to hold a hearing and make a ruling on the matter.

2. The age of the child, nature of the allegations and overall facts of the individual case.
3. The need to protect the privacy of any child, foster parent, caretaker or victim of domestic violence involved in the case.
4. Documentation in the record to support the decision regarding a motion to close the hearing.



Not all requests to close hearings or to exclude certain individuals will be granted; therefore, staff should be prepared to continue to provide documentation and testimony to the court.

Closing a Hearing or Excluding Individuals from a Hearing

The court may choose to close a court proceeding by issuing a signed order, which includes a finding that:

1. The case involves allegations of a sexual offense; or
2. Closing the proceeding is in the best interest of the child.

Rather than closing the hearing, the court may exclude certain individuals from the hearing on its own motion or by motion of any party, including the child who is the subject, if a finding is made that the person's presence would:

1. Be detrimental to the best interest of the child;
2. Impair the fact-finding process; or
3. Otherwise be contrary to the interest of justice.

Best Interest Determination Regarding Closing a Hearing


To make a determination around the best interest of the child, the court and DFCS should consider factors such as:

1. The age of the child;
2. The nature of the allegations;
3. The effect an open hearing will have on the court's ability to reunite and rehabilitate the family; and
4. Whether closure is necessary to protect the privacy of a child, foster parent, and/or other caretakers of a child or of a victim of domestic violence.

Forms and Tools

N/A

17.7 Dependency Resulting from Substance Abuse

 Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(17) Legal		
Policy Title:	Dependency Resulting from Substance Abuse		
Policy Number:	17.7	Previous Policy Number(s):	N/A
Effective Date:	November 2017	Manual Transmittal:	2017-03

Codes/References

O.C.G.A. § 15-11-70 Risk and Needs Assessment Defined; Establishment of Family Treatment Court Division; Procedures; Fees; Acceptance of Grants or Donations

Requirements

The Division of Family and Children Services (DFCS) will:

1. Review court orders to determine whether the court has ruled that dependency is the result of the parent's, guardian's or legal custodian's substance abuse and the legal custody of the child cannot be transferred back to the parent, guardian, or legal custodian unless, the parent, guardian or legal custodian:
 - a. Undergoes substance abuse treatment and random drug screens and those screens remain negative for a period no less than 12 consecutive months; or
 - b. Successfully completes programming through a family treatment court division.



This requirement is applicable to any case where the child has been adjudicated dependent (including via a protective order) due to caregiver substance abuse, and the temporary legal custody of the child is transferred to another party, and the court further orders these provisions.

2. Engage the parent, guardian or legal custodian regarding the court ordered requirements as part of the case planning process.
3. Follow policy [19.26 Case Management: Case Management Involving Caregiver Substance Use or Abuse](#) regarding provision and monitoring of substance abuse assessment and treatment services to parents, guardians or legal custodians.

Procedures

Social Services Case Manager

1. Engage the parent(s) in a discussion and full disclosure of the following:
 - a. The seriousness and implications of court requirements;
 - b. The importance of participation in and limited time available to obtain the required treatment, if ordered by the court;
 - c. The need for random drug screens, as applicable;
 - d. The consequences of not meeting court requirements, including impact on reunification with their child (see policy [10.22 Foster Care: Permanency Planning](#));
 - e. The services and supports available or planned to ensure he/she is successful in completing treatment and making behavioral changes.
2. Follow policy [19.26 Case Management: Case Management Involving Caregiver Substance Use or Abuse](#) regarding providing case management services to parents, guardians or legal custodians.
3. Participate in family treatment court and ensure all recommendations are followed, if applicable.
4. Obtain an Authorization for Release of Information authorizing DFCS to receive the results of

drug screens and other substance abuse assessment and treatment records.

5. Document the results of the drug screens in the narrative of the Contact Detail in Georgia SHINES and upload a copy into External Documentation in Georgia SHINES,
6. Participate in a staffing with the Social Services Supervisor (SSS), the Special Assistant Attorney General (SAAG) and other relevant county and regional staff to determine whether the case should be brought before the court for review, when the parent, guardian or legal custodian is non-compliant with substance abuse assessment or treatment services.

Social Services Supervisor

1. Review the case record in Georgia SHINES to confirm:
 - a. A substance abuse assessment was completed;
 - b. Treatment services have been implemented as recommended in the assessment;
 - c. Random drug screenings are occurring, when applicable;
 - d. Any court recommendations are followed, including any requirements from family treatment court, if applicable.
2. Conduct a staffing with the SSCM to:
 - a. Discuss the parent's/guardian's or legal custodian's participation and progress with services and/or treatment;
 - b. Determine DFCS' recommendations for any upcoming court hearings, including family treatment court hearings, if applicable;
 - c. Determine whether DFCS needs to request a court review due to non-compliance by the parent, guardian or legal custodian.

Practice Guidance

Dependency resulting from caregiver substance abuse presents significant challenges due to the amount of time a parent, guardian or legal custodian may need to sufficiently recover from their substance abuse coupled with the required time frames to achieve permanency for a child. Substance abuse treatment and recovery can be challenging and often involves relapse. Timely and effective services to address the substance abuse and underlying causes are paramount. The SSCM must work intensively with the parent to help them maintain focused on treatment and meeting the court's requirements to minimize the child's stay in foster care.

Family Treatment Court

Any juvenile court may establish a family treatment court division to provide an alternative to the traditional judicial system for the disposition of dependency cases and for assisting superior courts with criminal cases referred to such division under O.C.G.A. §15-11-15. The goal of a family treatment court division is to:

1. Reduce alcohol or drug abuse and addiction for respondents in dependency proceedings;
2. Improve permanency outcomes for families when dependency is based in part on alcohol or drug use and addiction;

3. Increase the personal, familial, and societal accountability of respondents in dependency proceedings; and
4. Promote effective intervention and use of resources among child welfare personnel, law enforcement agencies, treatment providers, community agencies, and the courts.

Each family treatment court division shall establish criteria which define the successful completion of the family treatment court division program.

Relapse Issues in Substance Abuse Cases

Relapse is defined as a falling back or sliding into a former state. Within the context of substance abuse, relapse is marked by a subsequent occurrence of drug use following a period of abstinence/sobriety. Relapse is an expected part of the recovery process. Relapse occurs in varying degrees, ranging from a single instance of drug use to an extended episode of bingeing that can last for several days. Relapse is most often triggered by physical, emotional and/or psychological cues in the environment (e.g., the smell and/or sight of the drug, a former hangout where the person used drugs, interaction with people with whom the person commonly used drugs, etc.). Signs of relapse include, but are not limited to:

1. Increasing lack of cooperation/avoiding behavior;
2. Deterioration in daily living activities;
3. Unexplained financial hardship;
4. Mood swings;
5. Depression, anger, anxiety, or paranoia;
6. Setting expectations that are too numerous or unrealistic;
7. Distancing from friends who are clean and sober; and
8. Re-establishing old relationships with drug-using acquaintances.

SSCMs should work with the family and treatment providers to develop a relapse plan that ensures the child's safety and well-being needs will be met. The SSCM must evaluate each occurrence of relapse individually, on a case-by-case basis. It may be necessary to request a subsequent assessment from a drug treatment provider with a recommendation of services needed. There are also times when it will be necessary to file a dependency complaint in juvenile court if the safety of a child cannot be ensured in the home or through other controlling safety interventions. If a child is not at imminent risk and/or safety is controlled through other means, the SSCM should evaluate the existing evidence of impending danger safety threats with the supervisor to determine whether court-ordered intervention is necessary for compliance with services. If the court is already involved, notification to the court of a relapse or of any significant changes to the case plan resulting from the relapse must occur.

Relapse Planning

Relapse planning involves the identification and development of a plan of action that the family agrees to follow in the event of a relapse. This may include outlining who will contact the DFCS case manager, participation in AA or NA, weekly telephone contact with an identified family member or friend, a temporary caregiving resource for the children, etc. The SSCM must discuss these plans

with family members so that roles and responsibilities are clearly defined to ensure the safety of the child(ren) should relapse occur. Relapse planning should occur during DFCS involvement and prior to closing the case. Families should be engaged in relapse planning so they may continue to adjust the relapse plan as necessary when DFCS is no longer involved with the family.

The best predictor of whether a person will recover from an instance of relapse is the correct treatment intervention matched to the person’s stage of change. When there is no progress in other life areas (e.g., improved caregiver protective capacities or competency, financial stability, positive relationships, etc.), there is also a lack of necessary motivation to regain control over the addiction. To prevent the risk of relapse, address these factors as a part of case management activities with the caregiver regularly.


Private Vendors

Private vendors performing substance abuse screens and substance abuse assessments are bound by the confidentiality clause and Health Insurance Portability and Accountability Act (HIPAA) provisions in their DFCS contracts. Private vendors are prohibited from revealing results of screens to anyone without a signed consent from the parent, guardian or legal custodian.

Forms and Tools

- [Authorization for Release of Information](#)
- [Authorization for Release of Information - Spanish](#)

17.8 Caregiver’s Right to be Notified and Heard

	Georgia Division of Family and Children Services		
	Child Welfare Policy Manual		
	Chapter:	(17) Legal	
	Policy Title:	Caregiver’s Right to be Notified and Heard	
	Policy Number:	17.8	Previous Policy Number(s):
Effective Date:	January 2021	Manual Transmittal:	2021-01

Codes/References

- O.C.G.A. § 15-11-109 Notice of Hearings to Specified Non-Parties
- Title IV-E of the Social Security Act § 475(5) (G)
- 45 CFR Part 1356.21(o)

Requirements

The Division of Family and Children Services (DFCS) will:

1. *Provide foster parent(s) of a child and any pre-adoptive parent, kin (relatives or fictive kin) or other person or entity providing care for the child with timely notice of and a right to be heard in any proceeding to be held with respect to the child during the time the child is in their care.*

 *Notice of and a right to be heard does not make the caregiver a party to the proceeding.*

2. At least 72 hours in advance of a review or hearing, provide written notice of the date, time, place, and purpose of the review or hearing, including the right to be heard, to the caregivers of a child (i.e., foster or pre-adoptive parents, kin or other placement resources) by United States Postal Service (USPS) mail, e-mail, or hand delivery.



72 hours advance notice is not required for the preliminary protective hearings or emergency hearings, when such notice is not possible. When written notification cannot be provided, verbal notice shall be provided to the caregiver.

Procedures

Social Services Case Manager

1. Provide written notification to the child's caregiver of the hearing/review date and the caregiver's right to be heard.



Written notification must be provided via USPS mail, e-mail or hand delivery. When using e-mail transmission use reasonable and appropriate security measures to protect confidential information in accordance with policy [2.6 Information Management: Confidentiality/Safeguarding Information](#).

2. Provide verbal notification to the caregiver, when written notification cannot be provided due to a preliminary protective hearing or emergency hearing.
3. Document notification to the caregiver in the narrative of the Contact Detail page in Georgia SHINES within 72 hours of occurrence, including:
 - a. Efforts to contact the caregiver.
 - b. The date and method in which the caregiver was notified.
 - c. The caregiver's response to the notification.
 - d. Whether the caregiver plans to attend the hearing and if not, why not.
 - e. Explanation of the importance of the caregiver attending the hearing and the possibility of the caregiver being subpoenaed (see Practice Guidance: Caregiver's Right to be Heard)
 - f. Whether the caregiver will present verbal or written testimony and/or documentation and if not, why not.

Social Services Supervisor

1. Provide guidance to the SSCM to ensure timely notification is provided to the caregiver, prior to any hearing or review.
2. Review Georgia SHINES to verify timely notice has been provided.

Practice Guidance

Caregiver's Right to be Notified

Caregivers have the right to receive notice of hearings related to the children in their care. DFCS must support the court process by providing written notification to the caregivers to ensure their attendance and to coordinate the attendance of the foster child when appropriate. It is best practice to follow-up verbally with the caregiver by telephone or a face-to-face visit to ensure their understanding. In situations, such as Preliminary Protective Hearings, reasonable notice is required. When notice is received by DFCS less than 72 hours prior to the hearing date, verbal notification must be provided to the caregiver. If a verbal notification is given, concerted efforts must be made to speak directly with the caregiver. Concerted efforts involve making more than one contact, if necessary, and can include the following:

1. Calling the caregiver at all available contact numbers.
2. Leaving a detailed voicemail message.
3. Making a face-to-face visit.
4. Attempting to contact them at varying times throughout the day.

Caregiver's Right to be Heard

Caregivers (i.e. foster, adoptive, kin or guardian resources and other placement resources) have the right to be heard at hearings related to the children in their care. The caregiver's right to be heard at court hearings does not provide them the right to be made a party to the case; individuals who are parties to the case have the right to request an appeal, right to an attorney, and the right to call and cross-examine witnesses.

The SSCM must inform the caregiver that he or she may provide information to the court concerning the child's care and permanency plan. The SSCM must explain to the caregiver that the court is required to inquire about their view of the child's health, safety, well-being and service needs highlighting that this information may be provided to the court either through testimony or written documentation. The SSCM must consult with the SAAG to determine the method in which the caregiver will provide information to the court and the timeframe for submission.

The juvenile court is required to make specific findings of fact in its court order related to the caregiver's notice, attendance, testimony or documentary evidence. Such findings of fact shall include:

1. Whether the caregiver was provided notice of the hearing or review, including the method, and whether the caregiver expressed an interest in being heard at the hearing or review; and
2. If the caregiver is present specific information regarding the caregiver's views, including, but not limited to concerning the child's: Wellbeing, health and safety; Any changes the caregiver believes are necessary to advance the child's wellbeing, health and safety; The timeliness, necessity, and quality of services being provided to the child and caregiver; and a summary of documentation presented by the caregiver regarding the child's wellbeing, health, safety, including, but not limited to reports from physicians, counselors, psychologists, and teachers.

Juvenile Court Hearings


DFCS must ensure caregivers understand the judicial process as it relates to hearings. The SSCM must discuss with the caregiver the type of hearing that is to occur and the purpose of the hearing.

It is important to provide the caregiver with an overview of the hearing procedures and requirements of each respective hearing (see policy [17.1 Legal: The Juvenile Court Process](#)). Juvenile Court hearings include Adjudication, Disposition, Case Plan Review, Permanency, Termination of Parental Rights and/or Judicial Citizen Review Panel.

Forms and Tools

[Notice to Caregiver \(Template\)](#)

17.9 Court Review of Custodial Orders

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(17) Legal		
	Policy Title:	Court Review of Custodial Orders		
	Policy Number:	17.9	Previous Policy Number(s):	N/A
	Effective Date:	September 2017	Manual Transmittal:	2017-11


Codes/References

O.C.G.A § 15-11-58 (i)(2) became obsolete effective 01/01/14. Previous transfers of permanent custody shall continue to be reviewed by the courts.

Requirements

The Division of Family and Children Services (DFCS) will:

1. Conduct a review of the custodial placement of a child with a relative, non-relative, or out-of-state custodian, agency or organization to determine whether the custodian continues to be qualified to care for the child, when requested by the court;

 This applies to permanent custody orders in effect prior to 1/1/2014.

2. Complete and submit the review to the court within the following timeframes:
 - a. 36 months of the placement and every 36 months thereafter, if the custodian is a relative residing in Georgia; or
 - b. 12 months of the placement and every 12 months thereafter, if the custodian is a non-relative, out-of-state individual (relative or non-relative), or an agency/organization.
3. Conduct a home visit with the custodian and child(ren) during the review process if the placement resource resides in Georgia;
4. Engage the child privately, away from the custodian and household members, during a portion of the home visit;
5. Submit a request to the Interstate Compact on the Placement of Children (ICPC) to conduct the review of the custodian, if the custodian resides outside of Georgia and receives a Relative Care Subsidy (RCS). If ICPC denies the request, reviews shall be completed via telephone or other


forms of telecommunication;

6. Utilize the Subsidy or Court Review Six, Twelve, or Thirty-Six Month to document the reviews of custodial placements;
7. Provide contact information to assist in locating the child and custodian for a court review being conducted by another entity, upon the request of juvenile court.
 - a. Requests should be made using the Request for Assistance in Completing Court Review of Child placed in the Temp Custody of Relative, Non-Relative Out-of-State Custodian or Agency until the Age of 18 form.
 - b. Response to the court's request should be made using Response to Request for Assistance in Completing Court Review form.

Procedures

Social Services Case Manager

1. Consult with the Social Services Supervisor (SSS) upon receipt of a court order to conduct a review or assist another entity with a review of a custodial order.
 - a. Review the court order or the Request for Assistance in Completing Court Review of Child placed in the Temp Custody of Relative, Non-Relative Out-of-State Custodian or Agency Until the Age of 18.
 - b. Determine the type of custodial placement:
 - i. Relative:
 1. Is the relative living in or out of Georgia
 2. Is the relative receiving RCS
 - ii. Non-relative, agency or organization (Georgia or other state).
 - c. Timeframe for completing the review.
2. Conduct the review to assess the custodian's or family's capacity to continue to provide for each child's safety, well-being and permanency:
 - a. Custodians residing within Georgia:
 - i. Provide the custodian the Subsidy or Court Review Six, Twelve or Thirty-Six Month form prior to the home visit for completion;
 - ii. Conduct a home visit and interview the child, custodian and other household members;



 A portion of the interview with the child must be conducted in private and away from the presence of the custodian and other household members.



An Authorization for Release of Information form must be signed by the custodian before any contact is made with collaterals.

- vi. Obtain signature(s) of approval and provide the custodian an approved copy of the:
 1. Subsidy or Court Review Six, Twelve or Thirty-Six Month form; and
 2. Relative Care Subsidy Renewal Application and Agreement (if applicable).
 - vii. Submit to juvenile court the Subsidy or Court Review Six, Twelve, or Thirty-Six Month form.
- b. Custodians receiving RCS residing outside of Georgia:
- i. Complete an ICPC Request to conduct a home visit to interview the custodian, child(ren) and other household members to complete the court review (see policy [15.2 Interstate Compact on the Placement of Children: Court Jurisdiction Cases](#)). In addition to the required ICPC documents include the following with the ICPC request:
 1. Subsidy or Court Review Six, Twelve or Thirty-Six Month form
 2. Relative Care Subsidy Renewal Application and Agreement
 - ii. Provide the custodian the Subsidy or Court Review Six, Twelve or Thirty-Six Month form and Relative Care Subsidy Renewal Application and Agreement prior to the scheduled home visit from the out-of-state case worker;
 - iii. Obtain from ICPC or the custodian(s) the completed and signed Subsidy or Court Review Six, Twelve or Thirty-Six Month form. Discuss the provided information with the custodian(s);
 - iv. Discuss the Relative Care Subsidy Renewal Application and Agreement Terms and Conditions with custodians and obtain their signature of approval.
 - v. Contact collaterals including the school, health care providers and other relevant parties to obtain or verify information;



An Authorization for Release of Information form must be signed by the custodian before any contact is made with collaterals.

- vi. Obtain signature(s) of approval and provide the custodian an approved copy of the:
 1. Subsidy or Court Review Six, Twelve or Thirty-Six Month form; and
 2. Relative Care Subsidy Renewal Application and Agreement.
 - vii. Submit to juvenile court the Subsidy or Court Review Six, Twelve, or Thirty-Six Month form.
- c. Custodians residing outside of Georgia and ICPC has denied the request to complete the court review or the custodian doesn't receive RCS.
- i. Prior to the telephone/telecommunications interview provide the custodian the Subsidy or Court Review Six, Twelve or Thirty-Six Month form and Relative Care Subsidy Renewal Application and Agreement (if applicable). Obtain the completed form(s) from the custodian(s).
 - ii. Interview by telephone or other telecommunications (i.e. Skype) the following:

1. The custodian, child(ren) (when age and developmentally appropriate), and household members;
 2. Discuss information included in the Subsidy or Court Review Six, Twelve or Thirty-Six Month form.
 3. Discuss the Relative Care Subsidy Renewal Application and Agreement Terms and Conditions.
- iii. Contact collaterals including the school, health care providers and other relevant parties to obtain or verify information;



An Authorization for Release of Information form must be signed by the custodian before any contact is made with collaterals.

- iv. Obtain signature(s) of approval and provide the custodian an approved copy of the:
 1. Subsidy or Court Review Six, Twelve or Thirty-Six Month form; and
 2. Relative Care Subsidy Renewal Application and Agreement (if applicable).
 - v. Submit to juvenile court the Subsidy or Court Review Six, Twelve, or Thirty-Six Month form
- d. Custodians or child who cannot be located and DFCS has been designated by the court to conduct the review.
- i. Notify the court designee, within 72 hours that the child or custodian cannot be located, and that a subsequent report will follow detailing efforts to locate;
 - ii. Conduct diligent efforts to locate the child or custodian as outlined in policy [19.21 Case Management: Unable to Locate](#);
 - iii. Assist the custodian with efforts to locate the child, if the child is missing (see policy [19.22 Case Management: Missing Children](#)); and
 - iv. Complete and submit to the court the Court Transfer Review (12/36 Month) Diligent Search from based on information obtained from the family and collaterals.
3. Assist other entities assigned in locating the child and custodian for a court review being conducted by another entity, upon the request of juvenile court.

- a. Conduct an ACCURINT database search for the child(ren) and relatives;



The ACCURINT report must not be given to the court or other entity completing the court review.

- b. Complete a case record review for information on the child(ren) and relatives;
- c. Complete and submit to juvenile court the Response to Request for Assistance in Completing Court Review form providing the custodian's contact information obtained from search.
- d. Document all activities related to the court's request for assistance in Georgia SHINES within 72 hours of occurrence, including uploading any forms into External Documentation.

Social Services Supervisor

1. Conduct a supervisor staffing with the SSCM to determine how to proceed with a request for

review of the custodial placement or a request for assistance in locating a custodian and child for a review by another entity;

2. Review and approve the following, as applicable:
 - a. Subsidy or Court Review Six, Twelve or Thirty-Six Month;
 - b. Relative Care Subsidy Renewal Application and Agreement;
 - c. Court Transfer Review (12/36 Month) Diligent Search;
 - d. Response to Request for Assistance in Completing Court Review form.
3. Ensure timely submission of the review or response to the juvenile court.

Practice Guidance

When conducting the review to determine if a custodian continues to be qualified to provide care for the child, always assess the caregiver's protective capacity and child vulnerabilities to determine child safety, permanency and well-being. This includes reviewing all information from interviews with the family, and provided by collaterals to determine whether:

1. The child's health, emotional and behavioral needs being met.
2. The child's educational needs being met.
3. The child receives appropriate services when there are identified needs.
4. The child is thriving in the care of the custodian.
5. The living environment is safe, or if there are immediate threats or harm or emerging dangers.
6. There are competing needs within the family impacting the custodian's ability to continue to provide appropriate care for the child.

Forms and Tools

[Authorization for Release of Information](#)

[Authorization for Release of Information - Spanish](#)

[Court Transfer Review \(12/36 Month\) Diligent Search](#)

[ICPC Letter for Custodial/Subsidy Reviews - Sample](#)

[Relative Care Subsidy Renewal Application and Agreement](#)


[Request for Assistance in Completing Court Review of Child placed in the Temp Custody of Relative, Non-Relative Out-of-State Custodian or Agency Until the Age of 18](#)

[Response to Request for Assistance in Completing Court Review](#)

[Notification Letter to Custodian/Guardian for 12 or 36 Month Review - Sample](#)

[Subsidy or Court Review Six \(6\), Twelve \(12\) or Thirty-Six \(36\) Month](#)

17.10 Court Appointed Special Advocate (CASA) and Guardian Ad Litem (GAL)

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(17) Legal		
	Policy Title:	Court Appointed Special Advocate (CASA) and Guardian Ad Litem (GAL)		
	Policy Number:	17.10	Previous Policy Number(s):	N/A
	Effective Date:	July 2019	Manual Transmittal:	2019-09

Codes/References

O.C.G.A. § 15-11-2 Definitions

O.C.G.A. § 15-11-104 Appointment and Removal of Guardian Ad Litem; Use of a CASA

O.C.G.A. § 15-11-105 Powers and Duties of Guardian Ad Litem

O.C.G.A. § 15-11-106 Participation of a CASA

Child Abuse Prevention and Treatment Act (CAPTA) § 8(b)(6)

Public Law 100-294 Child Abuse Prevention, Adoption, and Family Services Act of 1988

Requirements

The Division of Family and Children Services (DFCS) will:

1. Request the appointment of a Guardian Ad Litem (GAL) for the child, when a dependency complaint is filed.
2. Cooperate with the Court Appointed Special Advocate (CASA) and/or GAL when they are appointed to represent the best interest of a child in each abuse or neglect case resulting in a judicial proceeding.
3. Notify the CASA and/or GAL of the development of the case plan of the child for which he/she was appointed and provide them an opportunity to be involved in the development of the plan and/or participate in the Family Team Meeting (FTM).
4. Permit the CASA and/or GAL access to all records and information relevant to a child's case to which he/she is appointed when such records are not otherwise protected from disclosure pursuant to Code Section 19-7-5 or federal law.



Such records and information shall not include records and information, from Georgia's Office of the Child Advocate for the Protection of Children or from the Department of Juvenile Justice.

Procedures

Social Services Case Manager

1. Ensure the Special Assistant Attorney General (SAAG) requests a GAL be appointed when the dependency complaint is filed.
2. Document the name of the CASA and/or GAL in Georgia SHINES.
3. Engage the child in a discussion of the following:

- a. The name of the individual appointed as the CASA and/or GAL.
 - b. The duties and responsibilities of the CASA and/or GAL (See Practice Guidance: Duties and Responsibilities of a CASA and/or GAL).
 - c. CASA and/or GAL interactions with the child, including visits.
4. Engage the CASA and/or GAL in a discussion of the following:
- a. Circumstances that placed the child in foster care.
 - b. How the child is adjusting in foster care.
 - c. Needs and services that have been identified for the child.
 - d. Their perspective on the progress of the case plan.
 - e. Their perspective on the child's safety and well-being, progress toward achieving permanency, and any proposed motions or requests to the court.
 - f. Recommendations to the court.
5. Verify the CASA and/or GAL requesting the record are appointed for the child whose record they are requesting to review, prior to providing access to records.



A CASA and/or GAL may only review records of a child for whom he or she is appointed. PHI of anyone other than the child in DFCS custody may not be provided to a CASA who is not a GAL.

6. Provide access to the DFCS case record and ensure the appointed CASA and/or GAL receives pertinent information regarding the child, as requested. DFCS staff must be physically present during the review as no CASA and/or GAL will be allowed unmonitored access to DFCS case records.



The names of reporters should be removed. Follow policy [2.5 Information Management and Documentation: Health Insurance Portability and Accountability Act \(HIPAA\)](#) regarding third-party Protected Health Information (PHI). PHI of anyone other than the child in DFCS custody may not be provided to a CASA not appointed as a GAL.

7. Provide copies of all case plans to the CASA and/or GAL.
8. Arrange for CASA and/or GAL to interview the child.
9. Invite the CASA and/or GAL to participate in case plan development, FTMs and case reviews (see policies [10.23 Foster Care: Case Planning](#), [19.3 Case Management: Solution Focused Family Team Meetings](#) and [17.2 Legal: Case Review/Permanency Plan Hearings](#)).
10. Notify the CASA and/or GAL of any significant changes in circumstances of the child's case (e.g. permanency plan, placement change, treatment, etc.).

Social Services Supervisor

1. Ensure a GAL is appointed for a child, prior to any dependency hearing.
2. Provide guidance to the SSCM on the collaboration and sharing of information with the CASA and/or GAL.

Practice Guidance

Court Appointed Special Advocate (CASA)

The Georgia CASA Program utilizes volunteers who are screened, trained and supervised in their role of advocating for the best interests of an abused or neglected child involved in dependency proceedings. About one-third of all Georgia counties have local CASA programs. There is a “Statewide Protocol” between DFCS and Georgia CASA. This protocol is designed to promote cooperation and coordination in working together around the needs of dependent children.

The role of a CASA in juvenile court dependency proceedings shall be to advocate for the best interests of the child. Before executing duties as a CASA and upon completion of all the requirements of an affiliate court appointed special advocate program, a CASA shall be sworn in by a judge of the Juvenile Court in the court or circuit in which he/she wishes to serve. A CASA shall not be assigned a case prior to being sworn in. The court may discharge a CASA when:

1. The CASA acted in a manner contrary to the child’s best interests;
2. The CASA has not appropriately participated in the case;
3. The court deems continued service as inappropriate or unnecessary; or
4. The CASA has acted in a manner contrary to the mission and purpose of the affiliate court appointed special advocate program.



The Department of Human Services (DHS) Personnel Policy Manual prohibits DFCS employees from serving on the Board of Directors of any agency that receives funds under a contract with the state. This prohibition applies to local CASA programs since the state organization has a contract with DHS. However, DFCS staff may serve in an advisory capacity of “liaison” to the Boards and Advisory Boards should there be such a position. The liaison will not be a voting Board member.

Attorneys and Guardians Ad Litem (GAL)

In any dependency proceeding, the court may appoint a GAL for a child who is a party to the proceeding if the child has no parent, guardian, or custodian appearing on the child’s behalf or if the interests of the parent, guardian or custodian conflict with the child’s interests, or in any other case in which the interest of a child requires a guardian. In dependency cases, an attorney or CASA or both, may be appointed as the child’s GAL. GALs who are not CASAs appointed as GALs do not have the same access to DFCS records as CASAs appointed as GALs. Thus, SSCMs should contact their SAAG when a non-CASA GAL requests access to records.

An attorney for an alleged dependent child may serve as a child’s GAL unless or until there is conflict of interest between the attorney’s duty to the child as the child’s attorney and the attorney’s opinion of the best interests of the child as GAL. A court shall appoint a CASA to act as GAL, whenever possible.

To comply with CAPTA, SAAGs will request that a GAL be appointed for all children in foster care via a motion at the preliminary protective hearing or in the dependency petition. While the GAL and DFCS share common goals in the safety, permanency, and well-being of the child, their perspectives differ in that GAL is child focused while the DFCS focuses on the child and the family, simulta-

neously.

Before appointment as a GAL, the individual shall have received training appropriate to the role as GAL which is administered or approved by the Office of the Child Advocate for the Protection of Children. For attorneys, pre-appointment GAL training shall be satisfied within the attorney's existing continuing legal education obligation and shall not require the attorney to complete additional training hours.

The court may remove a GAL from a case when:

1. The GAL acted in a manner contrary to the child's best interests.
2. The GAL has not appropriately participated in the case.
3. The court deems continued service as inappropriate or unnecessary.

Best Interest Determination

A CASA and/or GAL shall advocate for a child's best interests in the proceeding for which he/she was appointed. In determining a child's best interest, a CASA and/or GAL shall consider and evaluate all the factors affecting the best interests of a child based on a child's age and developmental needs. Such factors shall include:

1. The physical safety and welfare of the child, including food, shelter, health and clothing;
2. The mental and physical health of all individuals involved;
3. Evidence of domestic violence in any current, past or considered home for the child;
4. The child's background and ties including familial, cultural and religious;
5. The child's sense of attachments, including his/her sense of security and familiarity, and continuity of affection for the child;
6. The least disruptive placement alternative for the child;
7. The child's wishes and long-term goals;
8. The child's community ties including church, school and friends;
9. The child's need for permanence, including the child's need for stability and continuity of relationships with his/her parent, siblings, other relatives;
10. The uniqueness of every family and child;
11. The risks to entering and being in substitute care;
12. The preferences of the persons available to care for the child; and
13. Any other factors considered by the GAL to be relevant and proper to its determination.

Duties and Responsibilities of a CASA and/or GAL

Unless a child's circumstances render the following duties and responsibilities unreasonable, a GAL, at a minimum, shall:

1. Maintain regular and sufficient face-to-face contact with the child and, in a manner appropriate to the child's developmental level, meet with and interview the child prior to custody hearings,

- adjudication hearings, disposition hearings, judicial reviews and any other hearings scheduled;
2. In a manner appropriate to the child's developmental level, ascertain the child's needs, circumstances and views;
 3. Conduct an independent assessment to determine the facts and circumstances surrounding the case;
 4. Consult with the child's attorney, if appointed separately, regarding the issues in the proceeding;
 5. Communicate with health care, mental health and other professionals involved in the child's case;
 6. Review case study and educational, medical, psychological and other relevant reports relating to the child and the parents, guardians or legal custodians;
 7. Review all court related documents;
 8. Attend all court hearings and other proceedings to advocate for the child's best interests;
 9. Advocate for timely court hearings to obtain permanency for the child;
 10. Protect the cultural needs of the child;
 11. Contact the child prior to any proposed change in the child's placement and after changes in the placement;
 12. Request a judicial citizen review panel or judicial review of the case;
 13. Attend judicial citizen review panels concerning the child and if unable to attend, forward a letter to the panel outlining the child's status since the last citizen review panel and include an assessment of the DFCS permanency plan and treatment plans;
 14. Provide written reports to the courts and the parties on the child's best interests, including, but not limited to:
 - a. Recommendations regarding placement;
 - b. Updates on the child's adjustment to placement;
 - c. DFCS' and parent's, guardian's or legal custodian's compliance with prior court orders and treatment plans;
 - d. The child's degree of participation during visitations; and
 - e. Any other recommendations based on the best interests of the child.
 15. When appropriate, encourage settlement and the use of alternative forms of dispute resolution and participate in such processes to the extent permitted; and
 16. Monitor compliance with the case plan and all court orders.

The SSCM's responsibilities to the CASA and/or GAL are:

1. To arrange for the CASA and/or GAL to interview the child and all parties having knowledge of the child's situation.
2. To inform the foster parent or facility staff person that a CASA and/or GAL has been assigned to the child as soon as the identity of the CASA is known.
3. To immediately inform the CASA and/or GAL of the child's change in placement or any other significant change which could impact the CASA's and/or GAL's role or decisions.


4. To share pertinent information regarding the child with the CASA and/or GAL in a timely manner; at a minimum, contacts between the CASA and/or GAL and DFCS need to occur monthly.
5. To make the DFCS case record available for review in the DFCS office (after removing the names of reporters). Follow HIPAA policy regarding the release of third-party PHI.
6. To provide written notification for the CASA and/or GAL to attend and participate in case plan meetings and reviews.
7. To provide copies of all current case plans.
8. To share and discuss with each other case specific recommendations, written suggestions and findings that will be included in reports to be submitted to the court (reaching consensus is not required).

It is in the best interest of children and their families that collaboration occurs between DFCS and CASAs and/or GALs throughout the life of the case. Discussing the child prior to court hearings helps to prevent disputes that may impede the court process.

Forms and Tools

[Administration for Children and Families, U.S. Department of Health and Human Services](#)
[Court Appointed State Advocates \(CASA\) For Children](#)

17.11 Termination of Parental Rights (TPR)

	Georgia Division of Family and Children Services		
	Child Welfare Policy Manual		
	Chapter:	(17) Legal	
	Policy Title:	Termination of Parental Rights (TPR)	
	Policy Number:	17.11	Previous Policy Number(s):
Effective Date:	July 2024	Manual Transmittal:	2024-06

Codes/References

- O.C.G.A. § 15-11-2 Definitions
- O.C.G.A. § 15-11-35 Appeals
- O.C.G.A. § 15-11-233 Termination of Parental Rights; Exceptions
- O.C.G.A. § 15-11-262 Right to Attorney and Appointment of Guardian Ad Litem
- O.C.G.A. § 15-11-265 Suspension of Right of Voluntary Surrender of Parental Rights
- O.C.G.A. § 15-11-280 Petition; Style; Contents; Putative Fathers
- O.C.G.A. § 15-11-300 Notice of Hearings to Specified Parties
- O.C.G.A. § 15-11-301 Expedited Hearings; Orders
- O.C.G.A. § 15-11-310 Grounds for Determining Termination of Parental Rights
- O.C.G.A. § 15-11-320 Termination of Parental Rights; Findings; Standard of Proof
- O.C.G.A. § 15-11-321 Custody of Child Following Termination Proceedings or Surrender of Parental Rights
- O.C.G.A. § 15-11-323 Reinstatement of Parental Rights; Standard of Proof

O.C.G.A. § 15-11-324 Disposition

O.C.G.A. § 15-11-622 Permanency Planning Requirements; Reasons for Failure to Terminate Parental Rights

O.C.G.A. § 19-8-9 Revocation of Surrender of Rights; Time Limit; Effect of Voluntary Surrender of Rights by Legal Mother

Title IV-E of the Social Security Act § 475 (5)(E) and (F)

45 CFR §§ 1356.21 (i)(1), (i)(1) (i-iii); (i) (2) and (3)

42 USC § 670

Public Law (PL) 105-89 Adoption and Safe Families Act of 1997

PL 111-320 CAPTA Reauthorization Act of 2010

Requirements


The Division of Family and Children Services (DFCS) will:

1. File petitions for termination of parental rights (TPR) for children in foster care, when it is in the best interest of the child and in accordance with all applicable state and federal laws.
2. Adhere to the Indian Child Welfare Act (ICWA) notification requirements for termination proceedings and inform the court if there is reason to know a child is a member of a federally recognized Indian tribe; or eligible for membership in a federally recognized Indian tribe, and is the biological child of a member/citizen of a federally recognized Indian tribe (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).
3. *File a petition (or if such a petition has been filed by another party, seek to be joined as a party to the petition), when appropriate to terminate the parental rights of a parent(s):*
 - a. *Whose child has been in foster care under the responsibility of DFCS for 15 of the most recent 22 months. The petition must be filed by the end of the child's 15th month in foster care. In calculating when to file a petition for termination of parental rights, DFCS:*
 - i. *Will calculate the 15 out of the most recent 22-month period from the date the child entered foster care;*
 - ii. *Will use a cumulative method of calculation when a child experiences multiple exits from and entries into foster care during the 22-month period;*
 - iii. *Will not include trial home visits or runaway episodes in calculating 15 months in foster care; and*
 - iv. *Only applies the "15 out of 22 months" rule to a child once if DFCS does not file a petition because one of the exceptions applies.*
 - b. When the court has determined the parent has subjected the child to aggravated circumstances (see policy [9.5 Eligibility: Reasonable Efforts](#));
 - c. *Whose child has been determined by a court of competent jurisdiction to be an abandoned infant (as defined under State/Tribal law). The petition to terminate parental rights is made within 60 days of the judicial determination that the child is an abandoned infant; or*
 - d. *Who has been convicted of one of the following felonies:*
Under such circumstances, the petition to terminate parental rights is to be made within 60 days of a judicial determination that reasonable efforts to reunify the child and parent are not


required.

- i. *Murder (which would have been an offense under section 1111(a) of Title 18, United States Code, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) or murder in the second degree of another child of the parent;*
 - ii. *Voluntary manslaughter (which would have been an offense under section 1112(a) of Title 18, United States Code, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of another child of the parent;*
 - iii. *Voluntary manslaughter of the other parent of the child;*
 - iv. *Aiding or abetting, attempting, conspiring, or soliciting to commit murder or voluntary manslaughter of another child of the parent;*
 - v. *Aiding or abetting, attempting, conspiring, or soliciting to commit murder or voluntary manslaughter of the other parent of the child; or*
 - vi. *A felony assault that results in serious bodily injury to the child or another child of the parent.*
 - vii. *When the parent or legal guardian has committed sexual abuse against the surviving child or another child of the parent; or*
 - viii. *When the parent or legal guardian is required to register with a sex offender registry under section 113 (a) of the Adam Walsh Child Protection and Safety Act of 2006.*
4. *At its discretion, may elect not to file or join a petition to terminate the parental rights of a parent if:*
- a. *At the option of DFCS, the child is being cared for by a relative that intends to be a permanent placement for such child in accordance with a permanency plan approved by the court and in a time frame that is consistent with the developmental needs of such child;*
 - b. *DFCS has documented in the case plan (which must be available for court review) a compelling reason for determining that filing such a petition would not be in the best interest of the individual child; or*
 - c. *DFCS has not provided to the family, consistent with the time period in the case plan, services that DFCS deems necessary for the safe return of the child to the home when reasonable efforts to reunify the child are required.*
5. *Concurrently begin to identify, recruit, process, and approve a qualified adoptive family for the child, when DFCS files or joins a petition to terminate parental rights.*
6. *Ensure the DFCS County Director/Designee approves and confirms in writing the decision to file TPR based on:*
- a. *The circumstances of the case;*
 - b. *Documentation of evidence; and*
 - c. *The goal of adoption being a viable permanent plan.*
7. *Use any of the following grounds outlined in state law, when filing a petition for TPR:*
- a. *The parent has given written consent to termination which has been acknowledged by the court or has voluntarily surrendered his or her child to DFCS for adoption;*
 - b. *The parent has subjected his/her child to aggravated circumstances;*

- c. The parent has wantonly and willfully failed to comply with court-ordered support for a period of 12 months or longer;
 - d. The parent has abandoned the child;
 - e. A child is a dependent child due to lack of proper parental care or control by his or her parent, reasonable efforts to remedy the circumstances have been unsuccessful or were not required, such dependency is likely to continue or will likely not be remedied in the reasonably foreseeable future, and:
 - i. Returning the child to the parent is likely to cause serious physical, mental, moral, or emotional harm to the child or threaten the physical safety or well-being of the child; or
 - ii. Continuation of the parent-child relationship will cause or is likely to cause serious physical, mental, moral, or emotional harm to the child.
8. Refrain from accepting a parent's surrender of their rights to the child once a TPR petition has been filed unless the parent:
 - a. Consents to a judgment terminating his/her parental rights; and
 - b. Executes an act of surrender in favor of:
 - i. A third party, if all parties to the petition to terminate parental rights agree; or
 - ii. DFCS.
 9. Ensure the court appoints an attorney to represent the child in TPR proceedings. The court may also appoint this person as the Guardian ad Litem (GAL) or shall appoint a separate GAL.
 10. Prepare for, attend, and participate in TPR hearings.
 11. Make efforts to permanently place the child with kin following a TPR order if the individual is willing and found by the court to be qualified to receive and care for the child.
 12. Acknowledge that the parent(s) have 30 days from the day the termination order is filed in which to appeal.

 The person appealing a TPR decision must seek a discretionary appeal as there is no longer an appeal right in TPR cases. The decision to terminate parental rights stands if an application for a discretionary appeal is not filed within 30 days after the termination order (the order is signed by the judge and filed with the clerk of court) or a notice of appeal is not filed within ten days after the appellate court enters an order permitting the appeal. If the application for appeal is granted and the Notice of Appeal is filed timely, the juvenile court order stands until the appeal is resolved. The County Department continues with the legal right to the care and control of the child.

13. Acknowledge that a child may petition the court to reinstate parental rights if:
 - a. He/she has not been adopted after three years from the TPR date or date of voluntary surrender; and
 - b. The court has determined the permanency plan is no longer adoption.

 The petition may be filed prior to the three-year timeframe if the child and DFCS or licensed child-placing agency (with custody of the child) stipulates that the child is no longer likely to be adopted. A child 14 years of age or older shall sign the petition unless

there is good cause why they should not.

Procedures

Social Services Case Manager

1. Monitor alerts and the Case Watch page in Georgia SHINES to ensure the TPR is filed timely or a compelling reason for not filing is documented.
2. Review the case record to ensure all relevant information is documented to support the filing including:
 - a. All contacts (telephone, email, written correspondence, and face-to-face contacts) with the parent(s), child, placement resource, kin, service providers, and other collaterals;
 - b. Parent-child visitation;
 - i. When visits were scheduled;
 - ii. Whether or not the visits occurred, where they occurred and the duration of the visits;
 - iii. Why visits did not occur and efforts to resolve barriers to visitation;
 - iv. The quality and quantity of interaction between the parent and child during visitation;
 - v. The degree of understanding and acceptance shown by the parent toward the child and the child's reaction to the parent; and
 - vi. The placement provider's description of the child's behavior after parent-child visits.
 - c. Referrals for services;
 - i. Dates and reasons for the referral;
 - ii. Participation by the parent(s) in services;
 - iii. Missed appointments and the reasons for missed appointments;
 - iv. Follow-up contact with the service providers;
 - v. Recommendations of the service providers;
 - vi. Progress made by the parent(s) including behavioral changes observed.
 - d. All efforts made to fulfill the case plan requirements and/or engage parents who are not complying with the case plan, including any diligent search efforts to locate an absent parent (see policy [19.20 Case Management: Diligent Search](#)).
3. Determine, in collaboration with the Social Services Supervisor (SSS), if TPR is in the best interest of the child and the timeframe for filing the petition for TPR or documenting the compelling reasons for not filing the petition;



Consider the “15 out of 22 months” as the maximum length of time a child can be in foster care before mandated termination action takes place unless a compelling reason for an exception to filing for TPR is documented in the case plan.


4. Conduct a Family Team Meeting (FTM) or other family meeting (see policy [19.3 Case Management: Solution-Focused Family Team Meetings](#)) to:
 - a. Discuss the decision to file a TPR petition and provide formal notification;

- b. Plan for permanency for the child; and
 - c. Inform the child and family about the process for reinstatement of parental rights if TPR is granted).
5. Discuss and document in the Case Plan in Georgia SHINES, the specific reason for not filing the TPR if the decision is not to file a TPR based on any of the following:
- a. The child is placed with a relative:
 - i. Where the child is placed;
 - ii. Length of time in the home;
 - iii. Adjustment of the child to the placement;
 - iv. Stability of the placement;
 - v. Fitness and capability of the relative;
 - vi. Safety and quality of care the child receives;
 - vii. Commitment of the relative to the child (present and future);
 - viii. Permanency of the placement in accordance with the permanency plan approved by the court and in a time frame that is consistent with the developmental needs of the child;
 - ix. Potential for permanency through adoption or guardianship.



Placing the child with a relative does not preclude consideration of permanency through adoption or guardianship (see policy [10.22 Foster Care: Permanency Planning](#)).


- b. The compelling reason(s) for determining that filing the TPR petition is not in the best interest of the child (see Practice Guidance: Exceptions to Filing for TPR).
 - c. Failure to provide services to facilitate reunification:
 - i. The specific reunification services not provided, but considered necessary for the child's safe return;
 - ii. The reason such services are delayed or have not been provided within the time frames outlined in the case plan;
 - iii. Steps to remedy the failure to provide services;
 - iv. If services are provided, the likelihood, it will bring about safe reunification within a specified time (indicate that time frame).
6. Check the Putative Father Registry to identify any possible biological fathers, who are not the legal father of the child, if not previously completed (see policy [11.2 Adoption: Putative Father Registry and Birth Certificates](#)).
7. Prepare the Termination Packet:
- a. The information provided in the Termination Packet should allow the Special Assistant Attorney General (SAAG) to determine if:
 - i. The evidence will satisfy the grounds for TPR; and
 - ii. All requisite steps have been fulfilled to prepare the TPR petition.

- b. Submit the TPR Packet to the SSS for review and approval.
 - c. Submit the TPR Packet to the SAAG within 30 days of written approval from the County Director/Designee.
8. Staff with the SAAG to prepare for the TPR hearing, by reviewing:
- a. The evidence
 - b. Chronology of case events
 - c. Major points to be brought out in testimony
 - d. Witnesses
 - e. Any other information
9. Provide notification to the caregiver (placement resource) in accordance with policy [17.8 Legal: Caregiver's Right to be Notified and Heard](#) and document in the narrative of the Contact Detail page in Georgia SHINES within 72 hours of the occurrence, including:
- a. Efforts to contact him/her
 - b. The date and method in which notification was provided
 - c. The response to the notification
 - d. Whether he/she plans to attend the hearing and if not, why not
 - e. Explanation of the importance of attending the hearing and the possibility of being subpoenaed (see Practice Guidance: Caregiver Testimony Dispositional Phase of TPR)
 - f. Whether he/she will present verbal or written testimony and/or documentation and if not, why not
10. Attend the TPR hearing and be prepared to testify.
11. Notify the Adoption Exchange, State Adoption Unit within twenty-four hours of a TPR of a child that fits the description of a Wait List child (see policy [11.4 Adoption: Wait List](#));
12. Update the Legal Action and Outcomes Detail page in Georgia SHINES;
-  The State Office Adoption Unit is notified in Georgia SHINES by a system-generated alert once the Legal Action and Outcomes Detail page is updated.
13. Obtain and review the TPR court order for accuracy and that it includes the required language and court-ordered recommendations (see policy [17.3 Legal: Court Orders and Placement Authority](#)). Upload the court order to Georgia SHINES External Documentation.
14. Proceed with finalizing the permanency plan of adoption if TPR is granted and the parent(s) do not file an appeal within the required time frame (see policy [11.1 Adoption: Adoption Preparation](#)).
15. When TPR is granted, and the parent(s) file an appeal:
- a. Offer brief supportive services to the parent(s);
 - b. Provide a list of community agencies that may be able to support the family during the appeal process;
 - c. Continue parent-child visitation when in the best interest of the child unless the court order states otherwise;

- d. Engage the family in adoption planning (see policy [11.1 Adoption: Adoption Preparation](#)).
16. If a child requests to have parental rights reinstated:
- a. Explore the reinstatement with the child, GAL, placement resource, and the child's support team, including:
 - i. Whether the request meets the provision of the law for reinstatement of parental rights;
 - ii. The child's reason for wanting reinstatement;
 - iii. Other permanency options available to the child;
 - iv. Any contact between the child and parent(s) since TPR;
 - v. The impact on the child's safety, permanency, and well-being if parental rights are reinstated or if the parent chooses not to reinstate his/her rights;
 - vi. The current protective capacities of the parent(s) and the current child vulnerabilities; and
 - vii. The child's expectations of what will occur if parental rights are reinstated.
 - b. Inform the child his/her GAL will assist in filing a petition to reinstate parental rights;
 - c. Complete a Kinship Assessment on the parent(s) (see policy [22.3 Kinship: Kinship Assessment](#));
 - d. Participate in a staffing with the SSS and SAAG to determine DFCS' recommendations regarding reinstatement;
 - e. Attend and participate in any court hearings regarding reinstatement;
 - f. Provide transition services to the child and family when ordered by the court if reinstatement is granted.

Social Services Supervisor

1. Monitor the Georgia SHINES Case Watch page to ensure timely filing of TPR or a compelling reason for not filing is documented.
2. Review the case record to determine whether:
 - a. Reasonable efforts are being made to reunify the child and family or achieve an alternate permanency plan;
 - b. Sufficient evidence exists to support TPR and the recommended permanency plan to be considered by the court.
3. Conduct a supervisor staffing with the SSCM to determine whether TPR is in the best interest of the child (see Practice Guidance: Best Interests Determination).
4. Review the TPR Packet for accuracy and completeness:
 - a. If the TPR Packet is incomplete, return the packet to the SSCM indicating what information is required.
 - b. If the TPR Packet is complete, submit the packet to the County Director/Designee for review and approval.
5. Participate in the staffing with the SSCM and SAAG prior to a TPR hearing.

6. Provide guidance to the SSCM on how to prepare and testify at the hearing. Attend court hearings to provide guidance and support to the SSCM, as needed.
7. Review the TPR court order for accuracy and that it includes the required language and court-ordered recommendations (see policy [17.3 Legal: Court Orders and Placement Authority](#)).
8. Ensure documentation is entered, court orders are uploaded, and the appropriate pages are updated in Georgia Shines within 72 hours of the occurrence.
9. Monitor appeal timeframes to ensure:
 - a. Timely achievement of the permanency plan if no appeal is filed;
 - b. Ongoing follow-up with the SAAG, if an appeal is filed.
10. Support the SSCM to ensure brief supportive services and continued visitation (when determined in the best interest of the child and not prohibited by court order) are provided to the parents, if the TPR is under appeal.
 -  If services to facilitate reunification were not provided, notify the County Director and Regional Director in writing.
11. Conduct a staffing with the SSCM to determine that it meets the provisions of the law and DFCS' recommendation if a child wishes to petition the court to reinstate parental rights.

County Director/Designee

1. Review the TPR Packet and make an approval determination.

Practice Guidance

Termination of parental rights is the most serious legal action DFCS can take regarding the parent/child relationship. A TPR order is without limit as to duration. Once issued and not overturned by appeal, the order is permanent. If the court commits the child to the permanent custody of DHS, the County Department has all the rights and responsibilities of the legal custodian, including the authority to consent to marriage, enlistment in the Armed Services, any surgical procedure or other medical treatment for the child, adoption.

When a mother's parental rights have been terminated (voluntary or involuntary), she no longer has the right or authority to sign an acknowledgment of paternity form or to consent to the granting of a petition of legitimation for the same child. When parental rights are terminated, there is the expectation that the child will achieve permanency through adoption. To make sure that agency efforts are directed toward achieving this outcome, both federal and state law require certain status reports, hearings, and case plan documentation as a way to provide judicial oversight of agency efforts to place the child in an adoptive home (see policy [17.2 Legal: Case Review/Permanency Plan Hearings](#) and [17.1 Legal: The Juvenile Court Process](#)).

Abandonment

Abandonment or abandoned means any conduct on the part of a parent, guardian, or legal custodian showing an intent to forgo parental duties or relinquish parental claims. Intent to forgo parental duties or relinquish parental claims may be evidenced by:

1. Failure, for a period of at least six months, to communicate meaningfully with a child;
2. Failure, for a period of at least six months, to maintain regular visitation with a child;
3. Leaving a child with another person without provision for his/her support for a period of at least six months;
4. Failure, for a period of at least six months, to participate in any court-ordered plan or program designed to reunite a child's parent, guardian, or legal custodian with his/her child;
5. Leaving a child without affording any means of identifying such child or his or her parent, guardian, or legal custodian and:
 - a. The identity of such child's parent, guardian or legal custodian cannot be ascertained despite diligent searching; and
 - b. A parent, guardian or legal custodian has not come forward to claim such child within three months following the finding of the child.
6. Being absent from the home of his/her child for a period of time that creates a substantial risk of serious harm to a child left in the home;
7. Failure to respond, for a period of at least six months, to notice of child protective proceedings;
or
8. Any other conduct indicating intent to forgo parental duties or relinquish parental claims.


Written Confirmation by the County Director/Designee

Confirmation in writing may include the County Director's/Designee's signature on a staffing form where the decision to file TPR is made; signature on the Legal Services Request to file TPR; or documentation by the County Director/Designee in the narrative of Contact Detail in Georgia SHINES.

Exceptions to Filing for TPR

The County Department must continue to develop and re-evaluate the child's permanency plan and follow permanency hearing requirements despite documenting a compelling reason for not filing TPR. Examples of compelling reasons for not filing TPR should be case-specific and may include:

1. A parent of the child is successfully participating in services that will make it possible for the child to safely return home;
2. Another permanency plan is better suited to meet the health and safety needs of the child. The following situations are examples of when an alternative permanency plan may be in the child's best interest:
 - a. The child is 14 years of age or older and objects to the TPR;

 Prior to accepting a child's objection, the court shall personally question the child in chambers to determine whether the objection is a voluntary and knowledgeable choice.
 - b. The child is 16 years of age or older and requests that emancipation be selected as the permanency plan;
 - c. The parent and child have a significant bond, but the parent is unable to care for the child

because of an emotional or physical disability and the child's caregiver has committed to raising the child to adulthood and facilitating visits with the parent;

- d. The child is in a residential treatment facility that provides services designed to address the child's treatment needs and the court determines the child's needs could not be served in a less restrictive environment.
3. The child is living with a relative who is unable or unwilling to adopt, but who is willing and capable of providing the child with a stable and permanent home environment and the removal from this relative would be detrimental to the child's emotional well-being;
4. The court or Judicial Citizen Review Panel (JCRP), in a prior hearing or review, determined that DFCS did not make reasonable efforts to reunify the family;
5. The child is an unaccompanied refugee or there are international legal obligations or foreign policy reasons that would preclude TPR.

If a child is alleged or adjudicated to have committed a delinquent act and is also in foster care, the following would be additional compelling reasons for not filing for TPR:

1. The child's developmental needs require continued out-of-home placement for an additional number of months and his parent, guardian, or legal custodian has cooperated with referrals, visitation, family conferences, and therapy;
2. A child is uncooperative with services or referrals; and
3. The length of the delinquency disposition affects the permanency plan.

If reunification cannot occur within the time frame specified in the case plan, but it is not appropriate to abandon it as the permanency plan, reunification efforts may continue within a reasonable extension of time which is consistent with the child's developmental needs. The reasons why the continuation is needed and a projected reunification date should be clearly documented.

Termination Packet

The Termination Packet is designed to expedite the process of moving children to permanency. While the SAAG may request additional documents and/or case information, the Termination Packet should be completed with attachments as listed in each section, including, but not limited to:

1. Copies of any legitimation and/or adoption orders;
2. Copies of the executed voluntary surrender documents when a parent has voluntarily surrendered their rights to DFCS;
3. All case plans for the prior 18 months;
4. A copy of the birth certificate for each child;
5. Any additional information that will assist the SAAG in completing a petition to TPR.

The SAAG should prepare the termination petition and have it ready for verification and filing within 30 days of receipt of the completed Termination Packet. Any delays in receipt of the petition should be discussed with the SAAG. The DHS Office of General Counsel may need to be notified of repeated delays.

Petitions for TPR

A petition for TPR shall:

1. Clearly state that an order for TPR is requested;
2. State the statutory grounds on which the petition is based;
3. Set forth:
 - a. The facts that bring the child within the jurisdiction including a statement that it is in the best interests of the child and public that the proceedings be brought;
 - b. The name, age, date of birth, and residence address of the child;
 - c. The name and residence address of the parent, guardian, or legal custodian or if the parent, guardian, or legal custodian does not reside or cannot be found in the state, the name of any adult relative residing in the county or if none, the adult relative living closest to the court;
 - d. Whether the child is in protective custody and if so, the place of his/her foster care and the time the child was taken into protective custody; and
 - e. Whether any of the above information is unknown.

When a petition for TPR seeks termination of the rights of a biological father who is not the legal father and who has not surrendered his rights to the child, the petition shall include a certificate from the putative father registry disclosing the name, address and social security number of any registrant acknowledging paternity of the child or the possibility of paternity of a child of the child's mother for a period beginning no more than two years immediately before the child's birth. The certificate shall document a search of the registry on or before the date the petition was filed and shall include a statement that the registry is current to the date of the filing of the petition.

Seeking to be Joined as a Party to a Petition

Consult with the SAAG regarding how DFCS becomes "joined" as a party to a petition for TPR which has already been filed by another party on the child's behalf.

TPR Hearing

TPR hearings should be conducted within 90 days of the date the TPR petition is filed unless the court determines that just cause for a delay is shown. A TPR proceeding shall be commenced in the county:

1. That has jurisdiction over related dependency proceedings;
2. In which the child legally resides;
3. In which a child is present when the termination proceeding is commenced, if the child is present without his/her parent, guardian, or legal custodian; or
4. Where the acts underlying the petition to terminate parental rights are alleged to have occurred.



For the convenience of the parties, the court may transfer proceedings to the county in which the parent of a child adjudicated as a dependent child legally resides. If a proceeding is transferred, certified copies of all legal and social documents and records pertaining to the pro-

ceeding on file with the clerk of court shall accompany the transfer.

In all TPR proceedings, the standard of proof is by clear and convincing evidence. If no just cause for delay has been shown by a written finding of fact by the court, an order of disposition shall be issued by the juvenile court no later than 30 days after the conclusion of the hearing on the TPR petition. Once TPR has been ordered, the parent whose rights have been terminated is not entitled to be notified of any adoption proceeding or have the right to object to any adoption. The relationship between a child and his/her siblings shall not be severed until a final order of adoption. Despite TPR, a relative's relationship for the purpose of placement and permanency remains intact until terminated by a final order of adoption.

Caregiver Participation in Hearings

The juvenile court is required to make specific findings of fact in its court order related to the caregiver's notice, attendance, testimony, or documentary evidence. Such findings of fact shall include:

1. Whether the caregiver was provided notice of the hearing or review, including the method, and whether the caregiver expressed an interest in being heard at the hearing or review; and
2. If the caregiver is present at the hearing, specific information regarding the caregiver's views, including, but not limited to those concerning the child's: well-being, health, and safety; Any changes the caregiver believes are necessary to advance the child's wellbeing, health and safety; The timeliness, necessity, and quality of services being provided to the child and caregiver; and a summary of the documentation presented by the caregiver regarding the child's well-being, health, safety, including, but not limited to reports from physicians, counselors, psychologists, and teachers.

Evidence Standard and Best Interest in TPR Cases

DFCS' evidence must support its petition for TPR. The burden of proof is on DFCS to prove by clear and convincing evidence that the child is dependent and grounds for TPR exist. In considering TPR, the following factors are considered by the court:

1. Standard of Evidence - There must be clear and convincing evidence of parental misconduct or inability to care for the child; and
2. Best Interest of the Child - If the standard of evidence can be satisfied, then the court must determine that termination is in the best interest of the child.

In determining whether the child is without proper parental care and control, the court shall consider, without being limited to, the following:

1. A medically verifiable deficiency of the parent's physical, mental, or emotional health of such duration or nature as to render the parent unable to provide adequately for the child;
2. Excessive use of or history of chronic, un-rehabilitated substance abuse with the effect of rendering the parent incapable of providing adequately for the physical, mental, emotional, or moral conditions and needs of the child;
3. Conviction of the parent of a felony and imprisonment, which has a demonstrable negative effect on the quality of the parent-child relationship;
4. Egregious conduct or evidence of past egregious conduct of the parent toward the child or

another child of a physically, emotionally, or sexually cruel or abusive nature;

5. Physical, mental, or emotional neglect of the child or evidence of past physical, mental, or emotional neglect of the child or of another child by the parent; and
6. Serious bodily injury or death of a sibling under circumstances that constitute substantial evidence that such injury or death resulted from parental neglect or abuse.



A parent's reliance on prayer or other religious non-medical means for healing instead of medical care in the exercise of religious beliefs, shall not be the sole basis for determining a parent to be unwilling or unable to provide safety and care adequate to meet his/her child's physical, emotional, and mental health needs.

In addition to the above considerations that a child is without proper parental care or control, the court shall consider, without being limited to, whether the parent, without justifiable cause, has failed significantly for a period of six months or longer prior to the filing of the petition for TPR to:

1. Develop and maintain a parental bond with the child in a meaningful, supportive manner.
2. Provide for the care and support of the child as required by law or judicial decree; and
3. Comply with a court-ordered case plan designed to reunite the child with the parent(s).

TPR shall be ordered when the court finds:

1. Any ground for TPR is proven by clear and convincing evidence; and
2. TPR is in a child's best interest.

Best Interest Determination in TPR Cases

At least 30 days prior to the fifteenth month a child has been in foster care and when the court deems it appropriate, the court shall review DFCS's determination that filing a petition to terminate parental rights would not be in the best interests of such child. Such a hearing may be in conjunction with other matters of the case. At such hearing, the court may appoint an attorney guardian ad litem, who may, after his or her own determination, file a petition to terminate parental rights on behalf of the child. The court in its sole discretion may make any additional rulings.

If any of the statutory grounds for TPR have been met, the court shall then consider whether TPR is in the child's best interest after considering the following:

1. The child's sense of attachments including his/her sense of security and familiarity, and the continuity of affection for the child;
2. The child's wishes and long-term goals;
3. The child's need for permanence including his/her need for stability and continuity of relationships with parents, siblings, and other kin;
4. Any benefit to the child of being integrated into a stable and permanent home and the likely effect of delaying the integration into the stable and permanent home environment;
5. The detrimental impact of the lack of a stable permanent home environment on the child's safety, well-being, or physical, mental, or emotional health;
6. The child's future physical, mental, moral, or emotional well-being; and

7. Any other factors considered to be relevant and proper to its determination (see Practice Guidance: Best Interest Determination in policy [17.1 Legal: The Juvenile Court Process](#)).



If the court determines that a parent has subjected his/her child to aggravated circumstances because such parent has committed the murder of the other parent, the court shall presume that TPR is in the best interests of the child.

Custody of Child following Termination Proceedings or Surrender of Parental Rights

After TPR, the court shall determine if the placement is in the child's best interests and in accordance with the court-approved permanency plan. In determining which placement is in the child's best interests, the court shall enter findings of fact considering the following:

1. The child's need for a placement that offers the greatest degree of legal permanence and security;
2. The least disruptive placement for the child;
3. The child's sense of attachment and need for continuity of relationships;
4. The value of biological and familial connections; and
5. Any other factors the court deems relevant to its determination.

The court may consider any evidence, including hearsay evidence, that the court finds to be relevant, reliable, and necessary to determine the needs of the child and the permanency and custody of a child whose parents have had their parental rights terminated or who have surrendered their parental rights.

Caregiver Testimony Dispositional Phase of TPR

After TPR is granted, during the dispositional phase of such case, the court shall in making disposition consider the testimony of and evidence provided by a foster parent, caregiver, relative, or other individual in whose physical custody the child has resided for at least 12 months during a period ending not more than 90 days preceding the filing of the petition, provided that such individual expresses a desire and willingness to adopt the child. Such testimony and evidence may include evidence regarding the level of attachment and bonding between the child and caregiver; the child's health, safety, and well-being; and such other evidence the court may consider relevant to its disposition of the case. The court may in its discretion limit the scope of such evidence as it may deem relevant and material to the dispositional issues at hand.

Notice of Appeal

If an application for a discretionary appeal is filed and granted by the appellate court and a Notice of Appeal is timely filed, the termination order may be appealed to the Court of Appeals and may later be appealed to the Supreme Court. Both courts do not take testimony but render their decision on review of the court hearing. This is the reason it is critical to enter all the major points to support termination during the hearing. No new evidence may be entered when the case is under appeal.

The appeal of an order granting a petition to terminate parental rights shall stay an adoption proceeding related to the child who is the subject of the order until the order becomes by the conclu-

sion of appellate proceedings or the expiration of the time for seeking such review. Except for proceedings in connection with an adoption, the court shall continue to conduct hearings and issue orders in accordance with Chapter 15 of OCGA while an appeal is pending.

If the termination decision is overturned, the Court of Appeals can determine who should have custody of the child when the court gives its decision. If the appellate decision is for the parent to have custody, this would supersede the temporary custody order of the juvenile court and would be put in effect by the juvenile court when the Court of Appeals remittitur (mandate) is received. A juvenile court judge may also change the temporary custody order in response to the Court of Appeals overturning a decision. The person or agency having custody of the child would depend upon the wording of the court orders. Consult with your SAAG and the Office of General Counsel for guidance in these situations.

Reinstatement of Parental Rights

Because termination of parental rights is the most serious legal action DFCS can initiate upon the parent/child relationship, it should not be done hastily and without clear consideration of the child's best interest. In the same regard, if a child wishes to have his/her parent's rights reinstated, the SSCM should assist the child in exploring what this means for the child and the impact it may have on the child's safety, permanency, and well-being. If the parents' circumstances have not significantly changed to where they are now capable of providing the proper care and supervision for the child, it is unlikely the court would reinstate the parental rights. The SSCM should explore all possible outcomes with the child including the possibility that the parent does not want their rights reinstated. If the child wishes to proceed with filing a petition to reinstate parental rights, the GAL should assist the child in filing a petition.

If it appears it is in the best interests of the child to reinstate parental rights, the court shall order that a hearing be held and shall cause notice to be served by US mail to DFCS, the attorney of record, the GAL (if any), the foster parents (if any) and the child's former parent's whose rights were terminated. The former parents and foster parents shall have a right to be heard at the hearing; however, they will not be made parties to the hearing and the hearing may be conducted in their absence. A child's motion shall be dismissed if their parent cannot be located or if the parent objects to the reinstatement.


The court shall grant the petition if it finds by clear and convincing evidence that the child is no longer likely to be adopted and that reinstatement of parental rights is in the child's best interests. To determine whether reinstatement is in the child's best interests the court shall consider, but not be limited to, the following:

1. Whether a parent whose rights are to be reinstated is a fit parent and has remedied the deficits outlined in the termination order;
2. The age and maturity of the child and the ability of the child to express their preference;
3. Whether the reinstatement of parental rights will present a risk to a child's health, welfare, or safety; and
4. Other material changes in circumstances that may have occurred that warrant granting the petition.

Forms and Tools

Termination Packet

17.12 Voluntary Surrender of Parental Rights

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(17) Legal		
	Policy Title:	Voluntary Surrender of Parental Rights		
	Policy Number:	17.12	Previous Policy Number(s):	3.12, 103.2 - 103.5, 103.8 - 103.9, 103.13
	Effective Date:	August 2024	Manual Transmittal:	2024-07

Codes/References

O.C.G.A. § 15-11-2 Definitions

O.C.G.A. § 19-7-22 Petition for Legitimation of Child; Requirement that Mother be Named as a Party; Court Order; Effect; Claims for Custody or Visitation; Third-party Action for Legitimation in Response to Petition to Establish Paternity

O.C.G.A. § 19-8-4 Adoption Through the Department, Child-Placing Agency, or Out-of-state Licensed Agency

O.C.G.A. § 19-8-5 Third Party Adoption by Party Who is not Stepparent or Relative of Child

O.C.G.A. § 19-8-9 Revocation of Surrender of Rights; Time Limit; Effect of Voluntary Surrender of Rights by Legal Mother

O.C.G.A. § 19-8-11 Petitioning Superior Court to Terminate Parental Rights; Service of Process

O.C.G.A. § 19-8-26 Forms

O.C.G.A. § 19-8-27 Postadoption Contact Agreements; Definitions; Procedure; Jurisdiction; Warnings; Enforcement, Termination, or Modification; Expenses of Litigation

25 CFR Part 23

Public Law 95-608 Indian Child Welfare Act (ICWA) of 1978

Requirements

The Division of Family and Children Services (DFCS) will:

1. Consent to the voluntary surrender of parental rights only when adoption is a viable plan for the child.
2. Afford all rights under the Indian Child Welfare Act (ICWA) to any Indian child subject to a voluntary surrender of parental rights involving DFCS, to promote the stability and security of Indian Tribes and their families (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).
3. Ensure each voluntary surrender of parental rights is knowing and voluntary.
 - a. Recommend that any parent considering voluntary surrender consult an attorney about their legal rights and the impact of the surrender.
 - b. Arrange for any parenting youth in DFCS custody to have an attorney present at the signing

of the voluntary surrender of parental rights to be knowledgeable about their legal options and the impact of the surrender.

- c. Inform the Special Assistant Attorney General (SAAG) of the parents' desire to voluntarily surrender parental rights when the parent has a pending dependency case where they are represented by an attorney, to ensure the parent's attorney is properly notified. This will allow the attorney an opportunity to provide legal advice and be present at the signing of the surrender of parental rights.
 - d. Refrain from accepting a voluntary surrender of parental rights under the following circumstances:
 - i. The parent's capacity to make adequately considered decisions is diminished (e.g., because of mental impairment, the influence of medication, drugs or alcohol, or developmental disability).
 - ii. The parent is under duress, undue pressure or coercion to surrender parental rights.
 - e. Provide language assistance (interpretation and translation services) to the parents (legal and biological) identified as limited English proficient (LEP) and auxiliary aids for sensory impaired individuals.
4. Involve the mother, father and child (where appropriate) in the planning for voluntary surrender of parental rights.
 5. Inform the surrendering parent(s) prior to executing the voluntary surrender of parental rights:
 - a. Of their right to consult an attorney regarding the decision to surrender parental rights.



DFCS staff will not give legal advice about whether or not it is in the parent's legal interests to sign a voluntary surrender of parental rights.

- b. Of the impact of the voluntary surrender of parental rights.
- c. Of their right to revoke the voluntary surrender of parental rights within four days of executing (signing) the surrender.



For an Indian child, of their right to revoke the voluntary surrender of paternal rights at any time prior to a decree of termination or adoption.

- d. Of their financial responsibility to the child up until the final order of adoption.
 - e. The voluntary surrender of parental rights given by any biological or legal parent shall be binding regardless of whether the parent is a citizen of the United States, a resident of Georgia, or has reached the age of 18 years.
6. Execute the voluntary surrender of parental rights, within the following timeframes:
 - a. After the 24 hours waiting period *after* the birth of the child for the mother, legal father or any man who has executed a voluntary acknowledgement of paternity.



In extraordinary circumstances, a waiver of this policy can be obtained from the State Adoption Unit. The waiver may be obtained verbally but will be confirmed in writing from the State Adoption Unit.

- b. For *putative father only*, any time after the biological mother has executed a sworn state-

ment identifying such person as the putative father of the unborn child via the Biological Mother's Affidavit Identifying Biological Father of Her Unborn Child.

- c. For an Indian child only, after a ten-day waiting period *after* the birth of the child (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).



Any voluntary surrender given prior to, or within ten days after the birth of an Indian child shall not be valid.

7. Use the designated DFCS forms to execute the voluntary surrender of parental rights that clearly specify:

- a. The parent's right to revoke the surrender and the four-day timeframe for revocation.
- b. For an Indian child only:
 - i. The name and birthday of the Indian child;
 - ii. The name of the Indian child's Tribe;
 - iii. The tribal enrollment number for the parent and for the Indian child, where known, or some other indication of the child's membership in the Tribe;
 - iv. The names, address and other identifying information of the consenting parent or Indian custodian.

8. Properly execute the voluntary surrender of parental rights:

- a. Complete the forms in the presence of a DFCS representative, a notary public and an adult witness.
- b. Provide the parent(s) or guardian(s) signing the voluntary surrender of parental rights a copy of all completed forms at the time of surrender.
- c. For an Indian child only, record before a court of competent jurisdiction and certified by the judge or the court, the pending voluntary surrender of the child.



The voluntary surrender must be recorded and certified by the court prior to DFCS assuming physical or legal custody of an Indian child.

9. Maintain the same rights and duties to a child as if the parental rights had been terminated by the court.

10. Provide the required ICWA notifications of the voluntary surrender of parental rights, if the child is an Indian Child.

11. Accept a revocation of the voluntary surrender of parental rights within four days after executing (signing) the voluntary surrender of parental rights:

- a. The four days shall be counted consecutively beginning with the day immediately following the date the surrender was executed; however, if the fourth day falls on a Saturday, Sunday or legal holiday then the last day on which the surrender may be revoked shall be the next business day.




After four days the surrender cannot be revoked.

- b. By written notice delivered in person or mailed by registered or statutory overnight delivery to the address designated in the surrender document.
 - i. If delivered in person, it shall be delivered to the address shown in the surrender document not later than 5:00 PM (eastern standard time) on the fourth day; and
 - ii. If mailed by registered mail or delivered by statutory overnight delivery, it shall be addressed to the address shown in the surrender document and submitted to the United States Postal Service or to the statutory overnight delivery carrier not later than 12:00 Midnight eastern standard time or eastern daylight time, whichever is applicable, on the fourth day.



DFCS will accept a revocation of the surrender of parental rights for an Indian child at any time prior to a decree of termination or adoption.

12. Petition Juvenile Court to terminate the parental rights of the surrendered parent(s) and place the child in the permanent custody of DFCS for the purpose of adoption:
 - a. When all parents (biological and legal) voluntarily surrendered their parental rights to DFCS, submit the termination packet to the SAAG within five business days following the expiration of the revocation period; or
 -  For an Indian child, within five business days following the court recording and certifying the voluntary surrender of parental rights.
 - b. When there is a remaining parent(s) who has not voluntarily surrendered, submit the termination packet to the SAAG when DFCS is prepared to terminate on the remaining parent(s).
13. Attach the voluntary surrender of parental rights documents with original signatures and notary to the Child Life History. If the surrender is taken less than 24 hours after birth, the waiver must also be attached to the Child Life History.

Voluntary Surrender of Parental Rights to a Third Party – Child in Temporary Custody of DFCS

When a parent of a child in the temporary custody of DFCS surrenders their rights to a third party for the purpose of adoption, DFCS will:

1. When DFCS agrees that the adoption by the third party is in the child's best interest, petition the Juvenile Court and request to be relieved of custody of the child and physical custody be placed with the prospective adoptive parent pending adoption finalization in Superior Court when the following has occurred:
 - a. The completion of an adoptive family evaluation by an evaluator that recommends placement of the child in the prospective adoptive home (see policy [11.24 Adoption: Independent Adoption-Family Evaluation For the Purpose of Adoption By a Third Party](#)); or
 - b. An order being issued by the Superior Court authorizing placement of the child with the third party prior to completion of the home study.
2. When DFCS does not agree that adoption by the third party would be in the child's best interest, make a referral to the SAAG for consultation and request that a motion is filed to intervene in Superior Court where the adoption petition was filed.



DFCS is not required to transfer physical custody of the child to the third party until such time

that the custody order is vacated, or the adoption is finalized.

Surrender of Parental Rights to a Private Agency – Child in Temporary Custody of DFCS

When a parent of a child in temporary custody of DFCS voluntarily surrenders their parental rights to a child to a licensed child placing agency (CPA) for the purpose of adoption DFCS will:

1. When DFCS has no basis for objection, negotiate a plan for transitioning the child from DFCS to the private agency and Petition Juvenile Court to be relieved of custody; or
2. When DFCS determines relinquishment to the CPA is not in the child's best interest, make a referral to the SAAG for consultation regarding the appropriate action to protect the best interest of the child.



DFCS is not required to transfer physical custody of the child to the CPA until such time that the custody order is vacated, or the adoption is finalized.

Reinstatement of Parental Rights Following a Voluntary Surrender of Parental Rights

DFCS will acknowledge that a child shall have the right to petition the court to reinstate parental rights, following a voluntary surrender of parental rights, if the following circumstances exist:

1. The child has not been adopted, after three years from the date the parent(s) voluntarily surrendered their parental rights; and



The child's petition to reinstate parental rights may be filed prior to the three-year time-frame if the child and DFCS or licensed CPA (with custody of the child) stipulate that the child is no longer likely to be adopted.

2. The court has determined the permanency plan is no longer adoption; and
3. The child 14 years of age or older signed the petition (unless there is good cause why they should not).

See policy [17.11 Legal: Termination of Parental Rights](#) for the complete guidelines on the reinstatement of parental rights.

Procedures

Voluntary Surrender of Parental Rights to DFCS





The Social Services Case Manager (SSCM) will:

1. Prior to accepting a voluntary surrender of parental rights consult with the Social Services Supervisor (SSS), the Regional Adoption Coordinator (RAC), and the County Director. Obtain the County Director's approval.
 - a. For a child in foster care, it must be determined that adoption is the appropriate permanency plan for the child in accordance with policy [10.22 Foster Care: Permanency Planning](#).
 - b. For a child not in foster care, it must be determined if adoption is a viable plan for the child in accordance with policy [20.7 Special Circumstances: Voluntary Surrender of Parental Rights](#).

- c. Following an adoption finalization see policy [11.16 Adoption: Child Re-Enters Foster Care Following Adoption Finalization](#) for additional guidance.
 - d. Discuss any child or family Indian heritage and tribal membership (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)), including active efforts made to maintain the family.
2. Inform the SAAG of the parents' desire to voluntarily surrender parental rights when the parent has a pending dependency case where they are represented by an attorney, to ensure the parent's attorney is properly notified.
 3. Arrange for parenting youth in the custody of DFCS to be accompanied by their attorney during the signing of the voluntary surrender of parental rights.
 4. Arrange for language assistance in accordance with policy [1.4 Administration: Non-Discriminatory Child Welfare Practices](#).
 - a. Interpreter services for oral communication for parents identified as limited English proficient (LEP), based on their preferred language.
 - b. Document translation of the voluntary surrender forms into the individuals preferred language, if not available.
 - c. Auxiliary aides for the sensory impaired.
 5. Determine, through questions and observations, if the parent was under any duress, pressure or coercion to surrender parental rights.
 6. Make the parent(s) aware:
 - a. Of their right to seek legal advice before the execution of the voluntary surrender of parental rights in order to be knowledgeable about their legal options and the impact of the surrender.
 - b. Of the impact of the voluntary surrender of parental rights, which:
 - i. Serves to relinquish their rights to the child;
 - ii. Waives their right to notice of any proceeding with respect to the child's adoption, custody, or guardianship;
 - iii. Gives the court jurisdiction to enter a final order of adoption of the child;
 - iv. Gives the court jurisdiction to enter an order for the purpose of the child's legal custody or guardianship; and
 - v. Relinquishes the birth mother's right or authority to sign an acknowledgement of paternity form or to consent to the granting of a petition of legitimation.
 - c. Of their obligation to continue child support (if they were referred), until finalization of the adoption;
 - d. If only one parent surrenders his/her parental rights, DFCS may terminate the remaining parent's parental rights through Juvenile or Superior Court; and
 - e. Of their right to revoke the voluntary surrender of parental rights within four days.



For an Indian child only, inform the parent of their right to revoke the voluntary surrender of parental rights at any time prior to a decree of termination or adoption.

7. Involve the mother, father and child (where appropriate) in the planning for voluntary surrender of parental rights.
8. Complete the following DFCS forms with each parent who wishes to voluntarily surrender their parental rights, based on each [legal or biological] parent's relationship to the child. Careful attention must be given to using correct form for each parent or legal guardian surrendering. Using the incorrect form may invalidate the surrender.
 - a. **Biological mother**, the following information and forms will be completed for the surrender to be valid:
 - i. Surrender of Rights Final Release for Adoption (Legal Parent);
 - ii. Acknowledgment of Surrender of Rights;
 - iii. Affidavit of Department Representative;
 -  This is signed by the DFCS Representative who explained the surrender to the mother.
 - iv. Legal Mother's Affidavit; and
 - v. Verification of divorce (if applicable) by means of divorce decree.
 - b. **Legal and biological father**, the following forms will be completed for the surrender to be valid:
 - i. Surrender of Rights Final Release for Adoption (Legal Parent);
 - ii. Affidavit of Department Representative;
 -  This is signed by the DFCS representative who explained the surrender to the father.
 - iii. Acknowledgment of Surrender of Rights; and
 - iv. Affidavit Regarding Native American Heritage and Military Service.
 - c. **Legal father but not the biological father**, the following forms will be completed for the surrender to be valid:
 - i. Surrender of Rights Final Release for Adoption (Legal Parent);
 - ii. Affidavit of Department Representative;
 -  This is signed by the DFCS Representative who explained the surrender to the legal father.
 - iii. Acknowledgment of Surrender of Rights; and
 - iv. Affidavit Regarding Native American Heritage and Military Service.
 - d. **Biological father but not the legal father**, the following forms will be completed for the surrender to be valid:
 - i. Surrender of Rights Final Release for Adoption (Biological Not Legal Father);
 - ii. Affidavit of Department Representative;
 -  This is signed by the DFCS Representative who explained the surrender to the

father.

- iii. Acknowledgment of Surrender of Rights; and
 - iv. Affidavit Regarding Native American Heritage and Military Service.
- e. **Adoptive parent(s)**, the following forms will be completed by **each** adoptive parent who wishes to surrender:
- i. Surrender of Rights Final Release for Adoption (Legal Parent);
 - ii. Affidavit of Department Representative;



This is signed by the DFCS representative who explained the surrender to the adoptive parent(s).

- iii. Acknowledgment of Surrender of Rights; and
- iv. Adoptive Mother's Affidavit;



To be completed by the adoptive mother only, if applicable.

- f. **Grandparent or guardian of a minor child** who wishes to acknowledge support of the surrender decision, the grandparent or guardian will complete the Acknowledgment by Grandparent or Guardian form.



This form is not required for a voluntary surrender of parental rights to be valid, only the parent of a child may surrender parental rights of the child no matter the parent's age. The Acknowledgment by Grandparent or Guardian form carries no legal weight but can be a useful tool when working with the family where the surrendering parent is a minor.

9. Review the voluntary surrender of parental rights forms and confirm to the following:
- a. The child's name and birth date is exactly the same as the legal name and birth date on the birth certificate; and
 - b. Original signatures and notary stamp is obtained on three copies of each form signed.



The notary public will not be the SSCM who has worked with the family.

10. Provide one of the three signed and notarized documents to each parent who surrendered their parental rights at the time the voluntary surrender of parental rights is executed.
11. Provide the Notice to Revoke Surrender of Rights Final Release for Adoption to each parent who surrendered their parental rights. Explain a revocation of the voluntary surrender of parental rights can be accepted within four days after executing (signing) the voluntary surrender of parental rights:
- a. The four days shall be counted consecutively beginning with the day immediately following the date the surrender was executed; however, if the fourth day falls on a Saturday, Sunday or legal holiday then the last day on which the surrender may be revoked shall be the next business day.



The surrender cannot be revoked after four days.

- b. By written notice delivered in person or mailed by registered or statutory overnight delivery to the address designated in the surrender document.
 - i. If delivered in person, it shall be delivered to the address shown in the surrender document not later than 5:00 PM (eastern standard time) on the fourth day; and
 - ii. If mailed by registered mail or delivered by statutory overnight delivery, it shall be addressed to the address shown in the surrender document and submitted to the United States Postal Service or to the statutory overnight delivery carrier not later than 12:00 Midnight eastern standard time or eastern daylight time, whichever is applicable, on the fourth day.



For an Indian child, a revocation of the voluntary surrender of parental rights can be accepted at any time prior to a decree of termination or adoption.

12. Request the SAAG record before the court and certify by the judge or the court the pending voluntary surrender of parental rights of an Indian child in accordance with policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#).



The voluntary surrender is not valid until it is recorded and certified by the judge or court. DFCS cannot assume physical or legal custody of an Indian child until the voluntary surrender of parental rights is validated by the court.

13. Prepare the parent(s) and child for adoption including securing background information and informing of the provisions of the Adoption Reunion Registry in accordance with policy [11.1 Adoption: Adoption Preparation](#).
14. Complete the following in Georgia SHINES:
 - a. Custody Tab generating the FCC stage, if the child is not currently in foster care. The removal date is the date the voluntary surrender of parental rights documents were signed or for an Indian child the date the voluntary surrender was recorded and certified by the court.
 - b. Upload in External Documentation all the information and forms related to the voluntary surrender of parental rights, including the waiver allowing the surrender to be executed prior to the 24-hour waiting period (if applicable).
15. Provide the required ICWA notifications of the voluntary surrender of parental rights, if the child is an Indian Child in accordance with policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#).
16. Document the legal action in Georgia SHINES immediately following the validity of the voluntary surrender of parental rights. A voluntary surrender of parental rights is only binding and valid after the four day revocation period has expired. For an Indian child, is only binding and valid following being recorded and certified by the court.
 - a. Legal Action and Outcome
 - i. The Court/Action Date - the date the voluntary surrender of parental rights documents was signed or for an Indian child the date the voluntary surrender was recorded and certified by the court.
 - ii. The Action Type - Voluntary Surrender Biological Mother, Biological and Legal Father,

Legal Father, Biological Father, Putative Father, Adoptive Mother or Adoptive Father;



Ensure that action type matches the parent relationship to the child who was surrendered to DFCS.

- iii. Hearing/Court Order Type - not applicable;
- iv. The Outcome - not applicable;
- v. Attendees/Involved Parties - select all appropriate parties involved;
- vi. Narrative – detail the events of the surrender, including the steps taken for the voluntary surrender of parental rights to be knowing and voluntary



Upon completion of the legal action in Georgia SHINES, the State Adoption Unit will be notified by a system generated alert.

- b. Enter the adoption dissolution information in the Adoption Section of the Person Characteristics section on the Person Detail page, if the child is re-entering foster care following adoption finalization.

17. Submit the termination packet to the SAAG to petition Juvenile Court to terminate parental rights of the surrendered parent(s) in accordance with policy [17.11 Legal: Termination of Parental Rights](#):

- a. When all parents (biological and legal) voluntarily surrendered their parental rights to DFCS, within five business days following the expiration of the revocation period; or




For an Indian child, within five business days following the court recording and certifying the voluntary surrender of parental rights.

- b. When there is a remaining parent(s) who has not voluntarily surrendered, when DFCS is prepared to terminate on the remaining parent(s).

The Social Services Supervisor (SSS) will:

1. Ensure all steps have been taken for the voluntary surrender of parental rights to be knowing and voluntary, including
 - a. Informing the SAAG of the parents' desire to voluntarily surrender parental rights when the parent has a pending dependency case where they are represented by an attorney, to ensure the parent's attorney is properly notified.
 - b. Arranging for parenting youth in the custody of DFCS to be accompanied by their attorney during the signing of the voluntary surrender of parental rights.
 - c. Confirming the parent is not under any duress, pressure or coercion and is able to make adequately considered decisions.
2. Participate in a consultation with the SSCM, RAC, and County Director prior to accepting the voluntary surrender of parental rights.
 - a. For a child in foster care, determine if adoption is the appropriate permanency plan for the child in accordance with policy [10.22 Foster Care: Permanency Planning](#).
 - b. For a child not in foster care, it must be determined if adoption is a viable plan for the child

in accordance with policy [20.7 Special Circumstances: Voluntary Surrender of Parental Rights](#).

- c. Following an adoption finalization see policy [11.16 Adoption: Child Re-Enters Foster Care Following Adoption Finalization](#) for additional guidance.
 - d. Discuss any child or family Indian heritage and tribal membership (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)), including active efforts made to maintain the family.
3. Obtain the County Director approval to execute the surrender.
 4. Oversee the execution of the voluntary surrender within the prescribed timeframe.
 - a. Confirm language assistance (interpretation and/or translation services) were provided to the parents identified as limited English proficient (LEP) and auxiliary aids for sensory impaired individuals in accordance with policy [1.4 Administration: Non-Discriminatory Child Welfare Practices](#).
 - b. Review to verify the appropriate DFCS forms are utilized based on the relationship to the child and they are accurately completed, including all forms have original signatures and are notarized.
 - c. Each surrendering parent have been provided a copy of all documents at the time of surrender.
 - d. An explanation has been provided to the parent that a revocation of the voluntary surrender of parental rights can be accepted within four days after executing (signing) the voluntary surrender of parental rights.
 - e. Any request for a voluntary surrender of parental rights involving an Indian child is recorded before the court and certified by the judge or court in accordance with policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#); and
 -  An Indian child cannot be placed in foster care until the voluntary surrender is validated by the court.
 - f. The SSCM attends court proceedings, as required, to record and certify the voluntary surrender of an Indian child and report active efforts.
 5. Ensure each parent and child (where age appropriate) is prepared for the adoption including securing background information and informing the parents of the provisions of the Adoption Reunion Registry in accordance with policy [11.1 Adoption: Adoption Preparation](#).
 6. For an Indian child only, verify the required ICWA notification of the voluntary surrender of parental rights was completed in accordance with policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).
 7. Confirm the termination packet is submitted to the SAAG to petition Juvenile Court to terminate parental rights of the surrendered parent(s) in accordance with policy [17.11 Legal: Termination of Parental Rights](#):
 - a. When all parents (biological and legal) voluntarily surrendered their parental rights to DFCS, within five business days following the expiration of the revocation period; or



For an Indian child, within five business days following the court recording and certifying the voluntary surrender of parental rights.

- b. When there is a remaining parent(s) who has not voluntarily surrendered, when DFCS is prepared to terminate on the remaining parent(s).
8. Review the documentation of the voluntary surrender of parental rights in Georgia SHINES:
- a. Verify the documentation was entered immediately following the four-day revocation period.
 - b. The steps taken for the voluntary surrender of parental rights to be knowing and voluntary is clearly documented.

Revocation of the Voluntary Surrender of Paternal Rights

The SSCM will:

1. Verify the voluntary surrender of parental rights revocation period has not expired, when a legal and/or biological parent wishes to revoke their voluntary surrender of parental rights.
2. Provide the Notice to Revoke Surrender of Rights Final Release for Adoption to the legal and/or biological parent who wishes to revoke their voluntary surrender of parental rights within the four-day period.



It is not legally necessary that a revocation of surrender be on this form. The revocation may take any format as long as it is delivered in writing to the address listed in the acknowledgment within the required time frame.

3. Assist the parent with completing the revocation, as needed.
4. Accept the revocation of the voluntary surrender of parental rights within the four-day revocation period.
5. Document the revocation of the voluntary surrender in Georgia SHINES within 72 hours of occurrence, including uploading into External Documentation the written revocation notice or the Notice to Revoke Surrender of Rights Final Release for Adoption.

The Social Services Supervisor (SSS) will:

1. Confirm the voluntary surrender of parental rights revocation period has not expired.
2. Verify the revocation of the voluntary surrender of parental rights has been completed accurately and within the four-day revocation period.



It is not legally necessary that a revocation of surrender be on the Notice to Revoke Surrender of Rights Final Release for Adoption. The revocation may take any format as long as it is delivered in writing to the address listed in the acknowledgment within the required time frame.

3. Confirm the SSCM completed documentation of the revocation of the voluntary surrender in Georgia SHINES within 72 hours of the occurrence and uploaded the written revocation notice into External Documentation.

Practice Guidance

Knowing and Voluntary Surrender

The mother, father and child (where appropriate) should all be involved in the planning for a voluntary surrender of parental rights. The SSCM should carefully consider the ability of the parents to understand all discussions related to voluntary surrender. The SSCM should ensure the parent is seeking to surrender their rights free of coercion or manipulation from any other person. If the parent is a minor child in DFCS custody, their attorney must be present during the signing of the voluntary surrender of parental rights. If the SSCM is uncertain about the parent's ability to make an informed decision, guidance should be sought from the Office of the General Counsel. A voluntary surrender of parental rights should not be taken if there is any doubt as to the competence of the parent. In this case, it will be necessary to go to court to terminate parental rights. If the parent wishes to express to the judge that he/she wants to voluntarily surrender parental rights, the judge could then incorporate this into a court order as the grounds for termination.

Executing a Voluntary Surrender

Careful attention must be given to using the correct forms for each parent (biological or legal) surrendering based on their relationship to the child. Using the incorrect form may invalidate the surrender. A voluntary surrender of parental rights that is not properly executed cannot be corrected by Juvenile Court. The court cannot determine rights were terminated based on the voluntary surrender of parental rights if the documents were incorrectly executed.

Adoption (Private Agency)

Adoption of a child through a child placing agency (CPA) licensed by the State of Georgia to place children for adoption or through the Interstate Compact on the Placement of Children from a licensed CPA in another state.

Biological Father

A male who impregnated the biological mother resulting in the birth of the child. He may or may not also be the legal father.

Child Placing Agency (CPA)

An agency that places children in foster and adoptive resource homes for individualized care, supervision and oversight. Child placing agencies are responsible for assessing the placement regarding the appropriateness of the room, board and watchful oversight that the prospective foster and adoptive families will provide. The CPA's employees and their foster and adoptive parents work as a team to provide a stabilizing and nurturing environment that promotes safety, well-being and permanency.

ICWA Protection for Parents and Indian Custodians

ICWA provides protections for parents or Indian custodians of an Indian child when voluntarily surrendering their parental rights. These protections include a ten-day waiting period *after* the birth of the child for the execution of the voluntary surrender of parental rights. Any consent given prior to, or within ten days after the birth of the Indian child shall not be valid. Where any parent

or Indian custodian voluntarily consents to surrender their parental rights, such consent shall not be valid unless executed in writing and recorded before a judge or a court of competent jurisdiction and accompanied by the presiding judge's certificate that the terms and consequences of the consent were fully explained in detail and were fully understood by the parent or Indian custodian. The court shall also certify that either the parent or Indian custodian fully understood the explanation in English or that it was interpreted into a language that the parent or Indian custodian understood. DFCS may not assume physical or legal custody of the Indian child until the court records and certifies the voluntary surrender of parental rights. These protections also include the right to revoke the voluntary surrender at any time prior to a decree of termination or adoption. If consent is withdrawn, the Indian child shall be immediately returned to the parent or Indian custodian. See [policy 1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#) for additional protections following adoption.

Legal Father

The Official Code of Georgia (O.C.G.A) defines a legal father as a male, who has not surrendered or had terminated his rights to the child, and who

1. Has legally adopted such child; or
2. Was married to the biological mother at the time such child was born or within the usual period of gestation, unless paternity was disproved by a final order; or
3. Married the legal mother after such child was born and recognized such child as his own, unless paternity was disproved by a final order; or
4. Has legitimated such child by final order [pursuant to O.C.G.A §19-7-22].



If a child was legitimated pursuant to O.C.G.A § 19-7-21.1 prior to July 1, 2016, the legal father of the child continues to be the legal father, despite the repeal of O.C.G.A. Section 19-7-21.

Legal Mother

The female who is the biological or adoptive mother of the child and who has not surrendered or had her rights to the child terminated.

Putative Father

The alleged or possible biological but not legal father. A putative father may or may not be a registrant of the putative father registry.

Statutory Overnight Delivery

The delivering entity is either the United States Postal Service or a commercial firm, such as United Parcel Service or Federal Express, engaged in the business of document or package delivery. That entity engages to deliver not later than the next business day after it receives the article. The sender receives from the entity a receipt acknowledging delivery, signed by the addressee.

Termination of Parental Rights

The legal process for severing the relationship between a child and his/her parents. The child loses all rights to the parent (and extended family), including the rights of inheritance. Sibling and

extended family maintain relationship until a final order of adoption for the purposes of placement and visitation. Following a voluntary surrender of parental rights, DFCS will petition Juvenile Court to terminate parental rights and place the child in the permanent custody of DFCS for the purpose of adoption. This would apply when all parents (biological and legal) have voluntarily surrendered parental rights to DFCS. When one or more of the parents voluntarily surrendered his/her parental rights to DFCS and there is a remaining parent(s) who has not surrendered their parental rights, DFCS will include with the TPR petition of the remaining parent(s), the TPR of the surrendered parent(s).

Third Party

This is someone outside the home that is not in a caretaker role with the child(ren) in question.

Voluntary Acknowledgement of Legitimation

A voluntary declaration that the mother and biological father consent and agree that the relationship between the child and father shall be considered legitimate for all purposes under the law.

Voluntary Acknowledgement of Paternity

When both the mother and father have freely signed a voluntary acknowledgement of paternity and the acknowledgement is filed with the Putative Father Registry a legal determination of paternity is established, provided the acknowledgement is not rescinded within the 60-day rescission period.

Forms and Tools

[Acknowledgement by Grandparent or Guardian](#)

[Acknowledgement by Grandparent or Guardian \(Spanish\)](#)

[Acknowledgment of Surrender of Rights](#)

[Acknowledgment of Surrender of Rights \(Spanish\)](#)

[Adoptive Mother's Affidavit](#)

[Adoptive Mother's Affidavit \(Spanish\)](#)

[Affidavit of Department Representative](#)

[Affidavit of Department Representative \(Spanish\)](#)

[Affidavit Regarding Native American Heritage and Military Service](#)

[Affidavit Regarding Native American Heritage and Military Service \(Spanish\)](#)

[Biological Mother's Affidavit Identifying Biological Father of Her Unborn Child](#)

[Biological Mother's Affidavit Identifying Biological Father of Her Unborn Child \(Spanish\)](#)

[Legal Mother's Affidavit](#)

[Legal Mother's Affidavit \(Spanish\)](#)

[Notice to Revoke Surrender of Rights/ Final Release for Adoption](#)

[Notice to Revoke Surrender of Rights/ Final Release for Adoption \(Spanish\)](#)


[Surrender of Rights Final Release for Adoption \(Biological Not Legal Father\)](#)

[Surrender of Rights Final Release for Adoption \(Biological Not Legal Father\) \(Spanish\)](#)

[Surrender of Rights Final Release for Adoption \(Legal Parent\)](#)

[Surrender of Rights Final Release for Adoption \(Legal Parent\) \(Spanish\)](#)

17.13 Court Transfer of Jurisdiction

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(17) Legal		
	Policy Title:	Court Transfer of Jurisdiction		
	Policy Number:	17.13	Previous Policy Number(s):	N/A
	Effective Date:	July 2019	Manual Transmittal:	2019-09

Codes/References

O.C.G.A. § 15-11-33 Transfer When Disposition Incorporates Reunification Plan and Parents Reside in Different Counties

Requirements

The Division of Family and Children Services (DFCS) will transfer case management and case planning responsibilities from the transferring county to the receiving county within 30 days of the filing of a transfer order.



The transfer of jurisdiction should only occur when reunification is the permanency plan for the child(ren).

Procedures

The Social Services Case Manager (SSCM) in the transferring county will:

1. Staff the case with the Social Services Supervisor (SSS), Special Assistant Attorney General (SAAG), the County Director/Designee from the receiving county and the SAAG from the receiving county, prior to requesting the court transfer jurisdiction. During the staffing:
 - a. Determine if the transfer supports the reunification outcome;
 - b. Discuss case-specific issues.
2. Review the request with the Office of General Counsel to ensure legal requirements have been met to move forward with filing the petition to transfer jurisdiction;
3. Immediately contact the county department receiving jurisdiction, once an order for transfer of jurisdiction has been entered by the court, to discuss:
 - a. The transfer of the case and other case management responsibilities;
 - b. The plan to handle any upcoming case actions such as scheduled reviews, extensions of custody, visits, etc.
4. Update the case record for transfer, including preparing a transfer summary, as needed, and updating the appropriate pages in Georgia SHINES;
5. Notify the following of the transfer of jurisdiction:
 - a. Any service providers and include instructions for submitting invoices, contact notes or

reports;

- b. The Court Appointed Special Advocate (CASA), Guardian Ad Litem (GAL), Judicial Citizen Review Panel (JCRP) Coordinator and any other relevant legal partners that may have not been notified;
- c. The Revenue Maximization (RevMax) Unit via the Notification of Change (NOC) form in Georgia SHINES;
- d. Regional Accounting;
- e. The placement provider and include any implications for attending hearings, reviews, etc., which will be held in the “receiving” county.
- f. Be prepared to provide testimony, in court if requested to do so by the “receiving” county.

The SSCM in the receiving county will:

1. Assume legal responsibility for the case and ensure the Critical Actions in Managing the Permanency Case are followed;
2. Consult with the SAAG to determine:
 - a. If, and when, an order is needed as a result of the transfer of jurisdiction;
 - b. When the next hearing will occur.
3. Provide case management services as outlined in Chapter 10: Foster Care of the Child Welfare Policy Manual.

Social Services Supervisor

1. Participate in the staffing with the SSCM and SAAG, prior to requesting a court transfer of jurisdiction.
2. Ensure the case is transferred within 30 days of the filing of the transfer order.
3. Ensure the SSCM has provided the proper notifications of the transfer of jurisdiction.
4. Review the case record and transfer order to provide guidance to the SSCM on how to proceed, upon receipt of a transferred case.
 - a. Staff the case with the SSCM and SAAG to determine:
 - i. When the next hearing will occur;
 - ii. The purpose of the hearing;
 - iii. The information needed prior to the next hearing.
 - b. Ensure case management services are provided to the child and family.

Practice Guidance

Transfer of Jurisdiction to the Resident County of the Parent

When contemplating a transfer of jurisdiction, the judge considers whether such transfer accomplishes the intended outcome of reunification and/or is in the best interest of the child. It is not the intent of the statute to transfer legal jurisdiction and case management responsibilities every time a

parent moves nor uproot children from stable settings to follow parents wherever temporary residence is established, unless reunification is imminent.

When transferring jurisdiction, the court has 30 days from the filing of the transfer order to provide the receiving court with certified copies of the following:


1. Adjudication order
2. Order of disposition
3. Order of transfer
4. The case plans
5. Other court documents deemed necessary.

The transferring court retains jurisdiction until the receiving court acknowledges acceptance of the transfer. Compliance with the transfer of jurisdiction terminates jurisdiction in the transferring court and initiates jurisdiction in the receiving court. If the court transfers jurisdiction, the receiving county department cannot refuse transfer of the case.

Forms and Tools

[Critical Actions in Managing the Permanency Case](#)

17.14 Establishing Paternity via Paternity Acknowledgement

 Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(17) Legal		
Policy Title:	Establishing Paternity via Paternity Acknowledgement		
Policy Number:	17.14	Previous Policy Number(s):	3.14
Effective Date:	March 2023	Manual Transmittal:	2023-02

Codes/References

O.C.G.A. § 15-11-2 Definitions

O.C.G.A. § 19-7-27 Hospital Program for Establishment of Paternity

O.C.G.A. § 19-7-46.1 Signed Voluntary Acknowledgment of Paternity; Certified Copy of Voluntary Acknowledgment of Paternity

O.C.G.A. § 19-8-1 Definitions

O.C.G.A. § 19-8-9 Revocation of Surrender of Rights; Time limit; Effect of Voluntary Surrender of Rights by Legal Mother

Requirements

The Division of Family and Children Services (DFCS) will:

1. Verify whether the mother and alleged biological father of a child have voluntarily established paternity via the completion of a Paternity Acknowledgement (PA) Form.
2. Determine if the mother and/or biological father rescinded the PA Form prior to the earliest of the following:
 - a. The date of a support order;
 - b. Any other order adjudicating paternity; or
 - c. 60 days from the signing of the agreement.



After the 60-day rescission period, the signed PA Form may be challenged in court only based on fraud, duress or material mistake of fact, with the burden of proof on the person challenging the PA Form.

Procedures

Social Services Case Manager

1. Inquire if the father completed a PA Form at the hospital or birthing facility, the vital records office of the county where the child was born or the State Office of Vital Records.
2. Obtain a copy of the PA Form from the State Office of Vital Records and upload in External Documentation of Georgia SHINES, if the father acknowledges completing a PA Form.
3. Initiate Deoxyribonucleic acid (DNA) paternity testing if appropriate, if the alleged father has not signed a PA Form, in accordance with policy [19.23 Case Management: Paternity Testing](#).
4. Inform the father that he may file a petition of legitimation with the juvenile court when a dependency proceeding is pending, otherwise, the he may file in superior court (see policy [17.15 Legal: Legitimation](#)).



Do not give legal advice to the father concerning legitimating a child.

Social Services Supervisor

1. Provide guidance to the SSCM regarding establishment of paternity for a putative father.
2. Assist the SSCM in obtaining a copy of the PA form, if necessary.

Practice Guidance

Biological Father

Biological father means a male who impregnated the biological mother resulting in the birth of a child.

Hospital Program for Establishment of Paternity

Except in the event of a medical emergency, prior to the birth of a child to an unmarried woman in a public or private hospital, the hospital that provides labor and delivery services shall provide to the mother and alleged father:

1. Written materials about administratively establishing paternity;
2. The forms necessary to voluntarily acknowledge paternity;
3. A written description of the rights and responsibilities of voluntarily acknowledging paternity, the difference between paternity and legitimation and the duty to support a child upon acknowledgement of paternity; and
4. The opportunity, prior to discharge from the hospital, to speak with staff, either by telephone or in person, who are trained to clarify information and answer questions about administratively establishing paternity and the availability of judicial determinations of paternity.

After the birth of a child to an unmarried woman in a public or private hospital, the hospital that provides labor and delivery services shall:

1. Provide the child's mother and alleged father if he is present at the hospital the opportunity to execute a PA Form if a notary public is available in the hospital;
2. File the signed PA Form with the State Office of Vital Records within 30 days of its execution, provided that such acknowledgement is signed at the hospital on or before the mother is discharged; and
3. Provide to the child's mother and alleged father copies of the signed PA Form.

Paternity Acknowledgement - State of Georgia

When both the mother and father have signed a voluntary acknowledgement of paternity in the presence of a notary public swearing or affirming the statements contained in the acknowledgement are true and such acknowledgement is filed with the State Office of Vital Records within 30 days of its execution and is recorded in the Putative Father Registry, it shall constitute a legal determination of paternity, but shall not constitute a legal determination of legitimation.

The Paternity Acknowledgement creates certain legal rights and responsibilities for the mother, father and child and should only be completed if the mother was not married at the time of conception, birth or any time in between. If the mother was married, paternity must be established through a court order. The PA is acceptable for establishing paternity unless the juvenile court requires paternity testing. The PA is also a sufficient biological connection when placing children with extended family of a biological father.


Once the PA is completed, it will be forwarded to State Vital Records where it will be entered Per the State Putative Father Registry. If both parents do not sign the PA prior to leaving the hospital or birthing facility, only the mother's and child's name will be entered on the birth certificate. A PA may be completed and signed later at the Vital Records registrar's office in the county where the child was born or the State Office of Vital. If completed at a later date, the birth certificate will be amended to enter the name of the father.

When a mother's parental rights have been terminated, either voluntarily or otherwise, she no longer has the right or authority to sign an acknowledgement of paternity form for the same child.

Forms and Tools

[Division of Child Support Services](#) - Information on paternity establishment and legitimation

17.15 Legitimation

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(17) Legal		
	Policy Title:	Legitimation		
	Policy Number:	17.15	Previous Policy Number(s):	3.17
	Effective Date:	March 2023	Manual Transmittal:	2023-02

Codes/References

O.C.G.A. § 15-11-2 Definitions

O.C.G.A. § 19-7-22 Petition for Legitimation of Child; Requirement that Mother be Named as a Party; Court Order; Effect; Claims for Custody or Visitation; Third-Party Action for Legitimation in Response to Petition to Establish Paternity

O.C.G.A. § 19-8-1 Definitions

O.C.G.A. § 19-8-9 Revocation of Surrender of Rights; Time Limit; Effect of Voluntary Surrender of Rights by Legal Mother

Requirements

The Division of Family and Children Services (DFCS) will inform fathers about the legitimation process.

Procedures

When an alleged biological father expresses a desire to legitimate his child, the Social Services Case Manager (SSCM) will:

1. Determine whether the father has established paternity:
 - a. Ask the father if he completed a Paternity Acknowledgement (PA) Form at the hospital or birthing facility, the vital records office of the county where the child was born or the State Office of Vital Records;
 - b. Ask the father if paternity was established through the Division of Child Support Services (DCSS) or via a court order, if a PA Form was not completed;
 - c. Obtain copies of any PA Form from the State Office of Vital Records, verification of paternity from DCSS or any orders establishing paternity from the court and upload the documents into External Documentation in Georgia SHINES.
2. Determine whether it is appropriate to initiate Deoxyribonucleic acid (DNA) paternity testing in accordance with policy [19.23 Case Management: Paternity Testing](#).
3. Inform the father that he may file a petition for legitimation with the juvenile court when a dependency proceeding is pending, otherwise, the father may file in superior court;
4. Advise the father to contact his attorney (if one has been appointed) to assist the father in filing a petition for legitimation.

 Do not give legal advice to the father concerning legitimating a child.

Social Services Supervisor

1. Provide guidance to the SSCM regarding the legitimation process;
2. Assist the SSCM in obtaining copies of the PA form, verification of paternity or orders establishing paternity, if necessary.

Practice Guidance


Biological Father

Biological father means a male who impregnated the biological mother resulting in the birth of a child.

Legal Father

The Official Code of Georgia defines a legal father as a male, who has not surrendered or had terminated his rights to a child, and who:

1. Has legally adopted such child; or
2. Was married to the biological mother of such child at the time such child was born or within the usual gestation period, unless paternity was disproved by a final order of a court of competent jurisdiction; or
3. Married a legal mother of such child after the child was born and recognized the child as his own, unless such paternity was disproved by a final order of a court of competent jurisdiction; or
4. Has legitimated such child by a final order pursuant to O.C.G.A. §19-7-22.

 If a child was legitimated pursuant to O.C.G.A. § 19-7-21.1 prior to July 1, 2016, the legal father of the child continues to be the legal father despite the repeal of O.C.G.A. Section 19-7-21.1.

Legitimation

The biological father of a child (who is not the legal father) may file a petition for legitimation in the juvenile court of the county in which a dependency proceeding regarding the child is pending. If a dependency proceeding is not pending, then the biological father may file a petition in the superior court of:

1. The county of residence of the child's mother or person who has legal custody or guardianship of the child; or
2. The county of residence of the child or the biological father, if the child's mother, legal custodian or guardian resides outside the state or cannot be found in the state; or
3. In the county in which the petition for adoption is pending, if a petition for adoption of the child is pending.

 A legitimation petition may also include claims for visitation, parenting time or custody.

The court, upon determining paternity, may enter a decree that the child is legitimate, if a petition to establish paternity for purposes of obtaining child support is filed by DFCS and the father files a response asking for a decree legitimating the child.

When a mother’s parental rights have been terminated, either voluntarily or otherwise, she no longer has the right or authority to consent to the granting of a petition of legitimation for the same child.


A presumption against legitimation shall be created, if a court determines by clear and convincing evidence that the father caused his child to be conceived as a result of non-consensual sexual intercourse with the mother of his child or when the mother is less than 10 years of age.

i If there is a pending criminal proceeding, the court shall stay discovery in the legitimation action until completion of the criminal proceeding.

Forms and Tools

[Division of Child Support Services](#) - Information on paternity establishment and legitimation

17.16 Fair Hearings

 Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(17) Legal		
Policy Title:	Fair Hearings		
Policy Number:	17.16	Previous Policy Number(s):	1013.3, 3.15
Effective Date:	April 2024	Manual Transmittal:	2024-04

See [Child Welfare Services County Letter 2019-01](#) for revisions to this policy section.

Codes/References

Title IV-E of the Social Security Act § 471 (a)(12)

Title IV-E of the Social Security Act § 472 (a)(20)(B)

Public Law (PL) 105-89 Adoption and Safe Families Act of 1997


J.J. vs. Ledbetter Consent Order

Requirements

The Division of Family and Children Services (DFCS) will:

1. Grant an opportunity for a fair hearing (before the State/Tribal agency) to any individual whose claim for benefits under this plan is denied or not acted upon within reasonable promptness.
2. Grant an opportunity for an individual to have a Fair Hearing if the individual believes DFCS has denied or delayed a child’s adoptive placement when there is an approved family outside the jurisdiction (see policy [11.7 Adoption: Child Specific Recruitment Efforts](#)).

3. Inform the individual in writing at the time of any DFCS action denying, reducing or terminating social services benefits or reasonable visitation that are not court-ordered. The individual has the right to request a fair hearing within 30 days of receiving the notification. The individuals' freedom to request a fair hearing is a right guaranteed to insure due process.
4. Not limit or interfere with an individual's freedom to request a fair hearing when the individual disagrees with DFCS' decision or feels DFCS has failed to act appropriately in carrying out its duties.

 All fair hearings shall be administered by the Office of State Administrative Hearings (OSAH) Administrative Law Judge (ALJ). If the individual does not agree with the initial adverse decision from the ALJ, the individual shall be allowed 30 days from the date of the adverse decision to appeal and request reconsideration. However, if the parent does not request reconsideration for review within 30 days of the date of the adverse decision, the initial ALJ decision shall become final.

Procedures

When the agency plans to take action on a case which will deny or delay placement of a child for adoption with an approved family outside the jurisdiction responsible for the child and/or deny, reduce or terminate a social service or visitation that is not court-ordered, the SSCM will:

1. Provide written notice to the individual via the Notification Form for Denial, Reduction or Termination of a Service or Inter-Jurisdictional Adoption. The written notification should include:
 - a. The individual's right to request a fair hearing with regard to the decision or change within 30 days;
 - b. Information on how to obtain a hearing; and
 - c. A statement that the individual may be represented by an authorized representative such as legal counsel, a relative, friend, or other spokesperson, or that he/she may represent himself/herself.
2. If the individual formally accepts the proposed decision/change, ask the individual to waive their right to request a fair hearing by signing the Waiver of Fair Hearings and implement the change.
3. If the individual requests a hearing, do not implement the proposed decision/change and promptly assist the individual in requesting and preparing for a fair hearing.
4. Forward all hearing requests within three business days to the DFCS Fair Hearing Coordinator by:
 - a. Email to DFCSfairhearings@dhs.ga.gov; or
 - b. Mail to:

DFCS Fair Hearing Coordinator
Office of General Counsel
47 Trinity Avenue SW
Atlanta, Georgia 30334

5. If the individual requests a hearing and an emergency threatens a child's health or safety, take

emergency action to protect the child;

- a. Obtain approval from the County Director/Designee for the emergency action within two business days of the action;
 - b. Provide the individual with written notice of the emergency, reasons for the action and information about the individual's right to appeal within three business days of the action.
6. Upload copies of all forms/notifications in External Documentation in the GA Statewide Automated Child Welfare System (Georgia SHINES).

Whenever an individual disagrees with DFCS' decision/recommended change to deny or delay an inter-jurisdictional adoption or deny, reduce or terminate a social service or visitation that is not a part of a court-ordered case plan, the SSCM will:

1. Conduct a face-to-face meeting with the individual to review and try to resolve the situation. Include the Social Services Supervisor (SSS), other relevant county/regional staff and any party the individual wishes to invite;
2. If the issue is not resolved and/or the individual requests an appeal, process the appeal request in a timely manner, including:
 - a. Providing the necessary form - Request for Fair Hearing;
 - b. Explaining the time limits, including that oral requests for a hearing must be followed by a written request within 30 days of the Notification Form for Denial, Reduction or Termination of a Service or Inter-Jurisdictional Adoption; and, if necessary;
 - c. Facilitate the completion of the written request.
3. Accept a request for a fair hearing when the individual believes a change or decision has been made by DFCS without following the required procedural guidelines;
4. Upload all forms/notifications in External Documentation in Georgia SHINES within 72 hours of completion;
5. Submit the following forms to the DFCS Fair Hearing Coordinator within three business days of receiving the parent's written request for a hearing:
 - a. OSAH Form 1;
 - b. Subpoena Requests;
 - c. Request for Fair Hearing;
 - d. Notification Form for Change in Case Plan/Services;
 - e. Relevant narratives of the Contact Detail (information parents are unable to receive must be redacted);
 - f. Comprehensive Child and Family Assessment;
 - g. Case plans and case reviews;
 - h. Court orders;
 - i. Copies of foster care policies/procedures relied upon in reaching the action taken; and
 - j. Any other information pertinent to the case.
6. Contact the DHS Office of General Counsel to coordinate the legal representation for The County

- Department and obtain a determination concerning whether legal representation is required;
7. Determine (in consultation with the DHS Office of General Counsel) who should be present as witnesses at the hearing and what evidence/documents are needed to support the case;
 8. Complete the subpoena forms for all witnesses/documents and attach to the OSAH Form 1 when submitted to the DFCS Fair Hearing Coordinator;
 9. Make available any materials submitted to OSAH should the individual and/or the individual's authorized representative request to see them. A release of information must be obtained for non-agency material to be shared (e.g., psychological, medical records, etc.);
 10. Prepare and redact confidential information in the narratives of the Contact Detail so that only the material releasable to the individual can be read;
 11. Maintain contact with the individual and/or authorized representative and promptly report any changes in the individual's circumstances or any requests for postponement or continuance to the DFCS Fair Hearing Coordinator;
 12. Adhere to established OSAH hearing procedures for presenting all pertinent facts/circumstances and advancing any arguments in support of DFCS' action/decision being asserted for review by the parent.

If it is determined at the fair hearing on inter-jurisdictional adoption that DFCS is in violation of section 471 (a) (23) of the Social Security Act:

1. The Permanency Unit Director, within ten days of the decision, will arrange and conduct a meeting with the County Director, Regional Director, Foster Care Services Director and Office of General Counsel to determine if DFCS plans to exhaust additional legal remedies to appeal the fair hearing decision.
2. If DFCS does not desire to exhaust any additional legal remedies, DFCS will notify the appropriate ACF Regional Office of the findings within 60 days of the decision.
3. If DFCS desires to exhaust additional legal remedies:
 - a. The Office of General Counsel will provide guidance on whether and how to proceed with the appeal of the fair hearing decision;
 - b. After all appeals are completed, a final decision upholding the fair hearing officer's decision will be submitted to the Administration for Children and Families (ACF) within 30 calendar days of the final decision concluding the appeal process.

If the individual elects to withdraw the request for a fair hearing, the SSCM will:


1. Inform the individual the withdrawal must be in writing and can be submitted to the County Department or directly to OSAH;
2. Immediately forward any request for withdrawal to the DFCS Fair Hearing Coordinator;
3. If the individual withdraws the request prior to the County Department forwarding the completed "Request for Fair Hearing" to the DHS Office of General Counsel, forward both the form and withdrawal statement to the DHS Office of General Counsel;
4. If the individual withdraws the request after it has been submitted by DHS Office of General Counsel to OSAH, forward a summary to DHS Office of General Counsel which explains fully why the request is being withdrawn and how the agency will proceed;

5. Upload the withdrawal in External Documentation in Georgia SHINES within 72 hours.

Practice Guidance

As a result of the J.J vs. Ledbetter Consent Order, a parent may request a hearing whenever there is a disagreement with an agency decision to deny, reduce or terminate a social service or reasonable visitation (including transportation or other assistance regarding visitation). With respect to the denial, reduction or termination of a social service, the service is any which may be requested by or previously received by the parent. The service may be provided directly by DFCS staff or purchased/paid for by the County Department.

The appeal process for any individual is handled by an Administrative Law Judge (ALJ) with the Office of State Administrative Hearings (OSAH). The ALJ conducts the hearing and issues a decision that is binding upon DFCS. However, if the individual is not satisfied with the initial decision, the individual may appeal to the DHS Commissioner through the DFCS Fair Hearing Coordinator for a final administrative decision.

 When an individual disagrees with a decision or a service which is part of a court-ordered case plan (or a plan being submitted to become an order of the court), the appeal rights of the individual are exercised solely through Juvenile Court rather than through the OSAH administrative hearing process.

Counties should develop procedures to resolve differences without a hearing. The procedures should include how the County Department will take prompt action to resolve complaints beginning with the SSCM reviewing the situation with the parent. If the issue is not resolved locally and/or if the individual requests a Fair Hearing, the request should be processed in a timely manner.

Possible Reasons for a Fair Hearing

Some instances where an individual may request a fair hearing include, but are not limited to, the following:

1. A social service is denied, reduced or terminated;
2. Reasonable visitation (or transportation to visitation) is being denied, reduced or terminated;
3. A determination is being made that the individual must participate in a service as outlined in the case plan (not court-ordered);
4. The County Department has failed or is unable to provide/arrange certain services as specified in the case plan (not court-ordered);
5. A change in the case plan (not court-ordered) is being made;
6. The denial or delay of placement of a child for adoption when an approved family is available outside of the jurisdiction with responsibility for the child;
7. Failure by the State agency to advise potential adoptive parents about the availability of adoption assistance (AA) for children in foster care;
8. DFCS erroneously determined that the child was ineligible for Title IV-E benefits;
9. Relevant facts regarding the child were known by DFCS or the Child Placing Agency (CPA) and

not presented to the adoptive parents prior to finalization of the adoption which impacted the AA decision;

10. Denial of AA based on a means test of the adoptive family;
11. Decrease in the amount of AA without the concurrence of the adoptive parents;
12. The adoptive family disagrees with the determination by the State that the child is ineligible for AA.

DFCS Fair Hearing Coordinator

DFCS Fair Hearing Coordinator is responsible for the following:

1. Reviewing the hearing request and determine if the issue is appropriate for appeal by OSAH;
2. Responding in writing to the requester if the appeal will not be processed any further;
3. Forwarding to OSAH the materials submitted by the County Department if a fair hearing needs to be held.

The Fair Hearing

The individual may have an authorized representative such as legal counsel, a relative, friend or other spokesperson, or he/she may represent himself/herself at the hearing. The individual and/or the authorized representative should have an adequate opportunity to:


1. Examine the releasable contents of the case record and all documents/records to be used by DFCS at the hearing at a reasonable time before the date of the hearing and/or at the hearing;
2. Present the case and establish all pertinent facts and circumstances;
3. Bring witnesses;
4. Advance any arguments without undue interference; and
5. Question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses.

Once rendered, the decision of the ALJ becomes effective immediately. However, if an adverse decision is issued, the individual has a right to a further appeal to the DHS Commissioner through the DFCS Fair Hearing Coordinator. The DFCS Fair Hearing Coordinator shall notify the individual and his/her legal representative of the final decision and of the individual's right to pursue a separate legal action for judicial review outside of DHS.

Forms and Tools

- [Notification Form for Denial, Reduction or Termination of a Service or Inter-Jurisdictional Adoption OSAH Form 1](#)
- [Request for Fair Hearing](#)
- [Subpoena - Example](#)
- [Waiver of Fair Hearing](#)

17.17 Enlistment in the Armed Forces

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(17) Legal		
	Policy Title:	Enlistment in the Armed Forces		
	Policy Number:	17.17	Previous Policy Number(s):	N/A
	Effective Date:	July 2019	Manual Transmittal:	2019-09


Codes/References

O.C.G.A. § 15-11-720 Conditions Under Which Emancipation May Occur

Requirements

The Division of Family and Children Services (DFCS) will:

1. Obtain parental consent for a 17-year-old youth in the temporary custody of DFCS who requests to enlist in the Armed Forces of the United States and DFCS determines enlistment is in the youth’s best interest;
2. Obtain consent from the Division Director, if the 17-year-old youth is in the permanent custody of DFCS.

 Emancipation occurs by operation of law during the period a minor is on active duty with the Armed Forces.

Procedures

When a youth who is 17 years of age and in DFCS custody wishes to enlist in the Armed Forces, the SSCM will:

1. Ensure the youth has had an opportunity to talk with appropriate recruiters from the Armed Forces to discuss his/her options and have his/her questions answered;
2. Ensure the youth has taken the Armed Services Vocational Aptitude Battery (ASVAB) test and received a score sufficient for entrance into the Armed Forces;
3. Conduct a face-to-face meeting with the youth, parents (if applicable), placement provider, youth’s support team, Independent Living Specialist (ILS), Court Appointed Special Advocate (CASA), Guardian Ad Litem (GAL), Social Services Supervisor (SSS) and County Director/Designee (if youth is in DFCS’ permanent custody) to discuss the youth’s desire to enlist in the Armed Forces including, but not limited to:
 - a. The youth’s reasons for wanting to enlist in the Armed Forces;
 - b. The knowledge/research the youth has regarding the Armed Forces;
 - c. The physical and mental health of the youth;
 - d. The maturity level of the youth;

- e. Any behavioral or delinquent issues the youth may have;
 - f. The parent's desires and concerns, if applicable;
 - g. The plan for the youth if prematurely discharged from the Armed Forces; and
 - h. How enlistment affects custody of the youth.
4. Assist the parents in understanding and providing necessary support for the youth's decision to enlist in the Armed Forces, if applicable;
 5. Document the discussion and determination of whether it is in the youth's best interest in the narrative of the Contact Detail in Georgia SHINES;
 6. Inform the juvenile court of the youth's desire to enlist;
 7. Obtain appropriate consent for the youth to enlist in the Armed Forces and upload a copy of the signed consent in External Documentation in Georgia SHINES.

Social Services Supervisor

1. Participate in the meeting to discuss the youth's desire to enlist in the Armed Forces;
2. Ensure the court is notified of the youth's desire to enlist;
3. Ensure appropriate consent for enlistment is obtained.

Practice Guidance

To enlist in the Armed Forces, a person must be at least 17 years of age (with parental consent) and 18 years of age (without parental consent). Other qualifications considered when enlisting include, but are not limited to^[2]:

1. Citizenship
2. Number of dependents
3. Credit and finances
4. Single parents
5. Applicants married to military members
6. Education
7. Drug and alcohol involvement
8. Criminal history
9. Height/weight standards
10. Medical/physical
11. Other miscellaneous criteria

Because enlisting in the armed forces is a serious commitment, it is imperative anyone considering enlistment is thoroughly educated on what it means to be in one of the armed forces. Each of the armed forces has its own criteria, so once a youth determines which branch of the armed forces he/she is interested in, the SSCM should help the youth learn as much as possible about the specific branch. This will help the youth make an educated decision about whether to enlist.

Forms and Tools

[United States Air Force](#)

[United States Army](#)

[United States Coast Guard](#)

[United States Marine Corps](#)


[United States Navy](#)

[1] Ex parte means made or undertaken on behalf of only one of the parties involved in a court case without involving all parties.

[2] www.usa.gov/military-requirements

Chapter 18 Support Services to Preserve or Reunify Families

18.0 Introduction to Support Services to Preserve or Reunify Families

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(18) Support Services to Preserve or Reunify Families		
	Policy Title:	Introduction to Support Services to Preserve or Reunify Families		
	Policy Number:	18.0	Previous Policy Number(s):	2107
	Effective Date:	March 2020	Manual Transmittal:	2023-03

Codes/References

Title IV-E of the Social Security Act §§ 431 (a) (1) and (2)
Public Law 96-272 Adoption Assistance and Child Welfare Act of 1980

Discussion

The Georgia Division of Family and Children Services (DFCS), through its' support services programs, provides an array of services designed to preserve or reunify families involved with or at risk of involvement with the child welfare system. The services include:


1. Early Intervention (EI)
2. Parent Aide
3. Prevention of Unnecessary Placement (PUP)
4. Homestead and Wrap-Around services
5. Promoting Safe and Stable Families
6. Childcare (provided by the Department of Early Care and Learning's (DECAL) Child and Parent Services (CAPS) program

Each program offers distinct types of services to form a child welfare continuum of services from prevention through permanency. Early Intervention services can help families before they reach the point of needing Child Protective Services (CPS) intervention. Once a case is opened for services, Parent Aide, PUP, Homestead and Wrap-Around services can provide support, education and counseling for families. PSSF provides an array of services throughout the child welfare continuum. DFCS, in partnership with the family, should determine which services are most appropriate to meet the family's needs. Eligibility for each service depends on the individual child and family circumstances as well as the programmatic and funding criteria of each program.

Most support services are purchased through community-based organizations and service

providers. The services can be utilized on a continuum or in tandem as part of a family’s safety and/or case plan to strengthen the family’s capacity to provide care and protection of their children; and reduce the factors contributing to child abuse and neglect. DFCS’ partnerships with community-based resources is essential to ensuring that together families in need of early intervention or more intensive services can be provided with the most appropriate services within their community. It is important to note that service providers are mandated reporters and must report to DFCS suspected or known cases of child abuse or neglect during their interaction with families (see policy [3.24 Intake: Mandated Reporters](#)).

18.1 Early Intervention

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(18) Support Services to Preserve or Reunify Families		
	Policy Title:	Early Intervention		
	Policy Number:	18.1	Previous Policy Number(s):	N/A
	Effective Date:	March 2020	Manual Transmittal:	2023-03

Codes/References

Title IV-E of the Social Security Act §§ 431 (a) (1) and (2)
Public Law 96-272 Adoption Assistance and Child Welfare Act of 1980

Requirements

The Division of Family and Children Services (DFCS) will:

1. Explore community-based services, Medicaid covered services, Promoting Safe and Stable Families (PSSF), services offered through partner agencies such as Department of Behavioral Health and Developmental Disabilities (DBHDD), Department of Community Health (DCH), Department of Public Health (DPH), and other resources at no cost to the family before using Early Intervention (EI) contracted services.
2. Determine and prioritize eligibility for EI services based on the following:
 - a. Priority 1: Families in which abuse or neglect has been substantiated.
 - b. Priority 2: Families with a screened-out intake report, an open family support services case or an unsubstantiated investigation. Services are voluntary in nature.
3. Offer EI services to eligible families in accordance with the criteria outlined in the [COSTAR manual](#).




Refer to the [COSTAR manual](#) for fee schedules, contract requirements, funding limitations and any applicable waivers.

4. Refer families to approved contracted EI providers.
5. Complete a Service Authorization and obtain approval prior to initiating EI services.

6. Monitor service provision to ensure the family is receiving services based upon their identified needs and that behavioral changes are occurring as a result of the services.
7. Document provision of EI services in Georgia SHINES within 72 hours of receipt of progress reports/summaries from the EI provider. If services are being provided pursuant to the case plan, document the services and the resulting behavioral changes in the case plan.
8. Monitor EI services and expenditures in accordance with criteria outlined in the [COSTAR manual](#).
9. Ensure providers and staff respect families' rights to confidentiality and protected health information through adherence to the Health Information Portability and Accountability Act (HIPAA) and other confidentiality laws in accordance with policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#).

Procedures

Social Services Case Manager

1. Determine if EI services are appropriate based on the assessed need of the family.
 - a. If the criteria for priority 1 eligibility are met, build consensus with parents/caregivers regarding the need for services:
 - i. Inform him/her of the reasons that support the need for EI services.
 - ii. Explain how EI services can address the behavioral and environmental concerns.
 - iii. Discuss the choices of services and available providers.
 - b. If the criteria for priority one eligibility are met, discuss with parents/caregivers whether they desire to receive EI services, and the choices of services and providers available to them.
2. Complete a Service Authorization in Georgia SHINES and obtain approval to initiate Early Intervention services in accordance with the Georgia SHINES Job Aid: Comprehensive Job Aid for Service Authorization in Forms and Tools. Document the provider's acceptance of the referral in Georgia SHINES.
 Emailed referrals must be encrypted. To encrypt the email, type DHSEncrypt in the Subject line.
3. Obtain and review provider reports/summaries and upload to Georgia SHINES within 72 hours of receipt.
4. Monitor and document service provision in accordance with policy [19.17 Case Management: Service Provision](#).
5. Update the case plan in accordance with policy [8.3 Family Preservation Services: Case Planning](#) or [10.23 Foster Care: Case Planning](#), if services are being provided in conjunction with a case plan.

Social Services Supervisor

1. Assist the SSCM in determining if EI services are appropriate based on the family's identified needs.
2. Review and approve the Service Authorization in Georgia SHINES.
3. Ensure timely completion and submission of the referral to the provider in accordance with the requirements of policy [19.17 Case Management: Service Provision](#).
4. Review documentation in Georgia SHINES to ensure services are being provided and the SSCM is providing appropriate follow up.
5. Ensure services are monitored through review of provider reports/summaries.

Practice Guidance

The EI program is designed to provide Community-Based Prevention and Early Intervention services to afford children a safe, stable and supportive family setting by promoting the well-being of the family. Services build on and increase the strength and stability of families, increase parent confidence and competence in their parenting abilities and enhance family functioning to prevent or address child abuse and neglect. EI program staff provide parenting education and support to families through such groups, in-home visitation and provision of community services information.


EI services are short term and are offered at no cost to the family (see the [COSTAR manual](#) funding limitations and allowable number of visits). EI services are not used to keep children in unsafe environments or at risk of further maltreatment. If a family requires more than “brief” or early intervention, EI services may not be appropriate. EI services include:

1. Behavioral Modification/Management
2. Budgeting Skills
3. Communication Skills
4. Environmental Safety
5. Parenting Education/Life Skills

Forms and Tools

N/A

18.2 Promoting Safe and Stable Families (PSSF)

 Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(18) Support Services to Preserve or Reunify Families		
Policy Title:	Promoting Safe and Stable Families (PSSF)		
Policy Number:	18.2	Previous Policy Number(s):	N/A
Effective Date:	October 2018	Manual Transmittal:	2018-11

Codes/References

Title IV-B of the Social Security Act, Subpart 2

Public Law 115-123 Family First Prevention Services Act of 2018

Requirements

The Division of Family and Children Services (DFCS) will:

1. Explore the use of Promoting Safe and Stable Families (PSSF) services for Georgia families at risk or in crisis in the areas of:
 - a. PSSF Family Support
 - b. PSSF Family Preservation
 - c. PSSF Family Reunification Services
 - d. PSSF Adoption Promotion and Permanency Support
2. Explore the availability of PSSF services in their local communities prior to the use of other DFCS funding sources.
3. Approve and contract PSSF Vendors through a statewide bid process.



The fiscal year spending period for these federal funds is October 1st through September 30th.

4. Refer to the [COSTAR Manual](#) for specific services, fee schedules, contract requirements and funding limitations for PSSF services.

Procedures

The Social Services Case Manager (SSCM) in consultation with the supervisor will:

1. Review the list of approved PSSF contracted vendors at www.pssfnet.com/resourceguide to identify services that meet the needs of the family.
2. Initiate services in accordance with policy [19.17 Case Management: Service Provision](#).

Practice Guidance

The Georgia Division of Family and Children Services provide services to Georgia families through the work of the PSSF program to:

1. Develop a coordinated and integrated service system that builds on the strengths of families and communities.
2. Emphasize collaborative, community-based approaches, early identification of issues and the delivery of prevention, intervention and support services.
3. Prevent child abuse and neglect, protect children from further abuse, and promote permanency for children (and siblings when/as applicable) within their own families or with kinship or adoptive families when birth parents are not willing or able to do so.
4. Partner with Georgia families in strengthening themselves and remove barriers to child safety,

permanency and well-being.

PSSF promotes easy access to child and family-centered services in communities across the state of Georgia to families at risk and in crisis in the areas of:

1. **PSSF Family Support** services are community-based prevention and early intervention services designed to prevent and reduce the risk of child maltreatment by promoting the well-being of the entire family, as well as supporting and retaining foster families, so they can provide quality family-based settings for children in foster care. PSSF Family Support services promote healthy development by helping caregivers to enhance their strengths and resolve problems that can lead to child maltreatment, developmental delays, and family disruption. All services are designed to build on existing family strengths, increase the stability of families, increase caregiver confidence and competence, increase protective capacities, enhance overall family functioning to prevent initial or repeat child abuse and neglect while ensuring child safety, and to maintain the ability of foster families to provide for the well-being of children in their care. PSSF Family Support services are provided to families who are at risk for CPS involvement to reduce risk and prevent child maltreatment and for the support and retention of foster families. This includes families:
 - a. Target Population
 - i. Not known to the child welfare agency
 - ii. Who have been the subject of a report of suspected child abuse or neglect who:
 1. Were assigned to Family Support
 2. Were screened out or were the subject of an unsubstantiated investigation
 3. Have prior CPS history (closed but referred for follow-up supports/services)
 - iii. Foster Families
 - b. Categories of services:
 - i. FSS – Prevention and Early Intervention Services (PEI)
 - ii. FSS – Home Visitation Services (HVS)
 - iii. PSSF Healthy Relationship & Co-Parenting Services (HMI)
 - iv. PSSF Supports & Services for Homeless Youth (SHY)
 - c. Service Duration: Duration is dependent on criteria established by proposed evidence-based strategy, practice or program model.
2. **PSSF Family Preservation** services are provided to families that have or have had DFCS involvement because of child abuse or neglect, child or parent behavioral challenges, or serious parent-child conflict. Provision of these services grows out of the recognition that the unnecessary separation of children from their families is traumatic, often leaving lasting negative effects. Families at-risk or in-crisis can be preserved and children safely maintained in their homes when families receive intensive support and therapeutic services to improve family functioning and stability. Services are family-focused and are designed to maintain children safely in their homes, prevent the unnecessary separation of families, and are offered as a safe alternative to out-of-home placement. PSSF Family Preservation services may also be provided to support families post-reunification to help prevent placement disruption.

Providers of PSSF Family Preservation services are **required** to coordinate services with DFCS and other agencies including mental health, substance abuse, education, child care, and employment services to provide families a comprehensive continuum of community-based supports, interventions and follow-up services responsive to individual and family needs. Services may be offered to families referred by DFCS, juvenile or family court, who are in crisis or at-risk of having a child removed from their home. PSSF Family Preservation services are provided to families to prevent removal of children from their homes, stabilize placement and/ or to prevent re-entry into foster care.

a. Target population

- i. Families who have or have had a substantiated investigation and/or a Family Preservation case to prevent repeat maltreatment and help these families maintain children in their homes safely.
- ii. Relative caregivers who are caring for children when their parents are unable to do so to support the safety, permanency and well-being of these children.
- iii. Foster parents and/or children in foster care to stabilize the placement and prevent disruption.
- iv. Families for whom reunification is the goal, to prepare for and sustain reunification.
- v. Families whose children have returned home from foster care to prevent repeat maltreatment and sustain permanency.
- vi. Children from families who have or have had a substantiated investigation and/or a Family Preservation case or are returning from foster care to improve educational outcomes.

b. Service Delivery Expectations: Services are short-term, intensive interventions to mitigate parent or child behaviors to prevent escalation of circumstances to the point of requiring removal of children from the home. Based on reasons for referral, service objectives identified at referral, or needs identified in a family assessment, service plan **must be solution-based** in addressing the needs of the target population to achieve the desired outcomes.

c. Assessment and Development of an Individual Service Plan: Families referred for services may have already undergone a comprehensive family assessment. Based on the results of that assessment, and the reason for referral, service objectives should be identified and an **individualized service plan** developed to meet the unique needs of the target population. If one is not available, or has not been conducted within the past 12 months, an assessment must be completed prior to or at the commencement of services utilizing a **recognized assessment instrument** effective in evaluating the strengths and needs of the identified target population to facilitate the development of an **individualized service plan** that addresses the circumstances that resulted in the referral and is responsive to the needs, goals and priorities of the family.

d. Categories of services:

- i. PSSF Placement Prevention Services (PPS)
- ii. PSSF Relative Caregiver/Kinship Family Services (RCS)
- iii. PSSF Crisis Intervention & Placement Stabilization Services (CIS)
- iv. PSSF Residential /Post Placement After-Care Services (RAC)

v. PSSF Substance Abuse Treatment and Recovery Support Services (STR)

vi. PSSF Educational Support Services (ESS)

3. **PSSF Family Reunification Services** are provided to ensure the strength and stability of family reunification. Services are provided when a youth or child has been removed from the care of their parents and for the 15-month period that begins on the date that the child returns home. Reunification is the most common goal for children and youth in out-of-home care as well as the most common outcome. While reunification is generally thought of as reuniting the children and youth in foster care with their families and reinstating custody to their parents or guardians, a broader definition that includes living with other relatives is sometimes used. The physical return of the child or youth to parents or caretakers may occur before the return of legal custody, as when the child welfare agency continues to supervise the family for some period of time. Reunification is considered achieved when both care and custody are returned to parents or guardians, and the child or youth is discharged from the child welfare system. The challenge for child welfare agencies is to achieve reunifications that are both timely and do not result in re-entry.

Safe and timely family reunification is the preferred permanency planning option for all children in Georgia state custody unless it is not in the best interests of the child. PSSF Family Reunification Services help to support positive consistent family relationships and prevent multiple re-entries into foster care. Family-centered values and practice, along with evidence-based practices, are the foundation of safe, timely reunification/permanency.

Efforts to assure safe and permanent reunifications for children are complicated because of the strict time frames set forth in the Adoption and Safe Families Act (ASFA) of 1997 and the complex and interrelated problems many families experience, such as substance abuse, domestic violence and mental illness. The degree to which families effectively maintain reunification is largely dependent upon the ability to connect families with timely, intensive and responsive supports and services during the time a child is in foster care and the first 15 months when a child returns home post-reunification.

Since the majority of children who leave foster care are reunified with their families, it is important to focus on practices that help achieve successful reunification. PSSF Family reunification services are intensive support services provided to a child to promote safe, appropriate, and effective reunification with their primary caregiver and provided to children during the 15-month period that begins on the date that the child returns home.

PSSF Family Reunification Services are provided to families to reduce the time in foster care, facilitate reunification, and sustain permanency for children, pre- or post- return of children to families from foster care or residential treatment. PSSF Family Reunification Services are provided to families whose children have a plan of reunification or an alternative concurrent permanency option.

a. Target Population

i. Families with children in foster care

ii. Families with court-ordered relative placement

iii. Families with children who have returned home from foster care for the first 15 months of the return home.

- b. Service Duration: During the time the child is in foster care and within the 15-month period that begins on the date the child returns home.
- c. **PSSF Family Reunification Services** includes the following categories of services:
 - i. Child and Family Advocacy (CFA)
 - ii. Supervised Family Visitation Services (SFV)

4. **PSSF Adoption Promotion and Permanency Support (APS)**


- a. Categories of services:
 - i. Adoption Promotion and Post-Permanency Services (APS): services are designed to encourage and support permanency for children through adoption, when adoption is in the best interest of the child or to facilitate permanency for children through relative guardianship and to prevent disruption or dissolution of those relationships. It is common for adoptive families to need support and services to prepare for and sustain adoption. Transition periods can be especially difficult for families who must also address child welfare-related issues such as separation and loss. Families who adopt children with special needs also face additional challenges that may be compounded by the child's past experiences of child abuse and neglect.
 - ii. Transition and Emancipation Support Services: Services are designed to help youth develop skills for independent living and establish meaningful adult connections while simultaneously working toward achieving permanency through reunification, adoption, or guardianship. Youth who are nearing the age of emancipation without an identified permanency resource may need additional supports and services to help transition and prepare for the opportunities and challenges of independent adult living. Without family supports and community networks to help them make successful transitions to adulthood, these young adults may experience very poor outcomes at a much higher rate than the general
- b. Target Populations:
 - i. Post Permanency Support
 - 1. Foster/adoptive children and youth, particularly those with special needs
 - 2. Foster, pre-adoptive and adoptive parents
 - 3. Relative caregivers
 - ii. Transition and Emancipation Support
 - 1. Youth age 16+ preparing for emancipation from foster care
 - 2. Youth age 18+, who have signed themselves back in for services
 - 3. Youth or young adults recently emancipated from foster care
- c. Service Duration:
 - i. Adoption Promotion and Post-Permanency Services: 3-6 months' pre-adoption or guardianship and up to 6-months post-adoption or guardianship.
 - ii. Transition and Emancipation Support Services: 6-9 months before exiting Foster Care and/or 6-9 months following emancipation, not to exceed 12 months
- d. Service Delivery Expectations: Adoption Promotion and Post-Permanency Services

- i. Services are designed to address issues related to separation and adjustment which may impair family functioning.
- ii. Adequate support is particularly critical for special needs adoptions where challenges and adjustments faced by families can be immediate and intense.
- iii. Post-permanency supports and services should help identify and address family issues which negatively impact family functioning and help stabilize and support families to prevent disruption.
- iv. Post-permanency services are geared toward normalizing the adoption experience, helping adoptive parents increase parent-child attachment and decrease family isolation by creating opportunities to connect with others in similar circumstances.

Forms and Tools

[Promotion Safe and Stable Families Program](#)

18.3 Prevention of Unnecessary Placement (PUP)

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(18) Support Services to Preserve or Reunify Families		
	Policy Title:	Prevention of Unnecessary Placement (PUP)		
	Policy Number:	18.3	Previous Policy Number(s):	N/A
	Effective Date:	March 2020	Manual Transmittal:	2020-03

Codes/References

Title IV-E of the Social Security Act §§ 431 (a) (1) and (2)

Public Law 96-272 Adoption Assistance and Child Welfare Act of 1980

Requirements

The Division of Family and Children Services (DFCS) will:

1. Explore community-based services, Medicaid covered services, Promoting Safe and Stable Families (PSSF), services offered through partner agencies such as Department of Behavioral Health and Developmental Disabilities (DBHDD), Department of Community Health (DCH), Department of Public Health (DPH), and other resources at no cost to the family before using PUP contracted services.
2. Determine eligibility for PUP services based on the following criteria:
 - a. The family is involved in Family Support Services, Family Preservation Services, Investigations, or Permanency.
 - b. One of the following conditions exist and is documented in Georgia SHINES:
 - i. Risk of Imminent Placement

ii. Immediate Reunification



If PUP funds are used in Family Support Services document how the use of the funds will ensure child safety and prevent future involvement with DFCS.

3. Offer PUP services to eligible families in accordance with criteria outlined in the [COSTAR manual](#) (also see Practice Guidance).



Refer to the [COSTAR manual](#) for fee schedules, contract requirements, funding limitations and applicable waivers.

4. Prohibit the use of PUP funds for the following services:

- a. Payment of consumer credit debt
- b. Purchase of trailers or down payment on trailers, trailer lot, or homes
- c. Legal services for separation or divorce
- d. Custody modification or modification of visitation
- e. Purchase or down payment on vehicles
- f. Repairs on rental property
- g. Traffic fines/Court costs
- h. Ongoing sexual abuse offender counseling for an adult (cost is paid by the offender)

5. Have an approved Service Authorization and contract with a provider before incurring costs for any direct client services. Document in the summary section of the Service Authorization how the family will manage after the provision of PUP services.

6. Document the need for PUP services and the desired outcome in the Safety Plan or Case Plan in Georgia SHINES.

7. Monitor service provision to ensure the family is receiving services based upon their identified needs and that behavioral changes are occurring as a result of the services, as applicable.

8. Document provision of PUP services in Georgia SHINES within 72 hours of occurrence or receipt of provider notes from the service provider. Update the case plan if services are provided pursuant to a case plan.

9. Monitor PUP services and expenditures in accordance criteria outlined in the [COSTAR manual](#).

10. Ensure providers and staff respect families' rights to confidentiality and protected health information through adherence to the Health Information Portability and Accountability Act (HIPAA) and other confidentiality laws in accordance with policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#).

Procedures

Social Services Case Manager

1. Determine the family's eligibility for PUP services based on the needs of the family and the established eligibility criteria.

2. Assess the family's financial status to determine whether:
 - a. Any other resources are available prior to utilizing PUP funds;
 - b. The family can contribute to the payment needed;
 - c. How the family will manage after the provision of PUP services.
3. Determine the amount of PUP funding the family needs.
4. Complete a Service Authorization in Georgia SHINES and obtain approval to initiate PUP services in accordance with the Georgia SHINES Job Aid: Comprehensive Job Aid for Service Authorization in Forms and Tools. Document the provider's acceptance of the referral in Georgia SHINES.



Emailed referrals must be encrypted. To encrypt the email, type DHSEncrypt in the Subject line.

5. Document the need for PUP services and the desired outcome in the Safety Plan or Case Plan in Georgia SHINES.
6. Review and upload provider reports/summaries in Georgia SHINES within 72 hours of receipt. Also upload any accompanying documents (i.e., bills, receipts, letters) to External Documentation. Update the case plan with services provided, as applicable.
7. Re-evaluate continued authorization and utilization of PUP funds at required case reassessment periods and document whether funds will continue to be used.
8. Monitor and document service provision in accordance with policy [19.17 Case Management: Service Provision](#).
9. Update the case plan in accordance with policy [8.3 Family Preservation Services: Case Planning](#) or [10.23 Foster Care: Case Planning](#), if services are being provided in conjunction with a case plan.

Social Services Supervisor

1. Assist the SSCM in determining if PUP services are appropriate.
2. Review and approve the Service Authorization.
3. Ensure timely completion and submission of the referral to the provider in accordance with policy [19.17 Case Management: Service Provision](#).
4. Review documentation in Georgia SHINES to ensure services are being provided and the SSCM is providing appropriate follow up.
5. Ensure services are monitored by reviewing provider reports/summaries, etc.

Practice Guidance

Prevention of Unnecessary Placement (PUP)

The goal of PUP services is to reduce risk factors contributing to child maltreatment in order to ensure the protection and safety of children. Imminent risk of placement or readiness for reunification of the children must be clearly documented in the case record. The PUP Program offers an array of support and intervention services. Through PUP, psychological or psychiatric assessments,

substance abuse assessments, drug screens, and counseling services may be obtained from vendors who have the necessary skills and training to address the identified problems. PUP may also be used to help a family through a financial crisis with emergency rent, utilities or childcare.

Families are encouraged to contribute to the costs of needed services. A family's own contribution, financially or in-kind, toward part of the required PUP expenditures is highly recommended, particularly in long term services such as childcare or counseling. This encourages and promotes a commitment on the part of the caregiver(s) to participate in the case plan toward goal achievement and self-sufficiency. PUP funds should not be used if other resources (i.e., community resources, private insurance or Medicaid) exist or until other resources have been exhausted.

Risk of Imminent Placement

Risk of imminent placement is defined as the likelihood of removal of children from their parent or caretaker and placement of the children into an emergency shelter or foster care placement within 14 days without intervention.

Immediate Reunification

A child must be in a foster care placement, including a kinship placement, and be ready for reunification with parents, kin, guardians or non-foster care placement within 60 days of initiating PUP services.

Emergency Housing/Financial Assistance

PUP funds may be authorized for temporary shelter, food, clothing and related services required by families with children to cope with a temporary crisis situation which poses an imminent threat to the safety of the children (i.e., fire, eviction, unsafe housing, separation for the safety of children and family members, etc.). It is important to assess how the crisis arose and how the family plans to manage going forward when considering the authorization of PUP funds for emergency financial assistance (i.e. rent and utility payments). If the family's crisis is because of some unavoidable emergency, PUP can be helpful. If the family's difficulties are chronic and reflect a lifestyle of crisis, PUP should not be used without a documented plan of how the family will manage once PUP is utilized. The case record must reflect how the family will resume responsibility for payment of rent and utilities after this one-time assistance. All financial assistance is through vendor payments.

The emergency housing/financial assistance and temporary childcare components of the PUP Program are not to be used as a county "general assistance fund." These funds are provided as one support service among others as a part of the safety or case plan in an open child welfare case.

Past due rent, current rent and up to three months future rent can be paid once per family per fiscal year. Past utility bills, current utility bills and up to three months future utility bills may be paid once per family per fiscal year. Utility deposits may be paid once per fiscal year. When PUP funds are used to pay deposits for rent or utilities, the SSCM should include with the payment, a letter notifying the payee that the deposit should be returned to the County Department. Acceptance of this procedure by utility companies varies; however, SSCMs should still send the letter along with the payment. They should also notify the parent/caregiver that any deposits will need to be reimbursed to DFCS.

Minor home repairs, directly related to the risk of maltreatment, may be authorized. Repairs on

rental property that are the responsibility of the property owner, landlord, and/or property Management Company are NOT allowable expenses under PUP.

Legal Fees for Guardianship of a Child

Minor legal services or nominal legal fees may be paid with PUP funds, if it is directly related to risk of placement or immediate reunification efforts.

Emergency Furniture

PUP funds can be used to purchase emergency furniture after all other community resources have been exhausted. All emergency furniture assistance must be paid to the vendor only. Examples of emergency furniture include mattresses, cribs, and major appliances, etc. to maintain or reunify children back in a stable home. Prior authorization from the supervisor is needed before using this service.

Emergency Clothing

PUP funds can be used to purchase emergency clothing after all other community resources have been exhausted.

Temporary Childcare Services

Temporary childcare services may be purchased for families when the unassisted, daily care of children by their family presents an unacceptable risk of continued maltreatment and/or placement. Types of temporary childcare include:

1. Group Day Care (State licensed, center-based day care for seven to eighteen children).
2. Family Day Care (State registered, approved family home day care for up to six children).
3. Day Care Center services (State licensed, center-based day care for nineteen or more children).

Childcare is often an ongoing need and PUP's time-limited services cannot meet this ongoing need. The safety or case plan should indicate how the family will assume the responsibility for the ongoing expense of day care. Childcare is for children under the age of 13, or under the age of 18, if there is a physical or mental disability. Childcare services are provided away from their own home for less than 24 hours per day. The exception to this is payment of emergency 24-hour childcare with an approved resource when a caretaker is hospitalized and has no other resources to meet this need. The childcare services must correct or prevent a situation that would lead to an out-of-home placement of one or more children. Other support services such as Childcare and Parent Services (CAPS) should be accessed before approving PUP for temporary childcare.

There is a maximum of six months of childcare services provided to each child per family per fiscal year.

Counseling

Counseling may be authorized for families when the provision of counseling services will help the family or individuals within the family resolve issues that contribute to the risk of maltreatment and out-of-home placement. Types of counseling services that may be utilized include, but are not

limited to the following:

1. Individual
2. Child
3. Group
4. Family
5. Substance Abuse
6. Marital Counseling
7. Domestic Violence
8. Anger/Stress Management
9. Grief & Separation Management
10. Behavior Management
11. Trauma Focused Therapy

Counseling services through PUP are provided primarily to help with the effects of maltreatment and to strengthen the family's ability to resolve their problems through effective decision-making and coping skills. The counselor shall adhere to the professional code of ethics regarding responsibility to clients, integrity, and confidentiality, responsibility to colleagues, assessment instruments, research, advertising, and professional representation. Services must be provided by an approved contracted provider.

Authorizing payment for Individual ongoing counseling for a sexual abuse offender is prohibited. The cost of ongoing counseling for a sexual abuse offender is the offender's responsibility. PUP may be used to pay for the ongoing counseling of a sexual abuse offender, when the offender is a minor in the household, as a part of the reunification plan, and when such services will prevent the removal of other children from the home. All other resources to pay for treatment and counseling for the juvenile sex offender should be explored prior to use of PUP. Medicaid and private insurance should be used before the use of PUP funds.

Behavioral Health Assessment Guide

This guide is to serve as a minimum standard reference for mental health/behavioral health assessments. The Division of Family and Children Services understands that every client is different, and selection of specific tests and tools may depend on the needs of the client. The Division respects the autonomy of licensed psychologists and mental health professionals and their selection of assessment tools. This guide does not restrict assessors to the referenced components of each listed assessment. All Assessments should include:

1. Demographics & presenting information
2. Collateral information
3. Evidence of records review
 - a. Mental health history
 - b. Medical History

- c. Previous legal/court involvement
 - d. DFCS history
 - e. Family history
4. Evidence that several methods were used to assess the client
 - a. Direct observation, interviews, formal questionnaires, norm reference tests,
 5. Summary of results and recommendations

The Division strongly recommends the use of best practice when conducting these formal assessments.

1. All assessments should be completed in a setting that secures privacy
 - a. Assessments should not be in a group setting
 - b. All assessors should adhere to the HIPAA guidelines
2. The Division supports the standards of the American Psychology Association (APA) applicable to mental health assessments and recommends licensed psychologists and licensed mental health professionals to adhere to those standards.

Assessment Type	Summary/Definition	Key Components
Psychosexual	Evaluates an individual accused of illegal and/or inappropriate sexual behavior.	<ul style="list-style-type: none"> • Level of risk for sexual and non-sexual reoffending • Mental and emotional attitude concerning sexual activity • Risk factors • Client history of sexual abuse • Strengths and protective factors
Psychiatric/Psychological	Psychological evaluations are completed by licensed psychologists. Psychiatric evaluations are completed by psychiatrists and they can prescribe medication. Both evaluations use assessment tools alongside observations of behaviors to arrive at a diagnosis. These assessments measure an individual's mental and behavioral health characteristics.	<ul style="list-style-type: none"> • Summary of client's cognitive functioning • Clinical diagnosis derived from the DSM. Diagnosis should be explicitly detailed specific to the client's behavior • If medication is recommended, justification for the medication as well as side effects should be listed

Assessment Type	Summary/Definition	Key Components
Parental Fitness	A Parental Fitness assessment is a specialized Psychological evaluation, usually conducted by a licensed psychologist or psychiatrist. This assessment evaluates an individual's ability to function as a parent. The evaluator assesses how a parent meets the minimum standard of acceptable parenting skill levels in order to protect their children.	<ul style="list-style-type: none"> • Quality of parent-child relationship • Provide Parent's lifestyle habits and psychological state that could affect the child's safety • How parent responds to child's health, educational, and developmental needs • How parents view and know their children • Attitudes towards parenting • Parenting strengths • Parenting beliefs
Neuropsychological	An assessment that reviews the health of one's brain, brain patterns, and how it functions. Documents patterns of strengths and weaknesses among cognitive and behavioral functions. A neuropsychological assessment should only be completed by a licensed psychologist who is trained and specializes in completing a neuropsychological evaluation.	<ul style="list-style-type: none"> • Assessment of an individual's level of function including motor skills, memory, problem solving, decision making, and cognitive functioning • Identify if the client has suffered from a brain injury • Differential diagnosis and/or full DSM diagnosis
Domestic Violence	A risk assessment tool to evaluate an individual's history of/with violence (emotional, sexual, physical, psychological, property) and likelihood of violence continuing to occur.	<ul style="list-style-type: none"> • History of aggression/involvement in a domestic violence relationship • Child's history of witnessing abuse • Discuss if mental illness is present • Identify the violent behaviors • Identify the triggers for violent behaviors • Explore safety of client and develop a safety plan if warranted
Substance Abuse	This evaluation determines if an individual is misusing or abusing substances. This tool assists in the development of a plan for recovery if one is needed.	<ul style="list-style-type: none"> • Severity of addiction • Medical conditions that could complicate recovery • Readiness to change • Relapse recovery/current living environment • Triggers to substance use

Assessment Type	Summary/Definition	Key Components
Bonding/Attachment	A tool that assesses the quality of the relationship between the caregiver and the child.	<ul style="list-style-type: none"> • The benefits of maintaining the placement • Assess for long-term effects of either decision • Identify the risks of disruption from current placement • Behavioral observation between child and caregiver and child with potential placement • Compare the bond between the child and the caregiver and child with potential placement
CCFA	A whole family assessment to evaluate multiple, complex, sometimes intergenerational problems that threaten the stability and overall functioning of current and future generations within a family unit.	See DFCS policy for key components

Drug and Alcohol Screens

PUP funds may be used to obtain drug and/or alcohol screens for the purposes of determining caregiver substance abuse and/or monitoring compliance with case plan goals related to substance abuse. Drug/alcohol screens must be completed by an approved contracted provider. Drug and/or alcohol screens should be conducted at random by the designated service provider.

Paternity/DNA Testing

PUP funds may be utilized for Paternity/DNA testing in cases where prevention of placement or reunification is related to establishing paternity with a non-custodial parent. Paternity testing may also be authorized during the TPR process.

Safety/Enrichment Activities (children in the custody of DFCS only)

Enrichment programs promote the well-being of children by providing them with an experience that draws out their fullest potential and talents. Enrichment activities are often geared towards an educational experience that focuses on high abilities such as gifted programs and can span across the arts, humanities, and sciences. They help bolster academics and social interactions for children. These extra-curricular activities can include, but are not limited to:

1. Dance Classes
2. Art classes
3. Sports
4. Band
5. Advanced Reading or Math courses

Funding for this service can also include purchase of materials needed for these classes (i.e. instruments, uniforms and equipment, supplies, etc.)


Children must be under age 14 and funds are available for all children in DFCS custody; regardless of the placement type (DFCS FH, kinship placement, CPA).

1. ILP Program (UAS 585) may be used for children over age 14 that are ILP eligible.
2. Afterschool Care may have services available for children under the age of 13.

Forms and Tools

N/A

18.4 Parent Aide Services

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(18) Support Services to Preserve or Reunify Families		
	Policy Title:	Parent Aide Services		
	Policy Number:	18.4	Previous Policy Number(s):	N/A
	Effective Date:	March 2020	Manual Transmittal:	2020-03

Codes/References

Title IV-E of the Social Security Act §§ 431 (a) (1) and (2)

Public Law 96-272 Adoption Assistance and Child Welfare Act of 1980

Requirements

The Division of Family and Children Services (DFCS) will:

1. Explore community-based services, Medicaid covered services, Promoting Safe and Stable Families (PSSF), services offered through partner agencies such as Department of Behavioral Health and Developmental Disabilities (DBHDD), Department of Community Health (DCH), Department of Public Health (DPH), and other resources at no cost to the family before use of contracted Parent Aide services.
2. Utilize contracted providers to provide Parent Aide Services in accordance with criteria in the [COSTAR Manual Section 3006 Support Services Program](#).



The [COSTAR manual](#) provides fee schedules, contract requirements, funding limitations and applicable waivers.

3. Determine and prioritize eligibility for Parent Aide services based on the following:
 - a. Families have an active Family Preservation or Permanency case.
 - b. Families are prioritized in the following manner:
 - i. Priority 1: Families in which an investigation has been substantiated or there is an open Permanency case.
 - ii. Priority 2: Families in which an investigation has been unsubstantiated and/or there is

no open Permanency case. Services to priority families 2 will be voluntary in nature.

4. Complete a Service Authorization and obtain approval prior to initiating Parent Aide services.
5. Refer families to approved service providers and monitor service provision.
6. Document provision of services in Georgia SHINES within 72 hours of receipt of progress reports/summaries from the provider. Document the services provided and the resulting behavioral changes in the case plan.
7. Monitor Parent Aide services and expenditures in accordance with criteria outlined in the [COSTAR manual](#).
8. Ensure providers and staff respect families' rights to confidentiality and protected health information through adherence to the Health Information Portability and Accountability Act (HIPAA) and other confidentiality laws in accordance with policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#).

Procedures

Social Services Case Manager

1. Determine the family's eligibility for Parent Aide Services.
2. Engage parents/caregivers to build consensus regarding the need for Parent Aide services:
 - a. Inform him/her of the reasons that support the need for Parent Aide services.
 - b. Explain how Parent Aide services can address the behavioral and environmental concerns.
 - c. Discuss the choices of services and available providers (including reviews available to them).
3. Refer the family for parent aide services in accordance with policy [19.17 Case Management: Service Provision](#).
4. Complete a Service Authorization in Georgia SHINES and obtain approval to initiate Parent Aide services in accordance with the Georgia SHINES Job Aid: Comprehensive Job Aid for Service Authorization in Forms and Tools. Document the provider's acceptance of the referral in Georgia SHINES.



Emailed referrals must be encrypted. To encrypt the email, type DHSEncrypt in the Subject line.

5. Document provision of Parent Aide services in Georgia SHINES:
 - a. Include the services provided to the family, their level of participation and any behavioral changes resulting from the services in the Log of Contacts within 72 hours of occurrence.
 - b. Update the Case Plan in accordance with policies [8.3 Family Preservation Services: Case Planning](#) and [10.23 Foster Care: Case Plan](#), as applicable.
 - c. Review and upload provider reports/summaries in External Documentation within 72 hours of receipt.
6. Monitor provision of Parent Aide services in accordance with policy [19.17 Case Management: Service Provision](#).

Social Services Supervisor

1. Assist the SSCM in determining if Parent Aide services are appropriate.
2. Review and approve the Service Authorization.
3. Ensure timely completion and submission of the referral to the provider.
4. Review Georgia SHINES to ensure services are being provided and the SSCM is providing appropriate follow up.
5. Assist the SSCM with monitoring of Parent Aide services.

Practice Guidance

Parent Aide Services

The goal of the Parent Aide Program is to stabilize and help families in need of intervention by providing parenting education, training and support through in-home and group parenting education and referrals to community-based resources. Parent Aide services are a professional family support and prevention program available to any family with an open Family Preservation or, Permanency case. The services are most useful for cooperative parents who are experiencing stress and are open to learning new approaches to parenting. These services are not designed to address issues that require clinical intervention. Parent(s) who have chronically neglected, seriously injured, sexually abused, abandoned a child or have a mental illness or disability, often need more structured intervention than what is available through parent aide services.

The objectives of parent aide services are to strengthen the parent-child bond, reduce social isolation, build trust, teach appropriate discipline and help parents identify their children's needs and ways to respond to those needs. Other services may include emergency respite care, food and nutrition education (i.e., meal planning, advice on grocery shopping, meal preparation, safe food handling and sanitation), information on homemaking and budgeting topics, and assistance in accessing community resources.

Parent aides, using a team approach, work with case management staff with the goal of ensuring the safety and protection of children by improving parenting competency. Parent aides provide support to families by using positive reinforcement, being emotionally supportive and coordinating access to critical resources. The parent aide functions as a peer educator and mentor to the family and must possess skills that enable them to establish a trusting relationship with the client. Parent aides may also be used to provide emergency respite care for brief periods of time when deemed appropriate.

Role of the Parent Aide

There are many factors that contribute to the risk of child maltreatment. Research shows that knowledge of childcare and development, preparation for parenthood, and family and social supports are critical areas for successful parenting. A root cause of child maltreatment is often a lack of parenting knowledge and skills, low self-esteem and isolation. Parent aides target these and related topics to help reduce the risk of child maltreatment. Parent aide roles include teaching practical parenting knowledge and skills, providing resource information, helping parents become involved in support activities and providing occasional transportation. Their role does not include doing housework for parents, directly caring for children, consistently providing transportation, investi-

gating complaints or making case management decisions or recommendations.


Although parent aides need to develop honest and trusting relationships with parents, they need to maintain professional objectivity and guard against becoming too emotionally involved with parents or disclosing too much of their own personal information. Parent aides are expected to adhere to a professional code of ethics regarding client contact and confidentiality.

Parent aides are not responsible for the protection of children in the same way that SSCMs are; however, they are mandated to report any suspected child maltreatment (see policy [3.24 Intake: Mandated Reporters](#)). The role of the parent aide is always that of a professional working jointly with the Department and not as a CPS investigator. It is never appropriate for the County Department to request a parent aide to go out as the first responder to a family's home to assess a report.

Forms and Tools

N/A

18.5 Homestead

 Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(18) Support Services to Preserve or Reunify Families		
Policy Title:	Homestead		
Policy Number:	18.5	Previous Policy Number(s):	2107, 2107.26-2107.32
Effective Date:	March 2020	Manual Transmittal:	2020-03

Codes/References

Title IV-E of the Social Security Act §§ 431 (a) (1) and (2)
Public Law 96-272 Adoption Assistance and Child Welfare Act of 1980

Requirements

The Division of Family and Children Services (DFCS) will:

1. Explore community-based services, Medicaid covered services, Promoting Safe and Stable Families (PSSF), services offered through partner agencies such as Department of Behavioral Health and Developmental Disabilities (DBHDD), Department of Community Health (DCH), Department of Public Health (DPH), and other resources at no cost to the family before using Homestead contracted services.
2. Determine eligibility for Homestead services based on the following criteria:
 - a. The family has an open Family Preservation or Permanency case.
 - b. The children are at risk of unnecessary foster care placement or are ready for reunification.
3. Offer Homestead Services to eligible families in accordance with criteria outlined in the [COSTAR manual](#).



Refer to the [COSTAR manual](#) for fee schedules, contract requirements, funding limitations, and applicable waivers.

4. Refer the family to approved contracted providers and monitor services in accordance with policy [19.17 Case Management: Service Provision](#).
5. Complete a Service Authorization and obtain approval prior to initiating Homestead Services.
6. Monitor service provision to ensure the family is receiving services based on their identified needs.
7. Document provision of services in Georgia SHINES within 72 hours of receipt of progress reports/summaries from the provider. Document the services provided and the resulting behavioral changes in the case plan.
8. Monitor Homestead services and expenditures in accordance with the [COSTAR manual](#).
9. Ensure providers and staff respect families' rights to confidentiality and protected health information through adherence to the Health Information Portability and Accountability Act (HIPAA) and other confidentiality laws in accordance with policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#).

Procedures

Social Services Case Manager

1. Determine the family's eligibility for Homestead services.
2. Complete a Service Authorization in Georgia SHINES and obtain approval to initiate Homestead services in accordance with the Georgia SHINES Job Aid: Comprehensive Job Aid for Service Authorization in Forms and Tools. Document the provider's acceptance of the referral in Georgia SHINES.



Emailed referrals must be encrypted. To encrypt the email, type DHSEncrypt in the Subject line.

3. Monitor service provision in accordance with policy [19.17 Case Management: Service Provision](#).
4. Document provision of Homestead services in Georgia SHINES:
 - a. Include the services provided to the family, their level of participation and any behavioral changes resulting from the services in the Log of Contacts within 72 hours of occurrence.
 - b. Review and upload provider reports/summaries into External Documentation within 72 hours of receipt.
 - c. Update the Case Plan in accordance with policies [8.3 Family Preservation Services: Case Planning](#) and [10.23 Foster Care: Case Plan](#), as applicable.

Social Services Supervisor

1. Assist the SSCM in determining if Homestead services are appropriate.
2. Review and approve the Service Authorization.

3. Ensure timely completion and submission of the referral to the provider.
4. Review Georgia SHINES to ensure services are being provided and the SSCM is providing appropriate follow up.
5. Assist the SSCM in monitoring services.

Practice Guidance

The goal of Homestead services is to stabilize and help families in need of intensive therapeutic intervention to ensure a safe and healthy environment for the family. Homestead services provide intensive, crisis-oriented, in-home counseling in order to stabilize the family and ensure a safe and healthy environment for the children. This program attempts to meet the immediate crisis-oriented needs of families while also beginning to address the root causes of family dysfunction with therapeutic intervention strategies. The Homestead Program provides a comprehensive assessment, family support, counseling and crisis intervention to manage the risk factors contributing to child abuse and neglect. A family must have an open Family Preservation, Permanency or Adoption Child Welfare case to receive Homestead services.

The Homestead Program is the most intensive of the family preservation services provided to families where children are at risk of imminent placement or at high risk of maltreatment. It is an intensive, short-term (180 days), assessment and intervention service provided to eligible families to prevent unnecessary placement of children out of the home or provide for their immediate reunification from foster care. Not all out-of-home placements can be avoided. If a child is being seriously or deliberately maltreated, an out-of-home placement is required to assure safety. However, in many cases, Homestead services are successful in managing the risk factors in the home, thereby preventing unnecessary foster care placement of the children.

Homestead services are best matched to families in crisis and who require therapeutic or clinically oriented intervention. Homestead services have been successful with a variety of families with significant problems. Several common factors with these families include a desire and motivation to change and the emotional and intellectual capacities to benefit from counseling. Homestead Services can and should be used for cases that have been evaluated and found to be high-risk cases. Additionally, Homestead services can be used for children at imminent risk of placement or when a child is being reunified to his/her family. Homestead Services can be part of the reunification plan. Homestead services are provided in the family's home rather than through office visits to emphasize a systems approach and to ensure access to services. Immediate availability of the Homestead therapist and their services are an important part of the Homestead program. Homestead therapists are expected to possess the necessary skills to conduct thorough assessments and provide therapeutic intervention with families and their children. Homestead services shall not be used to keep children in unsafe environments.

Homestead Program Tenets

1. **Family and Systems Based:** The Homestead program is family centered and systems-based in its orientation. Family centered practice is a growing and changing field of social work practice. A systems approach entails taking a different perspective of a family, their children and the family's strengths and needs. A systems approach requires refocusing from "internal" causation of individual problems to multiple and interrelated strengths and needs within and between family members, the community and the environment in which they live. Family focused ser-

vices target the entire family system and the environment rather than individual family members.

- a. A systems approach seeks to assess and understand both the behavior and the context in which that behavior occurs, including individual, family and environmental factors. A systems perspective should not diminish a parent's personal responsibility or leadership role in the family. It does view and try to assess a range of factors that correlate with the family's presenting problems. This perspective is firmly rooted in the belief that a child is best cared for and reared by his/her own family in their own home, when safety and protection can be insured.
 - b. If there is significant risk of maltreatment and the situation is not immediately correctable by providing Homestead services, then a temporary placement out of the home may be necessary. A child's safety is the primary goal of all child welfare services including family preservation services.
2. **In-Home Service Provision:** Homestead services are provided extensively in the family's home rather than through office visits and in-home service provision is an important part of the Homestead program. It is a physical reinforcement of the family centered systems philosophy that connects the worker to the family.
 3. **Short-Term:** Homestead services are short-term services that extend to a maximum of 180 days for imminent risk of placement cases. Homestead services may be used up to six (6) months or 180 days for immediate reunification. While a family may present many needs, Homestead's goal is highly specific in targeting those needs directly linked to preventing unnecessary foster care placements or effecting immediate reunification. The frequency of Homestead services may be adjusted to provide greater contact and support later in the service period. At the end of 180 days a family may have a number of ongoing or unfinished needs. The Homestead therapist must assist the family in connecting with a resource in the community who can address any long-term needs.
 4. **Immediate Availability:** Immediate availability of the Homestead therapist and their services are an important part of the Homestead program philosophy. This availability requires that therapists be easily accessible to their families and flexible in their work hours.
 5. **Goal Specific:** Homestead services are highly goal specific and focused. Homestead services are targeted to families with children at risk of imminent placement into foster care or ready for reunification from foster care. Intervention by the Homestead therapist should always be structured according to the goals identified through the initial assessment and should be consistent with the family's case plan.
 6. **Crisis Intervention:** Family crisis is at the core of Homestead services. It is a combination of factors within the family's life that create a level of crisis resulting in the imminent risk of placement of their children in foster care due to maltreatment, requiring immediate intervention. Parents and their children will also experience emotional and psychological stress as the result of reunification of the children from foster care; due to the effects that foster care disruption can create. Homestead services must be able to respond to family crisis as they arise and provide the family with strategies to manage future stress. See the [COSTAR manual](#) for timeframes related to crisis intervention.
 7. **Low Caseloads:** Low caseloads of the Homestead therapist are critical to the success of Homestead services from the perspective of allocating more time per family in resources.

8. **Therapeutic Intervention for Change:** Homestead services are intended to be helpful, supportive therapeutic interventions to assist in family change. At times, child welfare activities are centered on investigation or supervision of a family or are focused on controlling a situation or behavior and imply the use of the court or police. The Homestead services are not investigation services nor are they required or mandated. Parental choice prevails and coercive use of Homestead services is inappropriate.
9. **Self-Sufficiency:** Self-sufficiency, self-determination and independence for a family are uniform goals in the Homestead program. A Homestead therapist should steadfastly encourage a family's independence, self-sufficiency. Children are the responsibility of their parents. The Homestead program helps parents to help themselves and their children. A healthy, self-sufficient and financially independent family teaches those important standards to their children. Achievement and accomplishment are primary ways we gain mastery and confidence. Self-esteem, self-worth and identity are intimately connected to self-sufficiency and work. Our sense of self, feelings of security, self-respect, ability to give, and competency are all enhanced through increased self-sufficiency.
10. **Empowering:** Homestead services work to empower a family as it discovers and builds on its own strengths, skills, decision making, competency and independence. Homestead services seek to enhance and reinforce a family's autonomy, parenting skills, decision-making skills and independence.
11. **Skills Building:** Homestead services are designed to be family skill builders. Working with the entire family, Homestead services work to strengthen parenting, coping, family management and problem-solving skills.
12. **Community Based, Culturally Sensitive:** Homestead services are community based, accessible to and responsive to the families and the community they serve. Homestead services work cooperatively and in unison with child welfare, law enforcement, courts, mental health, community groups and churches as a responsible member and link in the social services network. Homestead services work to honor and respect culturally different views, beliefs, attitudes, values and systems in which families rear their children.
13. **Trauma Informed:** Just as many children in the child welfare system have experienced different kinds of trauma, many birth parents involved with child welfare services have their own histories of childhood and/or adult trauma. Untreated traumatic stress has serious consequences for children, adults, and families. Traumatic events in childhood and adolescence can continue to impact adult life, affecting an adult's ability to regulate emotions, maintain physical and mental health, engage in relationships, parent effectively, and maintain family stability. Parents' past or present experiences of trauma can affect their ability to keep their children safe, to work effectively with child welfare staff, and to respond to the requirements of the child welfare system (The National Child Traumatic Stress Network 2000).

Homestead includes but is not limited to the following services.

1. Bonding/Attachment Assessment



Should only be used if the child/family is non-eligible for Medicaid, Peach Care or Private Health Insurance.

2. Transportation Services



This service is used solely when transporting children or family members to appointments to complete Homestead services.

3. Family Therapy Counseling

4. Behavioral Aide Services



Requires a supervision plan and universal application or Passport for visitation supervision.

5. Crisis Intervention

6. Kinship Assessment


Kinship Assessment

The kinship assessment is completed to determine the appropriateness of placement resources for children in foster care.

Forms and Tools

N/A

18.6 Wrap-Around Services

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(18) Support Services to Preserve or Reunify Families		
	Policy Title:	Wrap-Around Services		
	Policy Number:	18.6	Previous Policy Number(s):	1016.15
	Effective Date:	March 2020	Manual Transmittal:	2020-03

Codes/References

Title IV-E of the Social Security Act §§ 431 (a) (1) and (2)

Requirements

The Division of Family and Children Services (DFCS) will:

1. Explore community-based services, Medicaid covered services, Promoting Safe and Stable Families (PSSF), services offered through partner agencies such as Department of Behavioral Health and Developmental Disabilities (DBHDD), Department of Community Health (DCH), Department of Public Health (DPH), and other resources at no cost to the family before using Wrap-Around contracted services.
2. Provide Wrap-Around services (through contracted providers) for families receiving:
 - a. Family Preservation Services;

- b. Permanency Services (for children placed with kinship caregivers, in DFCS or CPA foster homes, congregate care settings); or
- c. Aftercare services when children are reunited with birth families.



Unless otherwise specified per court order, the duration of aftercare services provision **cannot exceed six (6) months**. Aftercare services must be court-ordered and may be extended up to an additional six (6) months without a waiver in accordance with policy [10.27 Foster Care: Aftercare](#).

3. Offer Wrap-Around services to eligible families based on their individualized needs in accordance with the criteria outlined in the [COSTAR manual](#) (also see Practice Guidance for a description of these services).



Refer to the [COSTAR manual](#) for fee schedules, contract requirements and funding limitations and applicable waivers above the funding limits.

4. Have an approved Service Authorization prior to initiating Wrap-Around services.
5. Obtain approval from the Regional Director prior to authorizing a Wrap-Around provider to supervise a child overnight when a placement cannot be found.
6. Document service provision in Georgia SHINES within 72 hours of receipt of provider reports/summaries. If services are being provided in accordance with a case plan, document the services and progress in the case plan.
7. Refer the family for Wrap-Around services and monitor service provision in accordance with the requirements of policy [19.17 Case Management: Service Provision](#).
8. Monitor Wrap-Around services and expenditures in accordance with the criteria outlined in the [COSTAR manual](#).
9. Ensure providers and staff respect families' rights to confidentiality and protected health information through adherence to the Health Information Portability and Accountability Act (HIPAA) and other confidentiality laws in accordance with policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#).

Procedures

Social Services Case Manager

1. Determine the family's eligibility for Wrap-Around services.
2. Complete a Service Authorization in Georgia SHINES and obtain approval to initiate Wrap-Around services in accordance with the Georgia SHINES Job Aid: Comprehensive Job Aid for Service Authorization in Forms and Tools. Document the provider's acceptance of the referral in Georgia SHINES.



Emailed referrals must be encrypted. To encrypt the email, type DHSEncrypt in the Subject line.

3. Complete a Service Authorization for Wrap-Around services in Georgia SHINES in accordance with the Georgia SHINES Job Aid: Comprehensive Job Aid for Service Authorization in Forms

and Tools.

- a. Email (encrypted) the Service Authorization/Referral Form to the service provider upon approval.



To encrypt the email, type the following in the Subject: DHSEncrypt.

- b. Upload the Service Authorization/Referral Form with the Provider Only section completed indicating the provider's acceptance or non-acceptance of the referral, to Georgia SHINES External Documentation upon receipt.
4. Document the Wrap-Around services provided to the family in Georgia SHINES:
 - a. Include the family's level of participation and any behavioral changes resulting from the services in the Log of Contacts within 72 hours of occurrence.
 - b. Review and upload all provider reports/summaries into External Documentation in Georgia SHINES within 72 hours of receipt.
 - c. Update the Case Plan in accordance with policies [8.3 Family Preservation Services: Case Planning](#) and [10.23 Foster Care: Case Plan](#), as applicable.

Social Services Supervisor

1. Assist the SSCM in determining if Wrap-Around services are appropriate.
2. Review and approve the Service Authorization.
3. Ensure timely completion and submission of the referral to the service provider in accordance with the requirements of policy [19.17 Case Management: Service Provision](#).
4. Review Georgia SHINES to ensure services are being provided in accordance with the established guidelines and the SSCM is providing appropriate follow up.
5. Assist the SSCM in monitoring services.

Practice Guidance

Emergency Placement

Emergency Placement is used for a State approved Wrap-Around provider for miscellaneous costs associated with caring for a child in foster care overnight when no other placement can be found. Costs may include, but are not limited to hotel, meals, basic clothing, diapers or special needs (toothbrush, soap, deodorant). The SSCM and SSS should determine the extent and level of assistance needed, whether one or two providers are needed, and the level of training needed to meet the child's needs and ensure his/her safety and well-being. **For any supervision services provide the contractor with the following:**

1. Supervision Plan detailing activities for the child during the day (see the [COSTAR manual](#) for requirements of the supervision plan).
2. Child Passport; and
3. Universal Application.

Crisis Intervention

Crisis Intervention is designed to provide an immediate service to stabilize families who are experiencing a disruption or a breakdown in their normal pattern of functioning. Crisis intervention should be used to stabilize the crisis and reduce effects of future crisis. **Services cannot exceed 5 consecutive (five) days.** Services should include, but are not limited to:

1. Assessing and identifying the crisis an impact on the individual and/or family
2. Listening
3. Face to face Counseling
4. Development of a plan for problem solving
5. Development of new coping skills
6. Brief education/role playing of potential future situations
7. Recommendation of community resources

In-Home Case Management

In-Home Case Management assists families with completing the defined goals and steps of the case plan. Services may include, but are not limited to, the following:

1. Coordinating community services
2. Advocating for service provisions
3. Coordinating and supervising visitation with parent, kinship caregivers or siblings
4. Preparing families for reunification
5. Monitoring placements for safety and stability following reunification
6. Basic behavioral management for family
7. Parent aide services and/or parenting classes
8. Coordinating and/or facilitating Family Team Meetings (FTMs)
9. Preparing children for adoption (excluding child life histories)
10. Developing and discussing life books
11. Basic methods of discipline

In-Home Intensive Clinical/Therapeutic Services

In-Home Clinical/Therapeutic Services provides therapeutic and/or clinical services for a family in preparation of the safe return of a child and/or to maintain and stabilize a child's current placement. Services cannot exceed 6 months and **a waiver is required if the services exceed 6 months.** Services may include, but not be limited to, the following:


1. Outpatient drug treatment and support services to the parent/caregiver and/or child
2. Therapy and/or counseling
3. Domestic violence counseling

4. Anger and stress management/counseling
5. Enhanced behavior management for children
6. Grief management, loss and/or separation issues
7. Enhanced methods of discipline

Forms and Tools

N/A

18.7 Childcare Services in Child Protective Services (CPS)

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(18) Support Services to Preserve or Reunify Families		
	Policy Title:	Childcare Services in Child Protective Services (CPS)		
	Policy Number:	18.7	Previous Policy Number(s):	N/A
	Effective Date:	May 2019	Manual Transmittal:	2019-06

Codes/References

45 CFR 98 and 99

Requirements

The Division of Family and Children Services (DFCS) will:

1. Evaluate the need for childcare services (less than 24 hours per day) due to child safety threats in active Investigation and Family Preservation Services cases and determine if the need is for regular (ongoing and predictable) or irregular (short term or temporary) childcare^[1].
2. Explore all available free childcare resources that meet the needs of the child and family before submitting a referral to Childcare and Parent Services (CAPS).
3. Document the need for childcare services due to child safety threats in the Safety Plan or Family Plan.
4. Submit a referral for childcare services electronically via Georgia SHINES to the CAPS program at the Department of Early Care and Learning (DECAL), if one of the following circumstances applies:
 - a. A child 12 years old or younger in an open CPS case lives in the home of the parents/caregivers and the purpose of the childcare is to address safety threats that can be resolved through childcare services.
 - b. A child 12 years old or younger in an open CPS case moves to the home of a new resource caregiver(s) (i.e. relative, other kinship caregiver, etc.) due to a safety threat, and the pur-

pose of childcare is to allow the new resource caregiver(s) to work, attend school or training.

- c. A child 13 years old or older with a special need in an open CPS case who is the subject of a court order requiring supervision.



Eligibility for CAPS is determined by DECAL. Additional eligibility criteria is outlined in DECAL CAPS Policy Manual [Policy 7.4 Priority Groups: Child Protective Services \(CPS\) and Court-Ordered Supervision Cases](#) and Practice Guidance: Eligibility for CAPS in CPS Cases.

5. Inform the parent(s)/caregiver(s) with whom the child resides that they must apply for the childcare services via Georgia Gateway.
6. Update Georgia SHINES, as necessary, with any CAPS eligibility changes involving the child or caregiver (i.e., changes in childcare provider, case closure, the child moves to a different home, etc.) within 72 hours of the change to trigger a change request to DECAL.

Procedures

Social Services Case Manager

1. Determine the need for childcare services to control or mitigate safety threats.
2. Discuss the need for childcare services with parents/caregivers related to the safety threats identified as well as the benefits of early education services for the child.
3. Document the safety threats and how childcare services will control or mitigate the safety threat in the Safety Plan and/or Family Plan.
4. Explore childcare options with the parents/caregivers, including all free childcare resources (i.e. Georgia lottery funded Pre-K, Head Start); however, primary consideration should always be given to what is in the best interest of the child.
5. Complete the required fields in Georgia SHINES to transmit a referral for the CAPS program at DECAL electronically via Georgia SHINES (see [Forms and Tools: CAPS Referrals - Georgia SHINES Job Aid](#)), as applicable.
6. Inform the parents/caregivers (including safety resources and other kinship caregiver(s) to apply for childcare services at www.gateway.ga.gov in order for eligibility to be determined by DECAL. Inform the parent(s)/caregiver(s) who needs the childcare to indicate the following on the application:
 - a. That the children are a part of an open CPS case which will allow the CAPS staff to identify the caregivers' application as a priority when submitted through Gateway; and
 - b. The name of the childcare provider and the childcare rate on the Childcare and Parent Services (CAPS) Published Provider Rate Form. CAPS will pay no more than the CAPS approved rate (see Practice Guidance: Childcare Providers).



Eligibility for CAPS cannot be determined without a childcare application being received from the caregiver.

7. Provide guidance to the caregivers regarding what to expect while the referral is being processed and discuss the plan for ensuring the child's safety while the childcare application is being processed.

8. Explore other funding options if CAPS eligibility is not met, such as county funds, Prevention of Unnecessary Placement (PUP) funds, or Promoting Safe and Stable Families (PSSF) programs at www.pssfnet.com.
9. Update Georgia SHINES with any changes involving the child or caregiver receiving childcare services within 72 hours of the change. (See CAPs Referrals Georgia SHINES Job Aid).



Updating Georgia SHINES will NOT trigger any changes in Gateway. The SSCM must direct the caregiver to contact their DECAL case manager to notify them of any changes.

Social Services Supervisor

1. Discuss with the SSCM whether childcare services may control or mitigate child safety threats.
2. Provide guidance to the SSCM regarding exploration of free resources prior to the SSCM submitting a referral for CAPS.
3. Ensure that the child and caregiver meet the CAPS requirements.
4. Ensure that the SSCM submits the referral timely in accordance with policy [19.17 Case Management: Service Provision](#).
5. Ensure that the SSCM updates Georgia SHINES, as necessary, with any CAPS eligibility changes involving the child or caregiver.

Practice Guidance

Bright from the Start: Georgia Department of Early Care and Learning (DECAL)

Bright from the Start: DECAL is responsible for meeting the childcare and early education needs of Georgia's children. Among other things, Bright from the Start oversees the licensing and monitoring of all center-based and home-based childcare facilities, including investigating complaints of childcare programs and reports of unlicensed childcare. Childcare providers must register with Bright from the Start if they provide childcare services for more than two non-related children or more than six related children. For more information on Bright from the Start, visit their website at www.dec.al.ga.gov/BftS/About.aspx.

Childcare and Parent Services (CAPS)

CAPS is administered by the Georgia Department of Early Care and Learning. The CAPS program supports early education goals by assisting low income families with the cost of child care while they work, go to school or training, or participate in other work-related activities. The purpose of CAPS is threefold:

1. Provide access to high quality and affordable early learning environments for families who are considered low income.
2. Support DECAL's efforts in increasing positive school readiness outcomes.
3. Assist families in achieving and maintaining self-sufficiency by providing financial supports for child care costs.

Rates must not exceed the amount that the provider charges other customers who do not receive subsidies. Some examples of different types of childcare are full-time, night-time, weekend,

before/after school, full-day service for school-age and part-time

Children eligible for CAPS must be a resident of Georgia both legally and physically. DECAL will only pay for childcare services provided within the state of Georgia. For exceptions (i.e., border agreements with surrounding states), please contact the Early Childhood Collaboration Unit at Early.childhood@dhs.ga.gov.

Childcare Providers

Childcare services may be purchased from formal or informal providers. Child safety and well-being should be the primary considerations when selecting a childcare provider.

1. **Formal Providers:** The formal providers are regulated and licensed by DECAL. Below are the major categories of formal childcare providers:
 - a. **Family Child Care Learning Home:** This is a program that operates in a private residential home less than 24 hours per day. The operator receives pay for providing care for three to six children under 13 years of age or 18 years of age if the child meets the criteria for CAPS special needs or court-ordered supervision.
 - b. **Child Care Learning Center:** This is a program operated by an individual or business entity recognized under Georgia law that receives pay for group care. It cares for seven or more children under 18 years of age for less than 24 hours per day.
 - c. **Licensed-exempt Programs:**
 - i. Programs owned and operated by any department or agency of state, county or municipal government (i.e. afterschool programs in public schools operated by public school systems, and programs operated by city or county park and recreation departments); and
 - ii. Day camp programs for children five years of age and older operated between school terms, whose primary purpose is to provide organized recreational, religious or instructional activities.
2. **Informal Providers:** Childcare services may be purchased from informal providers due to child safety concerns **only** in the following situations:
 - a. No other licensed care is available within a reasonable geographic area;
 - b. The need for care is during non-traditional hours when licensed care is not available; or
 - c. The child in care is determined to meet the CAPS program definition of children with disabilities.

Informal providers are not required to be licensed but must enroll with the CAPS program. Informal providers must be 21 years of age or older to receive payment through CAPS. Types of informal child care providers include the following:

- a. **Relative Informal Child Care**
 - i. Arrangements include child care that is provided by a caregiver who is related to the child by blood, marriage, or adoption, such as an aunt, uncle, grandparent, great-grandparent, or adult sibling.

- ii. The relative informal child care arrangement may take place at the relative's residence or in the child's residence.
- iii. The relative must not be included in the family unit.
- iv. If the relative cares for children for pay, the total number of children in care cannot exceed six. Of the children in child care, no more than two can be unrelated for pay.
- v. If the relative care is for more than six related children for pay (as described by Child Care Services licensing rules), they are required to obtain a license from DECAL.



Adult siblings that are informal providers must live in a separate residence from the eligible children receiving child care subsidies. For relative informal providers, a maximum of six children are allowed at the residence where care is provided.

b. **Non-relative Informal Child Care**

- i. Arrangements include care with individuals who are not related to the child by blood, marriage, or adoption.
- ii. The non-relative must provide care in his/her own residence and may not be a resident of the household of the children receiving care.
- iii. If the non-relative cares for more than two unrelated children for pay, s/he is required to obtain a license from DECAL.



Parental Authorities or adults acting in loco parentis are unable to receive subsidy payment for their own children.

CAPS Priority Cases

The Childcare and Parent Services (CAPS) program uses an eligibility model based on priority groups. Priority groups may be widened, narrowed, added, or removed based on available funding. Applications submitted for initial eligibility will be denied if the family does not meet eligibility for a priority group, even if other eligibility requirements are met. Applicants who are denied for not being in a priority group can appeal that decision only if they believe the determination was made in error. See DECAL CAPS Policy Manual [Policy 7: Priority Groups](#). Priority group status is only required at initial eligibility determination and is not required at annual redetermination. The following is a list of the priority groups (**in alphabetical order**):


- Child Protective Services (CPS) and court-ordered supervision cases
- Children in Georgia Division of Family and Children Services (DFCS) custody
- Families experiencing domestic violence
- Families of children with disabilities
- Families of children enrolled in the lottery-funded Georgia's Pre-K Program
- Families participating in or transitioning from TANF
- Families who have experienced a natural disaster
- Families who lack fixed, regular, and adequate housing
- Families with very low income as defined by CAPS

- Grandparents Raising Grandchildren (GRG)
- Minor parents
- Need to protect

Eligibility for CAPS in CPS Cases

Children in CPS cases may be eligible for CAPS, if they meet one of the following criteria.

1. A child 12 years old or younger in an open CPS case lives in the home of the CPS parents/caregivers and the purpose of the childcare is to address safety threats due to a lack of supervision or childcare.
 - a. The caregiver(s) must meet the CAPS non-financial eligibility requirements (Georgia residency, child citizenship or qualified alien status, immunization, and identity) as prescribed in DECAL CAPS Policy Manual [Policy 6: Eligibility Requirements](#).
 - b. The caregiver(s) must meet the CAPS income guidelines as prescribed in the CAPS Income Calculations Policy (DECAL CAPS Policy Manual [Policy 8: Income Calculations](#)).
 - c. The state-approved activity requirement may be waived by DECAL while the CPS case is open and through the 12-month eligibility period.
2. A child 12 years old or younger in an open CPS case moves to the home of a new resource caregiver(s) (i.e. relative, safety resource, kinship care (not in DFCS custody), fictive kin, family friend, etc.) due to a safety or supervision concern, and the purpose of childcare is to allow the new resource caregiver(s) to work, attend school or training.
 - a. The new resource caregiver(s) must meet the CAPS non-financial eligibility requirements (Georgia residency, child citizenship or qualified alien status, immunization, and identity) as prescribed in CAPS Eligibility Requirements Policy (DECAL CAPS Policy Manual [Policy 6: Eligibility Requirements](#)).
 - b. The new resource caregiver(s) must meet the CAPS income guidelines as prescribed in the CAPS Income Calculations Policy (DECAL CAPS Policy Manual [Policy 8: Income Calculations](#)).
 - c. The state-approved activity requirement may be waived by DECAL while the CPS case is open and through the 12-month eligibility period.

 When the child returns home, childcare services may continue provided that the child's parents/caregivers' income does not exceed 85% of the state median income (SMI) guidelines. The SSCM must notify DECAL of the change; however, the parents/caregivers will not need to apply for CAPS, if they meet the income guidelines.
3. A child 13 years old or older with a special need in an open CPS case who is the subject of a court order requiring supervision.
 - a. The family must meet CAPS income and residency requirements, but not the work activity requirement.
 - b. A family fee is assessed based on the family's income.
 - c. Children under court ordered supervision may receive CAPS services until the end of the month in which the child turns 18 years old.

Children who need to receive protective services but are not formally involved with CPS may qualify for the Need to Protect priority group as prescribed in DECAL CAPS Policy Manual [Policy 7.15 Priority Groups: Need to Protect](#).

Georgia Head Start and Early Head Start Programs

DFCS is partnering with the Office of Head Start and local Head Start/Early Head Start agencies. Georgia Head Start and Early Head Start programs provide comprehensive early childhood and family development services to children from birth to five years of age. Early Head Start serves infants, toddlers (i.e. birth to under 3 years of age) and pregnant women and their families who have incomes below the federal poverty level. Head Start is a child-focused program and has the overall goal of increasing school readiness of young children from low-income families by enhancing their cognitive, social, and emotional development. Head Start programs provide a learning environment that supports children's growth in many areas, such as language, literacy and social and emotional development. Head Start agencies provide a range of individualized services in the areas of education and early childhood development; medical, dental and mental health; nutrition; parent involvement and family support.

There are numerous organizations, including school systems, community action agencies and universities that operate Head Start and Early Head Start programs in Georgia. All Head Start and Early Head Start programs must adhere to rigorous and comprehensive federal Program Performance Standards. To participate in Head Start and Early Head Start programs, families must meet the Head Start Family Income Eligibility Guidelines. However, children in foster care, homeless children, and children from families receiving public assistance (Temporary Assistance for Needy Families or Supplemental Security Income) are categorically eligible for Head Start and Early Head Start services regardless of income.

Every effort should be made to enroll children who are four years of age or younger in a Head Start (3-4 years old) or Early Head Start (0-2 years old) program. If the Head Start program does not operate during the summer, children should be enrolled in a licensed childcare facility during the summer months. Using these resources helps to promote early brain development in children and prepare them for entry into kindergarten, promotes safety by ensuring the children are in the view of mandated reporters, and provides regular respite for foster parents. Questions or inquiries related to Early Head Start and Head Start programs should be directed to the DFCS Early Childhood Collaboration Unit within the Well-Being Services Section at the state office.

Georgia's Pre-K Programs

Research confirms that students in Georgia's Pre-K Program, a nationally recognized, lottery funded pre-kindergarten program continue to exhibit positive outcomes through the end of kindergarten across all domains of learning. Georgia's Pre-K program is available in all 159 counties of the state. Children who are Georgia residents and are four years of age on September 1 of the current school year are eligible to attend Georgia's Pre-K Program during this school year. Pre-K programs usually operate on the regular school system calendar for the length of a typical school day. Pre-K Programs may be offered at local public schools or through private providers of preschool services. Every effort should be made to enroll children who are four years of age in Georgia's Pre-K program. For additional information about eligibility and enrolling a child in Georgia's Pre-K Program please visit the [Enrolling in Georgia's Pre-K Program](#) webpage.

Forms and Tools

[Childcare and Parent Services Policies and Procedures](#)


[Childcare and Parent Services \(CAPS\) Maximum Reimbursement Rates](#)

[Childcare and Parent Services \(CAPS\) Published Provider Rate Form \(CAPS Form 61\)](#)

[1] CAPS eligibility criteria/guidelines apply (See the CAPS Manual).

Chapter 19 Case Management

19.1 Milestones of Solution Based Casework (SBC)

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(19) Case Management		
	Policy Title:	Milestones of Solution Based Casework (SBC)		
	Policy Number:	19.1	Previous Policy Number(s):	N/A
	Effective Date:	December 2016	Manual Transmittal:	2016-13

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will organize casework and supervision according to the following four milestones of Solution Based Casework (SBC)^[1]:

1. Milestone 1: Building a Consensus (Sorting Out, Assessment)
2. Milestone 2: Getting Organized on Outcomes (Case Plan Outcomes)
3. Milestone 3: Specific ACTION Plans (Behavioral Change)
4. Milestone 4: Documenting and Celebrating

Procedures

Milestone 1: Building a Consensus

The Social Services Case Manager (SSCM) will:

1. Engage family members in a manner that creates partnerships to protect children.
2. Assess family dynamics/interaction and identify the family's current developmental stage(s).
3. Identify problems in a way that the family members will arrive at similar conclusions as DFCS (consensus building).
 - a. In what everyday situations does the family struggle when it comes to caring for their children?
 - b. How are problematic situations handled when things are going well within the family, and when things are not going well?
 - i. Search for exceptions to the problem.
 - ii. Separate intentions from actions (normalizing the family's struggle and externalizing the problem pattern).

- c. What personal issues does one or more parent have that makes caring for the children difficult?
 - d. What is the pattern of unwanted behavior? Track the sequence/history.
 - e. What skills do they have to manage their personal behavior issue(s)?
4. Discuss specific issues that affect safety/risk, permanency and well-being.
 5. Summarize with the family what needs to change before going on to planning for change.

Milestone 2: Getting Organized on Outcomes

The SSCM will:

1. In partnership with the family and supporting resources, write down the desired outcomes of DFCS intervention with the family.
2. Explain what will be happening within the family when the necessary safety behavior has been established or re-established.

Milestone 3: Specific ACTION Plans

The SSCM will:

1. Engage the family in understanding the critical skills basic to changing and managing human behavior:
 - a. Identifying high risk or difficult situations.
 - b. Identifying early warning signals.
 - c. Preventing high-risk situations.
 - d. Interrupting high-risk situations not avoided.
 - e. Escaping high-risk situations not interrupted.
2. Develop a case plan with the family that is solution focused and establishes family and individual level outcomes.
3. Help the family understand the benefit of writing down and keeping track of the tasks necessary to accomplish real lasting change. The explanation must make sense to the person(s) needing to change.

Milestone 4: Documenting and Celebrating

The SSCM will:

1. Help the family document their success step-by-step as they rebuild their lives so their actions eventually match their intentions. This will help the family and the court notice the change. Some examples for documentation approaches include:
 - a. Daily journal
 - b. Scaling feelings or accomplishments (e.g. assigning a number on a scale from 1 to 10)
 - c. Routine or chores chart

- d. Buddy report
 - e. Appointment calendar
 - f. Providers report specific to tasks
 - g. Observations from visitation
2. Help families document and celebrate new safety behavior to reinforce change and to monitor danger.
 3. Notice and celebrate change with families to help them increase their confidence in their ability to change. Some examples include:
 - a. Call a meeting with the family and its support team to make sure all participants hear about the good things that are happening.
 - b. Create meaningful rituals to mark a milestone of progress.

Practice Guidance

Solution Based Casework

Solution Based Casework (SBC) informs the Georgia DFCS practice model. SBC is family-centered and prioritizes the partnership with families as the foundation for engagement. Family engagement takes place with the understanding that situations resulting in the need for DFCS intervention is associated with the challenges of everyday life events that all caregivers face. SBC teaches families to manage the challenges in their lives and create self-sustaining changes. SBC helps families to recognize problematic patterns of behavior that lead to negative outcomes for their family members. Then, SBC helps families discover exceptions to the problematic behavior and develop prevention skills. Written plans for action are developed with families to focus on solutions to prevent/reduce the risk of further problematic behavior causing maltreatment. SBC encourages practitioners to believe that parents ultimately want the best for their children, even when the parents are not providing the appropriate level of care needed to support child safety and well-being.


Milestones of SBC

At the time of DFCS intervention, parents may feel overwhelmed by the struggles of everyday life and that they are being judged. Consequently, parents need help to see that they are not their problems; they are just people who have problems for which they need effective solutions. Therefore, it is important to help families believe that they can actually change unwanted behavior and achieve successful outcomes. The milestones of SBC help organize what should be accomplished at a particular point and time during the life of a case.

Forms and Tools

N/A

19.2 Family Developmental Stages and Tasks

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(19) Case Management		
	Policy Title:	Family Developmental Stages and Tasks		
	Policy Number:	19.2	Previous Policy Number(s):	N/A
	Effective Date:	December 2016	Manual Transmittal:	2016-13

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will engage families from the viewpoint that all families experience the following developmental or life stages^[2] and while in those stages families encounter common challenges:

1. Beginning Couple
2. Family with Infant/Preschool Children
3. School Age Children
4. Teenage Children
5. Launching
6. Post Parental/Elder
7. Blended Family

Procedures

Social Services Case Manager

1. Identify the developmental stage(s) of the family.
2. Describe the family's interaction around the various tasks associated with the family's developmental stage(s).
3. Describe the tasks that are challenging for the family and have led or may lead to difficult situations with children in the home.
4. Describe any cultural or health issues that impact the developmental stage and tasks of the family.
5. Help a family to identify times when the family was able to successfully manage the challenges of everyday life without demonstrating problematic behavior leading to negative outcomes (i.e. exceptions).

Practice Guidance

Solution Based Casework (SBC) is based on the idea that regardless of socio-economic status, all

families face similar challenges and tasks in order to meet the needs of everyday life. Once it is understood how the circumstances that brought a family to the attention of DFCS are related to everyday life events, casework activities (e.g. case planning, service referrals, etc.) become more purposeful. Since human behavior is rooted in what one does every day, it seems logical for DFCS to help families look for solutions to problematic behavioral patterns within their everyday life events.

Everyday life events can be grouped into family developmental stages (e.g. Beginning Couple, Family with Infant/Preschool Children, School Age Children, Teenage Children, Launching, Post Parental/Elder, and Blended Family). Family developmental stages impact the normal life events and challenges that are specific to a family. Each family can experience multiple family developmental stages at one time and the stages can change abruptly. For instance, someone may be in a new relationship with an individual who has children from a previous relationship. Consequently, this family would be in the Beginning Couple stage as well as the Blended Family stage. The Blended Family stage encompasses a multi-generational or cohabitating relationship where one or both cohabitating partners have children from a previous relationship.

The charts below provide examples of family developmental stages along with associated tasks and challenges. The information contained in the charts is not intended to be all-inclusive. It provides examples of some specific everyday life tasks that could become difficult situations for any family. It is a family's interaction around such everyday tasks that leads to the emergence of safety threats and the need for DFCS safety interventions.

Thinking Developmentally

Supervisors should engage SSCMs to help them to think developmentally about the families. Begin discussions about families by identifying who is in the family or reviewing the family genogram. Pose questions that cause the SSCM to think about where a family is developmentally, based on the ages and relationship of the children and adults in the household. Below are examples of questions that might help the SSCM begin to think developmentally about the families they serve:

1. Based upon this family's developmental stage, what developmental issues might they be facing?
2. What specific everyday tasks seem to be difficult for this family to manage?
3. How do the individual family members contribute to the family's inability to successfully manage everyday family events (e.g. getting the children off to school each day, completing household chores)?

Family Developmental Stages and Tasks

Beginning Couple

Financial matters	Children	Housing	Education
Household responsibilities	Rules about being late	Intimacy	Household rules

Family with Infant/Pre-school Children

Potty training	Doctor visits	Managing illness	Child discipline
Sleep schedule	Supervision	Feeding	Co-parenting
Daycare/babysitting	Financial support	Household tasks	Couple intimacy

School Age Children

School attendance	Managing mornings	Homework	Family chores
Bedtime	After-school hours	School behaviors	Drugs, language, etc.
Riding the bus	After-school supervision	Rules about free time	Exposure to the internet/media
Peer relationships	Transportation to and from activities	Rules about sexual behavior	Choice of friends

Teenage Children

Sexual behavior, orientation, experimentation	Telephone/internet/ electronic device usage	Curfew, dating	Peer relationships
School attendance	Language	Chores and money	Alcohol and drugs
School performance	Supervision	Driving	Part-time job
Clothing	Morning routine	Managing free time	Activities (extracurricular)

Launching

Providing money or support	College or work	New relationships and dating	Break-up of relationships
Chores (e.g. laundry)	Household rules	Parenting children and grandchildren	Daily schedules

Post Parental/Elder

Health issues	Financial stability	Managing isolation	Assisting in some parenting
Nutrition	Home safety issues	Couple issues	Maintaining physical conditioning


Blended Family

Who's the authority?	Legal and financial issues	Negotiating family rules	Maintaining couple relationship
Working as a team	Visitation agreements	New blended family rituals	Managing conflict

Forms and Tools

N/A

19.3 Solution-Focused Family Team Meetings

	Georgia Division of Family and Children Services Child Welfare Policy Manual		
	Chapter:	(19) Case Management	
	Policy Title:	Solution-Focused Family Team Meetings	
	Policy Number:	19.3	Previous Policy Number(s):
Effective Date:	September 2020	Manual Transmittal:	2020-08

Codes/References

O.C.G.A. § 15-11-200 DFCS Report; Case Plan

O.C.G.A. § 15-11-201 DFCS Case Plan; Contents

O.C.G.A. § 49-5-41 Persons Permitted to Access Records


Title IV-E of the Social Security Act § 475 5(c) (H)

Public Law 104-191 Health Insurance Portability and Accountability Act (HIPAA) of 1996


Requirements

The Division of Family and Children Services (DFCS) will:

1. Utilize a family centered Solution-Focused Family Team Meeting (hereafter referred to as an FTM) to engage families and their family team members in case planning and decision making.
 2. Convene a FTM at the following case junctures:
 - a. Family Preservation Services (FPS):
 - i. Within 45 calendar days of the transfer staffing or progression of the case to the FPS stage (whichever occurs first);
 - ii. As needed, when the case evaluation determines further DFCS involvement is warranted; and
 - iii. Prior to case closure.
 - b. Foster Care:
 - i. Within 25 calendar days of a child entering foster care;
 - ii. Prior to a change in a child's permanency plan;
 - iii. Transition planning for youth:
 1. Beginning at age 16 and every six months thereafter; and
 2. Within the most recent 90 days prior to the youth's 18th birthday.
 - iv. Prior to a child exiting foster care.
 - c. At any point during the life of a case when a need to formally engage the family and their support system is identified.



A transition roundtable (TRT) is used in lieu of an FTM to support transition planning for youth with a permanency plan of Another Planned Permanent Living Arrangement (APPLA).



DFCS may conduct multipurpose FTMs by blending more than one FTM type into a single meeting. In such cases, the facilitator must be informed of the intent to blend the meetings to ensure that all relevant issues are addressed and appropriately documented.
3. Conduct FTMs in accordance with the FTM Standards of Practice (see [Forms and Tools: FTM Standards of Practice](#)).
4. Utilize FTM facilitators who have successfully completed Solution Focused FTM training.



The Social Services Case Manager (SSCM) assigned to the case may facilitate or co-facilitate the meeting.

5. Conduct interviews (in-person, virtually or by phone) with the family and their family team members prior to the FTM to prepare for what to expect and who will be present and explain how the FTM will benefit the family.
 - a. Describe the FTM purpose and explain the process.
 - b. Explain that the meeting will focus on strengths and needs.
 - c. Discuss who they want to attend the FTM and suggest others to consider.
 - d. Discuss disclosure of confidential information and/or protected health information (PHI) with FTM participants. Furthermore, with the individual(s) or the parent/legal guardian of the child whom you are requesting to authorize the sharing of confidential information and/or PHI with the meeting participants:
 - i. Discuss the specific information, DFCS is requesting to disclose to the meeting participants and the purpose(s).
 - ii. Request the individual's voluntary informed consent to authorize the sharing of confidential information and/or PHI during the meeting. If agreed, complete the Authorization for Release of Information (ROI) (FTM specific).
 - e. Ask about any sensitive issues which they would like the facilitator to be careful discussing in the meeting.
 - f. Discuss the logistics of the meeting (location, time, date, etc.).



Face-to-face preparation interviews shall occur when family dynamics pose safety concerns or the case circumstances exist to explore the benefits and risks (domestic violence/intimate partner violence (DV/IPV), addiction, untreated mental illness, and/or child sexual abuse)

6. Conduct separate FTMs when safety concerns are identified or a parent requests a separate FTM due to safety concerns.
7. Invite parents/legal guardians (custodial and non-custodial), children/youth and other family team members as agreed upon by the family to the FTM at least five calendar days prior to the FTM. Provide this notification in writing to the following when developing the case plan for a child in foster care.
 - a. Parent/guardian/legal custodian
 - b. Child 14 years or older in DFCS custody
 - c. Child's attorney
 - d. Guardian ad litem (GAL)
 - e. Court appointed special advocate (CASA)



Provide notice to the family team members as soon as information is known, if an FTM is being held due to an urgent need such as ensuring safety and wellbeing of a child.

8. Have the assigned SSCM and Social Services Supervisor (SSS) attend the FTM.



If the assigned SSCM and SSS cannot attend, a qualified designee fully informed about the case and able to make critical decisions regarding safety, permanency and well-being shall attend.

9. Adhere to confidentiality and PHI in accordance with policies [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6: Information Management: Confidentiality/Safeguarding Information](#).
10. Document the preparation for, and occurrence of the FTM in Georgia SHINES within 72 hours of each activity.

Procedures

Social Services Case Manager

1. Complete the FTM Referral Form and submit to the FTM Facilitator:
 - a. Submit the FTM Referral Form within required timeframes for adequate preparation time as outlined in County/Regional protocols.
 - b. Indicate the specific FTM type(s), including it is a multipurpose FTM.
 - c. Use the case transfer staffing documented in Georgia SHINES in lieu of the referral form when the transfer staffing was held within 30 calendar days.



If the SSCM is conducting the FTM a referral form is not needed.

2. Determine if the child/youth should attend the FTM and consider the following:
 - a. The child/youth's chronological age, developmental level, emotional stability.
 - b. Whether the subject matter could traumatize or re-traumatize the child/youth (i.e., sexual abuse).
 - c. The benefits and appropriateness of child/youth attendance.
 - d. For a child/youth receiving mental health treatment, consult the therapist regarding the most appropriate way that the child can be included.
3. Identify if any confidential information and/or PHI of the family (parent/legal guardian, minor child, and/or other individuals) that will require the parents/legal guardian authorization to discuss during the FTM. Information identified should be:
 - a. Relevant to child safety, permanency or wellbeing;
 - b. Accurate (facts not opinions); and
 - c. Limited to what is minimally necessary for the purpose of the meeting.
4. Participate in a staffing with the FTM Facilitator to discuss purpose(s) of the FTM, family team members to participate, issues to be addressed, relevant information to support a positive outcome and any safety concerns.
5. Provide notice of the FTM including the date, time and location to all family team members at least five calendar days prior to the meeting.



If the FTM is to develop a case plan for a child in foster care, provide written notice of the

date, time, and location of the FTM at least five calendar days prior to the meeting to the parent/guardian/legal custodian, child 14 years or older in DFCS custody, child's attorney, GAL and CASA.

6. During the FTM:

- a. Have open and honest dialogue with the family concerning the situation(s) that have resulted in DFCS involvement;
- b. Discuss critical “non-negotiable” issues regarding safety, permanency, and well-being;



Non-negotiable issues that must be addressed including those required by law, ordered by the court and/or identified as a safety threat (present or impending danger) to a child.

- c. Engage family team members in the discussion exploring ways that they can assist in supporting outcomes and tasks related to child safety, permanency and wellbeing (see Practice Guidance: [Role of Family Team Members](#));
- d. Ensure that the child/youth perspectives are heard in accordance with the FTM Standards of Practice; and
- e. Participate in the development or review of the case plan/family plan/transition plan/permanency plan and address any concerns with the achievement of plan outcomes and tasks (see policies [8.3 Family Preservation Services: Case Planning](#) and [10.23 Foster Care: Case Planning](#)).



If the assigned SSCM is facilitating the FTM, he/she is also responsible for completing the procedures outlined in the FTM Facilitator and Co-Facilitator section below.

The FTM Facilitator and Co-Facilitator will:

1. Prepare for the FTM by reviewing all available case information.
2. Conduct a staffing with the SSCM and Independent Living Specialist (ILS) (when applicable), discuss:
 - a. The purpose of the FTM;
 - b. Whether the meeting is multi-purpose;
 - c. Any “non-negotiable” issues;
 - d. Detailed or clarifying information concerning the case, including the assessment of DFCS history and current family functioning.
 - e. Any identified confidential information and/or PHI of the family (parent/legal guardian, minor child, and/or other individuals) that will require the parents/legal guardian authorization to discuss during the FTM.
3. Prepare the family and other family team members prior to the FTM (see Practice Guidance: [Preparation for the FTM](#)):
 - a. Describe the meeting purpose and explain the process.
 - i. Discuss the purpose of the FTM, i.e. developing a case plan, celebrating progress, brainstorming some new ways to help deal with safety concerns;


- ii. Discuss the stages of an FTM. Inform the family that they may request “family private time” (approximately 10-15 minutes) during the meeting to discuss/plan without the professionals’ present;
 - iii. Explain the role of the facilitator and co-facilitator (when applicable); and
 - iv. Discuss what the family would like the team members to know about their family, and how they became involved with DFCS.
 - b. Explain that the meeting will focus on strengths and needs.
 - i. Discuss what the family feels are individual/family/child strengths and needs;
 - ii. Demonstrate an understanding of safety assessment and management by discussing all “non-negotiable” issues related to child safety, permanency, and well-being.
 - c. Discuss who they want to attend the FTM and suggest others to consider.
 - i. Assist the family in identifying family team members that can/will serve as a support during and after DFCS involvement. Review the Genogram, to assist the family in identifying family or others that may be able to support the planning efforts.
 - ii. Involve the caregivers in decision-making regarding their child’s participation.
 - iii. Help each participant understand the role of each team member and the value and worth that each member brings to the team.
 - d. Explain to the individual or the parent/legal guardian of the child whom you are requesting to authorize the sharing of confidential information and/or PHI with the meeting participants, when it is determined that disclosure of such information will help ensure child safety:
 - i. The specific information DFCS is requesting to disclose to the meeting participants and the purpose(s).
 - ii. DFCS responsibility in maintaining confidentiality and safeguarding information, including DFCS cannot share their information in the meeting without their written consent.
 - iii. The authorization is restricted to sharing information during the meeting.
 - iv. He/she has the right to decline the request to share confidential information with meeting participants.
 - v. Declining to authorize disclosure, will not negatively impact his/her DFCS case.
 - vi. He/she has the right to choose what information, if any, can be discussed in the meeting and with whom the information can be discussed.
 - vii. He/she retains the right to withdraw the authorization at any time, even after the meeting has begun.
 - viii. Participants sign a confidentiality agreement to participate in the meeting, however, participants may not be legally required to maintain confidentiality of your information.
 - ix. A separate meeting may be necessary to address unresolved matters, if he/she does not consent to disclosure of the information.
 - e. Complete an Authorization for Release of Information (ROI) (FTM specific) with each individual or parent/legal guardian of the child whom you have agreed to disclose their confidential information and/or PHI in accordance with policy [2.5 Information Management](#):

Health Insurance Portability and Accountability Act (HIPAA).

- f. Ask about any sensitive issues which they would like the facilitator to be careful discussing in the meeting.
 - i. Inform that the team members are encouraged to be respectful but honest and open with each other;
 - ii. Inform that the team must work toward a common purpose and goal, based on each family's individual needs;
 - iii. Explore any potential conflicts and plans to resolve them, including sensitive issues that may hinder progress in reaching a consensus;
 - iv. Explore other safety concerns that may or may not be related to the original reason DFCS became involved, and how these issues may be managed ongoing; and
 - v. Express empathy for the concerns communicated;
- g. Discuss the logistics of the meeting (location, time, date, etc.).
 - i. Obtain the family's preference for the meeting location;
 - ii. Problem solve transportation issues for the family and any other team members;
 - iii. Discuss access, availability (place, date, and time) of the FTM. Consider arranging around work/school schedules to ensure optimal participation by the family;
 - iv. Arrange for parent/legal guardian to participate in the meeting via video or conference call if he/she is unable to attend;
 - v. Determine the need for reasonable accommodations or language services and arrange for auxiliary aids or interpreter services as appropriate; and
 - vi. Explore and resolve childcare needs.
- h. Provide an opportunity for the family to ask questions and/or address any concerns.
 - i. Obtain information/recommendations from individuals who are unable to attend the meeting, including non-custodial parents, legal partners (CASA, GAL, child's attorney, etc.) to discuss during the meeting.
 - j. Contact Office of Financial Independence (OFI) to explore whether they can attend the FTM. If unavailable, make an effort to obtain any information that may be helpful in the planning and decision making.
4. Schedule the FTM and ensure all participants are provided written and verbal information on the date, time, and location of the meeting, as well as contact information for emergencies.
5. Prepare a strategy for the FTM when the sharing of confidential information is not authorized.
 - a. Notify the SSCM and the SSS of the individual's decision; and
 - b. Discuss how to structure the FTM in a manner that promotes confidentiality and without revealing the individual's decision not to disclosure. Example add to the FTM agenda individual reflection time with the family and DFCS in which a private discussion about confidential matters can occur.
6. Meet with the participants briefly before the start of the FTM:
 - a. Welcome everyone;

- b. Discuss confidentiality requirements; and
 - c. Have all participants sign the Family Team Meeting Attendance and Confidentiality form.
7. Conduct and direct the FTM as outlined in the FTM Standards of Practice (see Practice Guidance: FTM Standards of Practice).
 8. Document FTM activities in Georgia SHINES within 72 hours of occurrence, including:
 - a. The preparation interviews.
 - b. The individual and/or the parent/legal guardian's decision regarding the sharing of confidential and/or PHI during the FTM.
 - c. Upload to External Documentation any ROI (if applicable) and Family Team Meeting Attendance and Confidentiality forms.
 - d. All issues addressed during the FTM, and if it is a multipurpose FTM.

Social Services Supervisor

1. Assist the SSCM in determining:
 - a. Who needs to be present at the FTM as a part of the family's team; and
 - b. What, if any, confidential information and/or PHI of the family (parent/legal guardian, minor child, and/or other individuals) that will require the parents/legal guardian authorization to discuss during the FTM.
-  Information identified should be accurate (facts not opinions) and limited to what is necessary for the purpose of the meeting; relevant to child safety.
2. Participate in developing a strategy for structuring the FTM in a sensitive manner without revealing the individual's decision, when sharing of confidential information is not authorized in conjunction with the SSCM and FTM facilitator.
 3. Track and monitor that FTM's are occurring as required to support case activities using the following Georgia SHINES reports:
 - a. Cases Without a Family Team Meeting
 - b. Monthly Family Team Meetings
 4. Actively participate in the FTM by:
 - a. Demonstrating an understanding of the FTM process and supporting the facilitator, co-facilitator, and/or SSCM;
 - b. Engaging the family in joint decision making around child safety;
 - c. Ensuring all issues relating to safety, permanency, and well-being are addressed as applicable;
 - d. Engaging in the development of the case plan/family plan/transition plan/permanency plan outcomes and address any concerns with the achievement of plan outcomes; and
 - e. Ensuring all unresolved issues are addressed prior to the conclusion of the meeting.
 5. Ensure a qualified designee, who can make critical decisions regarding safety, permanency, and well-being, attends the FTM if the SSCM is unable to attend.

6. Verify the FTM including preparation of the family team members was documented in Georgia SHINES.
7. Review the FTM documentation and compare it with the case plan/family plan/transition plan/permanency plan to ensure all required elements were included, child safety is addressed, and that the plan is consistent with the consensus reached during the FTM.
8. Provide guidance to the SSCM regarding next steps and any follow up needed after the FTM to ensure all outcomes, tasks, decisions are being addressed.

Practice Guidance

What is the Solution-Focused FTM

The FTM brings together family team members who in partnership create, modify and implement case plans/action plans, or make critical decisions regarding child safety, permanency, and well-being. Families must be fully engaged in the FTM process to ensure they are involved in decision-making. The goal of the FTM is to build consensus with the family about what needs to change to strengthen caregiver protective capacities and build natural supports that will sustain the family over time, and ensure child safety, permanency, and well-being. The Solution-Focused FTM format provides more flexibility by allowing preparation interviews to occur naturally as part of case management activities with the family, the structure of the FTM to be altered depending on stage of the case (i.e. in what Milestone), and to support SSCMs facilitating the FTM.

Who Can Facilitate a Solution-Focused FTM

All FTMs must be facilitated by an individual who has successfully completed Solution Focused FTM training. An FTM may be facilitated by the SSCM assigned to the case, or by a facilitator from a dedicated FTM Unit or county/regional assignment. A co-facilitator may also be utilized to assist in facilitating FTMs. In counties or regions where there are no formal FTM Facilitators, the SSCM may partner with a peer (another SSCM) to facilitate or co-facilitate each other's FTMs as needed.

Confidentiality

Ensuring privacy and confidentiality is necessary for building family trust and demonstrating respect for the family. Trust is enhanced by informing all team members of the expectations to maintain confidentiality and what information is mandated to be reported by law:

1. New allegations of suspected child abuse/neglect.
2. A belief that an individual intends to harm herself/himself.
3. A belief that a person intends to harm others.

HIPAA

DFCS staff, including interns and volunteers, shall comply with HIPAA. HIPAA establishes minimum federal standards for protecting the access, use and disclosure of Protected Health Information (PHI). Refer to the Health Insurance Portability and Accountability Act (HIPAA) of 1996: TCA 37-3-105, 37-5-106 and policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) for specific information regarding obtaining authorization for the disclosure of protected health information during a FTM.

Preparation for the FTM

Successful FTMs require careful preparation of the family team regarding the purpose, roles and expected outcome. This may occur as a natural part of the case management activities or through a formal preparation interview. An important goal of preparing for the FTM is to engage and empower families in planning and decision-making. As much of the work to prepare a family occurs as part of ongoing case management interactions, SSCMs may move less formally through FTM preparation as needed. Preparation may occur face to face, using virtual technology, or by phone, if needed. A more formal Preparation Interview may be done when determined to best meet the family's needs. In either case, the FTM Preparation Interview Guidelines should be used by the SSCM to ensure that the family is fully prepared and has the supports they need.

Preparation of the child/youth is just as important as preparing caregivers, regardless of whether their attendance to the FTM as children/youth have a unique perspective on their family circumstances. During the preparation process, provide age appropriate information regarding the purpose and goal of the process, the participants and their roles, and how the child/youth's perspective benefits the family. Learning about the FTM process and purpose may help them understand that people are working to help their family. When determining whether the child/youth should attend the FTM, involve their caregivers in the decision-making to demonstrate respect and empower them while also providing the opportunity to assess and promote increased parental capacity.

Family Team Members

Family team members play an important role in supporting the family through safety planning and case planning during DFCS involvement and beyond. The family team members include the primary family members as well as formal and informal supports identified and/or agreed upon by the family for participation in case planning and decision-making. Family circumstances are unique and, therefore, the composition of each family team will vary. Primary family members must always be included for it to be considered an FTM. While in most situations, these include caregivers, children/youth and other adults, the SSCM and FTM Facilitator should work closely with the family to explore and identify who they consider as their family for inclusion in the FTM. Family team members includes, but is not limited to:

1. Primary family members (parents, caregivers, child/youth)
2. Kinship caregivers
3. Foster parents, adoptive parents
4. Kinship resources (extended family, including maternal and paternal relatives, committed individuals with longstanding positive "family like" relationships with the child/family)
5. The Indian Tribe, if the child belongs to a Georgia tribe or federally recognized tribe.
6. Family Supports (friends, neighbors, religious or faith-based/spiritual leaders/supports)
7. Child Placing Agency (CPA), Child Caring Institution (CCI), or Psychiatric Residential Treatment Facility (PRTF) staff
8. CASA
9. GAL
10. Service providers (CCFA, wraparound, DV/IPV, violence, mental health, substance abuse)

11. DFCS staff (SSCM, SSS, Independent Living Specialist, Kinship Coordinators, Office of Financial Independence (OFI, etc.)
12. Professionals from formal systems, such as schools

Role of Family Team Members

1. **Parents/Caregiver:** Parents/caregivers (including noncustodial parents) are experts on their family's strengths and needs, therefore their participation in the FTM is vital. Caregivers must be engaged in decision making regarding what will work to ensure the safety, wellbeing and permanency for their children, therefore their active input in development of safety interventions, outcomes and tasks for the case plan is essential.
2. **Children/Youth:** The child's/youth's voice is critical in case planning and decision making and should be included as a part of the FTM process. This can be accomplished in several ways depending on the individual family circumstances:
 - a. Full or partial participation of the child/youth in the meeting (i.e., consider the emotional well-being of the child and whether they may be re-traumatized if present for the family story or other stages of the FTM).
 - b. Encourage the child/youth to identify persons who they would like to participate to the FTM either as a support or as his/her representative.
 - c. If the child cannot attend, ask him/her what issues he/she would like to have addressed (i.e., he/she may write a letter or make a list of things he/she would like to have discussed at the meeting.) Also, if there are critical decisions that will be made in the FTM, seek the child/youth's input regarding such decisions.
 - d. Invite someone who represents the child's best interest and who can serve as his/her support/advocate, such as a GAL or CASA.
3. **Relatives (Blood, Marriage or Adoption) and Kin:** Relatives and/or kin can assist in engaging, encouraging, and empowering the family as they work on case plan goals and remain a sustainable support system after DFCS has closed the case. Having relatives and/or kin involved in the FTM process often gives them information and insight about family dynamics and functioning that they may have been unaware of and provides them an opportunity to participate in decision-making process and support child safety, permanency and wellbeing outcomes.
4. **Family Supports:** Provide encouragement to the family as well as identify potential resources that may be available to help improve the family's challenging situation.
5. **Foster Parents/Adoptive Parents:** The placement resource provides valuable information regarding the child's adjustment and progress at home and school, as well as information regarding child vulnerabilities. This is also an opportunity for the placement resource to partner with the DFCS and family in case planning and visitation while also learning information that can be helpful should they become the permanent resource for the child.
6. **CPA/CCI/PRTF:** These providers play a key role in family engagement and service provision and must always be included in the FTM process. When a child/youth is placed with a CCI, CPA or PRTF, participation of their staff in the case planning and the decision-making process is critical, due to their consistent, ongoing and meaningful interactions with the caregiver and child/youth. CPA, CCI and PRTF staff should provide information regarding the child's adjustment to his/her placement and school, and treatment progress related to any identified child

vulnerabilities.

7. **Guardian Ad Litem (GAL):** The GAL is appointed by the Court to protect the best interest of the child he/she represents. Therefore, they are an integral member of the family team and should be included in discussions that impact the child during the case planning process for children in foster care.
8. **CASA:** Gain first-hand knowledge of the work being done by the family and hear the family voice with the knowledge and wisdom gained from participating in services to provide valuable support for the family in court. Participation in the team allows the CASA to feel added confidence in supporting the team's recommendations to the court regarding permanency for the child.
9. **Comprehensive Child and Family Assessment (CCFA) Provider:** The CCFA provides an overview of the assessments conducted, identified needs/services, recommendations for the permanency plan or concurrent permanency plan, and other information required for the social study outlined in policy [10.23 Foster Care: Case Planning](#).
10. **Independent Living Program Services:** For youth eligible or involved in the Independent Living Program, the ILS can provide information regarding the Written Transitional Living Plan (WTLP) and/or Transition Plan progress.
11. **Kinship Coordinators:** For family's that have kinship caregivers, they can provide support through identifying resources and advocate to ensure these caregivers have what they need to support the child/youth.
12. **OFI:** OFI brings resources and information that can assist the family in meeting related outcomes and tasks. Some benefits to OFI participation are that they:
 - a. Bring a different perspective to the team.
 - b. Have specific knowledge to address individual cases/needs.
 - c. Are knowledgeable of the family make-up and support system.
 - d. Can answer questions and provide on-the-spot services to the family.
13. **Service Providers/Community Partners:** The FTM provides a unique opportunity for community and service providers involved with the family to help determine what advocacy or support the family needs to meet case plan outcomes. They can provide recommendations regarding treatment or can identify additional community resources that can further assist the family. They can discuss the level of progress made through service provision that have had a direct impact on safety or permanency outcomes.

Attorneys

While the FTM is not a legal meeting/hearing and there is no policy requirement to include or exclude attorneys in the FTM, there may be instances when caregivers make specific requests to have their attorney present at an FTM. A caregiver has the right to request and have his/her attorney present; however, he/she should be reminded that the FTM is not a legal proceeding, and the purpose of the FTM should be reiterated. The SSCM should invite the Special Assistance Attorney General (SAAG) to attend if the caregiver's attorney plans to attend the FTM. If other attorneys (i.e., the Guardian Ad Litem, Child Advocate, etc.) request to attend an FTM, the family must be informed of such requests for participation so that they can be included in the decision-making regarding the benefits of such participation. If any attorney is included in the FTM, the FTM Facilitator must

ensure that adequate preparation is conducted with the attorney, informing them of the purpose of the meeting and that it is not a legal proceeding as well as the importance of adhering to the FTM model and what their role might be in the meeting.

Building Consensus in the FTM

A consensus-driven decision-making process does not necessarily imply unanimity. Consensus allows individuals' ideas and suggestions to be heard and considered during the FTM meeting. To help with building consensus^[3] during the FTM:

1. Affirm the common goal of ensuring child safety, permanency and well-being, and everyone's interest and commitment to this goal.
2. Validate the family's ability to develop and implement a plan that will address the concerns and what supports are available to help.
3. Emphasize family strengths, including having the family brainstorm on their strengths.
4. Encourage open and honest discussions, and creativity in generating solutions.
5. Manage expectations by predicting that discussions may become uncomfortable and get the families advice on how they can help when that occurs.
6. Be transparent regarding DFCS' role and responsibility, including non-negotiable issues related to child safety. However, emphasize how this aligns with the family's goal.



In the absence of consensus, DFCS must ensure that the non-negotiable issues related to child safety are included as a part of a safety plan and/or case plan.

Domestic Violence/Intimate Partner Violence (DV/IPV)

Cases involving DV/IPV can be complex and must be treated with appropriate care. The primary concern is the safety of the family team members. Adequate preparation is required with all participants to ensure that safety is not jeopardized. During the preparation interview, if DV/IPV issues are suspected or known, and the alleged maltreater is present proceed with care in the discussion of such issues so that family members' safety is not jeopardized. Have a separate discussion at another time with the alleged victim to ensure that safety issues are addressed. A community partner with expertise in DV/IPV or a DV/IPV liaison, including an expert in batterer's intervention, should be consulted and engaged for participation; and/or a co-facilitator with some specialized knowledge and skills may also be involved in the FTM. Explain to other professionals, such as attorneys, the reason for having separate FTMs, so that they understand what you are trying to accomplish, can assist the process and not interfere with it (see [Forms and Tools: Intimate Partner Violence \[Domestic Violence\] Guidelines & Protocol](#)). The SSCM/FTM Facilitator must address safety issues prior to the meeting by determining:

1. Whether conflict is likely and/or if there is an existing Order of Protection and potential violation of the provisions.
2. How the safety of the victim parent/child(ren), and other family team members will be assured.
3. What the victim parent believes will ensure his/her safety and that of the child(ren).
4. Having separate FTMs to allow the victim parent the ability to speak freely. When separate FTMs are held for safety reasons, they should be held on different days and at different loca-

tions.

Sexual Abuse

Careful thought and preparation is essential when dealing with sexual abuse to avoid traumatizing or re-traumatizing the child and family members and to ensure the safety of all participants. Deviation from the FTM model may be necessary in these situations. The alleged maltreater must never be present at FTMs concurrently with the victim child. The child must not attend the FTM in cases where the non-abusing parent may be blaming the child or does not believe the child. Utilize other participation methods such as obtaining information during the preparation interview or include the child's therapist or another representative to ensure the child's view is heard. The SSCM must consult with the SSS regarding the following:

1. What is the perspective of the non-abusing parent (i.e., do they support the child; are they blaming the child; do they believe the child; what has been their response to help the child)?
2. Who needs to be present at the meeting?
3. Should the maltreater be included or should a separate meeting be held with the maltreater?
4. Refer to the local Child Abuse Protocol regarding handling such cases;
5. How can the child's voice be heard when he/she are unable to attend the meeting (i.e., can he/she be interviewed during the preparation; can the child's therapist or other representative be included to ensure the child's view is heard)?
6. What are the specific issues that can be discussed? Consider if there are legal or therapeutic issues related to the abuse and the parameters. Consultation with law enforcement, forensic experts, the child's therapist, and the SAAG may be necessary to ensure that legal or therapeutic boundaries remain intact.



Although it may not be appropriate to discuss legal/therapeutic issues regarding the abuse of the child, there are additional issues that can be addressed, such as placement, school, diligent search, personal goals, interests, expectations, etc.

FTM Documentation

The FTM Facilitator and/or the SSCM must ensure that the documentation reflects the following:

1. Preparation for the FTM with participants.
2. Date, time, and purpose of the meeting.
3. List all those who attended and those who were invited and were not in attendance.



If the custodial or non-custodial parent was not present at the meeting, documentation must reflect efforts to engage/involve him/her; the specific reason he/she did not attend and/or whether there were other issues requiring him/her to be excluded such as safety concerns.

4. Any specific safety concerns that warranted separate FTMs, if applicable.
5. If child/youth is not present for the meeting, the specific reason he/she did not attend as well as their perspective (i.e., information from preparation interview, a representative, a letter or list

of issues the child wanted to be heard, etc.).


6. Specific issues discussed, including the impact on safety, permanency and well-being.
7. A description of the family dynamics/interaction.
8. A detailed summary of the level of engagement of the family team.
9. Any exit strategies or alternative plans and activities identified for the family.
10. Meeting outcome, including critical decisions and/or plans, tasks identified for follow-up, persons' responsible, timeframes and observations.

Family Meeting Types

Type of FTM	Timeframe	Description
Initial FPS FTM	Within 45 days of the transfer staffing	Provides a forum to continue consensus building with the family around what needs to change to ensure child safety and begin case plan development. See policy 8.3 Family Preservation Services: Case Planning for a description of what must be addressed.
FPS Case Evaluation (Reevaluation of the FPS Case Plan)	When FPS Case Evaluation determines further DFCS involvement is warranted (as needed)	<p>Provides the forum for families to participate in planning, development and reassessment of goals and activities. The FTM should address:</p> <ol style="list-style-type: none"> 1. Progress made on behaviorally specific goals. 2. What services may need to be modified or have been completed. 3. Observable behavioral changes (positive or negative) since the last plan impacting safety. 4. New child vulnerabilities and/or parental capacity deficits. 5. Effectiveness of any safety plan in place. 6. Barriers or challenges that may impede the family's success in achieving goals. 7. Discussing whether safety threats are mitigated or adequately controlled to enable the return of a child, case closure, etc. 8. A review of the exit strategy to determine if the plan is progressing and that goals remain on target, or if revisions are needed. 9. Celebrating positive change, the family has achieved related to child safety, permanency, and/or well-being to date. 10. Recommendations regarding case closure as applicable. 11. A plan for sustaining the family during difficult times after case closure.

Type of FTM	Timeframe	Description
FPS Case Closure	Prior to the Closure of the FPS Case	<p>Provides forum to evaluate and finalize the exit strategy including the following:</p> <ol style="list-style-type: none"> 1. Acknowledging and celebrating the family's accomplishments in achieving goals. 2. Reviewing how the family team will continue to provide support after case closure. 3. A discussion concerning how safety threats have been sufficiently controlled or mitigated. 4. Ensuring that all necessary supports are in place prior to the case closing. 5. The transition plan for the following: <ol style="list-style-type: none"> a. Services that are ending or continuing; b. Children returning home (school, medical transition if needed);and c. Sustainability. 6. Any outstanding issues to be addressed (educational, physical or mental health, food, clothing, shelter etc.). 7. Any additional non-safety related needs the family may identify.
Initial Foster Care FTM	Within 25 calendar days of the child entering DFCS custody	<p>The 25 Day FTM is held to develop the Initial Foster Care Case Plan. The family must be actively involved in this meeting to ensure that they are engaged in the development and implementation of the Case Plan. Refer to policy 10.23 Foster Care: Case Planning for extensive information on what must be included in the initial case planning FTM.</p>

Type of FTM	Timeframe	Description
Change in Permanency Plan	Prior to the plan being changed	<p>Serves as a collaborative decision-making forum to determine the permanency plan that is in the best interest of the child. Discussions may include:</p> <ol style="list-style-type: none"> 1. The importance of permanency for the child. 2. Reasonable efforts to achieve reunification attempted. 3. Why reunification is not in the best interest of the child, when applicable. 4. Why the selection of guardianship, adoption, or APPLA is in the best interest of the child. 5. When appropriate, the Termination of Parental Rights and adoption process or guardianship process. 6. Visitation with siblings, parents, or other family members. 7. Who are the committed adult connections/resources that will support this child while in care and after. 8. Support services available to placement resources. 9. What are the barriers with the committed adults in providing a more permanent plan for the child 10. Planning for adulthood, independence (obtaining vital records, etc.). 11. Independent Living Services. 12. Celebrating positive changes already achieved by the family. <p>Additional information is available in policy 10.22 Foster Care: Permanency Planning.</p>
Youth Centered Family Team Meeting	Age 16 and every six months thru the 18 th birthday; and, within the most recent 90 days prior to the youth's 18 th birthday	<p>A youth's transition to adulthood is a significant milestone and requires early planning to ensure that the youth is equipped with all the essentials to be a successful adult. Policy 13.4 Independent Living Program: Transition from Foster Care includes extensive information about developing the transition plan for the youth, who should be invited to attend the FTM, and what information must be included in the meeting.</p>

Type of FTM	Timeframe	Description
Foster Care Case Closure	Prior to a child exiting foster care	<p>Provides a forum to evaluate and finalize the exit strategy including the following:</p> <ol style="list-style-type: none"> 1. Acknowledging and celebrating the family’s accomplishment in achieving goals. 2. Celebrating permanency for the child. 3. Reviewing how the family team will continue to provide support after case closure. 4. A discussion concerning how safety threats have been sufficiently controlled or mitigated. 5. Ensuring that all necessary supports are in place prior to the case closing. 6. The transition plan for the following: <ol style="list-style-type: none"> a. Services that are ending or continuing; b. Children returning home (school, medical transition if needed); and c. Sustainability. 7. Any outstanding issues to be addressed (educational, physical or mental health, food, clothing, shelter etc.). 8. Any additional non-safety related needs the family or permanency resource may identify.
As Needed		<p>Conducted when identified as a strategy to address barriers that may impede progress towards meeting outcomes, and may include, but are not limited to:</p> <ol style="list-style-type: none"> 1. Prior to planned removals of children from caregivers into out-of-home care (foster care). 2. When the disruption/emergency removal of a child from his/her placement resource is imminent based on an assessment of the child’s vulnerability and placement resource’s capacity to meet the child’s needs. 3. Prior to and/or during a child’s stay at with kinship caregiver including when a determination needs to be made regarding the initiation of court action. 4. Significant changes in the family’s circumstances that have an impact on the safety, permanency, or well-being of the child(ren). (Ex: marriage/divorce, birth/death, homelessness, new safety threats, newly identified family supports, major changes in income, or changes in household composition, etc.). 5. To engage an expectant or parenting youth in foster care and their support system to facilitate planning. 6. When a family meeting needs to be a more formalized process involving formal or informal supports. 7. During Child in Need of Services (CHINS) case planning. 8. When case progress has stalled and there is a need to re-engage the family and “jump start” progress toward the desired change. <p> This type of FTM must begin with a review of family strengths and celebration of successes.</p>

Forms and Tools

[Authorization for Release of Information \(FTM Specific\)](#)


[Family Team Meeting Attendance and Confidentiality Form](#)

[Family Team Meeting Referral Form](#)

[Intimate Partner Violence \(Domestic Violence\) Guidelines & Protocol](#)

[Solution Focused Family Team Meeting Pocket Guide](#)

19.4 Case Transfer

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(19) Case Management		
	Policy Title:	Case Transfer		
	Policy Number:	19.4	Previous Policy Number(s):	2104.36, 5.18
	Effective Date:	June 2021	Manual Transmittal:	2021-02

Codes/References

O.C.G.A. § 15-11-112 Court Ordered Visitation

O.C.G.A. § 15-11-203 Reasonable Efforts by DFCS to Preserve or Reunify Families

Public Law (PL) 104-191 Health Insurance Portability and Accountability Act (HIPAA) of 1996

J.J. v. Ledbetter Consent Decree

Requirements

The Division of Family and Children Services (DFCS) will:

1. Transfer case responsibility in a manner that ensures continuity of services to the family and prepares for the change in the responsibility to manage child safety.
2. Complete the case transfer process within seven business days of:
 - a. Identifying the need for further DFCS involvement;
 - b. DFCS being granted legal custody of a child;
 - c. Identifying the need to reassign a case;
 - d. DFCS becoming aware the family has relocated to another county or state.
3. Conduct a transfer staffing within the following timeframes:
 - a. Initial Safety Assessment (ISA) to Family Support Services (FSS) or Investigations: within 72 hours of the assigned response time (see policy [4.2 Initial Safety Assessment: Conducting the Initial Safety Assessment](#));
 - b. Investigations to Family Preservation Services (FPS): within five business days of identifying the need for FPS;
 - c. Investigations or FPS to Foster Care: within five business days of the child coming into foster care.



CPS and Foster Care should be working concurrently when a child comes into foster care via an emergency/shelter care court order pending the final adjudication and case transfer.

- d. Between Social Services Case Managers (SSCM) or program areas: within five business days of determining the need to reassign the case.
 - e. Family moves out of county or out-of-state: within five business days of becoming aware that the family has relocated out of county or out-of-state.
4. Include the following in the case transfer staffing:
 - a. The sending SSCM and Social Services Supervisor (SSS) or designee; and
 - b. The receiving SSCM and SSS/Designee.
 5. Add the receiving SSCM as the secondary worker on the case in Georgia SHINES within 72 hours of the case transfer staffing to ensure timely initiating or continuation of services.
 6. Document the transfer staffing in Georgia SHINES within 72 hours of the occurrence.
 7. Conduct a joint visit with the sending and receiving SSCMs and the family.



If the sending SSCM is unavailable his/her SSS should attempt to contact the family to explain the change in SSCMs and send a letter outlining the name and contact information for the receiving SSCM and SSS prior to the receiving SSCM making contact.

Procedures

Case Transfer Process

1. The sending SSCM will:
 - a. Initiate the Case Transfer Staffing;
 - b. Notify the receiving county/state within two business days of learning of a family's new residence if transferring the case out-of-county or state; and
 - c. Schedule the Case Transfer Staffing.
2. The receiving SSCM and SSS will review and analyze the current case record and DFCS history.
 - a. Weigh the significance of the history related to the current stage of the case (see policy [19.10 Case Management: Analyzing DFCS History](#));
 - b. Confirm the developmental stage of the family;
 - c. Review the specific task(s) or situations the family is having difficulty with that are impacting child safety, permanency, and/or well-being; and
 - d. Make a list of questions or clarifications that are needed concerning the case direction, services, or any other gaps in information that need to be discussed with the sending SSCM/SSS.
 - e. Verify confidentiality and safeguarding of information was shared with the parents and signed copies of the following uploaded to Georgia SHINES External Documentation:
 - i. HIPAA Notice of Privacy Practices; and
 - ii. Notice of Case Record Information Available to Parents/Guardians

3. Conduct the transfer staffing, at minimum discussing the following areas:
 - a. The maltreatment and the surrounding circumstances /presenting problem:
 - i. Family issues that brought the family to DFCS' attention;
 - ii. The extent and circumstances of the maltreatment including the sequence of events that led up to and followed the difficult situation;
 - iii. Specific everyday life task(s) or situations the family is having difficulty with that are impacting child safety, permanency, and/or well-being;
 - iv. Specific behaviors or situations that are currently creating child safety, permanency, or well-being concerns; and
 - v. Court involvement including, but not limited to, a child adjudicated as a Child In Need of Services (CHINS) or a Protective Order.
 - b. General family history and assessment background:
 - i. Who is in the family, including absent parents;
 - ii. Developmental stage of the family;
 - iii. Review the completed genogram;
 - iv. DFCS history and how it impacts safety; and
 - v. Cultural issues that may affect family life tasks.
 - c. Family level concerns:
 - i. Developmental challenges identified and specific tasks the family has indicated or were observed as being difficult for the family;
 - ii. Specific task(s) or everyday life situations that are putting the child at risk and are a threat to child safety;
 - iii. What is working now, or what has worked in the past that kept the child(ren) safe (exceptions); and
 - iv. Family strengths that help mitigate the difficult situation.
 - d. Individual behavioral patterns that contribute to family level concerns.
 - i. Specific self-management issues each individual (caregiver and/or household member) is exhibiting which are barriers to achieving child safety and the evidence to support this conclusion. Exceptions to the individual patterns;
 - ii. Individual awareness of how his/her behavior is impacting child safety;
 - iii. Individual willingness to change his/her behavior (i.e. are there physical or mental health issues or limitations that cannot be resolved or controlled to achieve safety);
 - iv. Individual strengths that can be defined as caregiver protective capacities (behavioral, emotional, cognitive); and
 - v. Services implemented or recommended to address the individual level concerns.
 - e. Child/youth functioning:
 - i. Can the child/youth perform developmentally age appropriate tasks;
 - ii. Information regarding well-being (education, health, and mental health). Are the child's

well-being needs being met; and

iii. Child services implemented or recommended, including Childcare and Parent Services (CAPS), Babies Can't Wait (BCW), etc.

f. Family support available:

i. The family's positive supports and how they assist or can assist the family with child protection; and

ii. Diligent search results, including absent parents.

g. Assessment/investigative summary:

i. Consensus built with the family or lack thereof;

ii. Maltreatment findings (substantiated or unsubstantiated);

iii. Child vulnerabilities;

iv. Present or impending danger safety threats identified;

v. Caregiver protective capacities determination;

vi. Safety plan(s) (in-home and out-of-home) developed with the family and the sufficiency of the current safety plan to control safety threats. Is plan modification required;

vii. Recommendations for purposeful and collateral contact standards;

viii. Results of the last family preservation case evaluation.

h. Progress or barriers on Family Level Outcomes (FLO), Individual Level Outcomes (ILO) and action plans tasks:

i. Status of the case plan or action plan. Tasks accomplished and outstanding;

ii. Status of the Written Transitional Living Plan (WTLP) goals for youth age 14 and older. Tasks accomplished and outstanding. Barriers to completing tasks;

iii. Methods used by the family to track their family and individual level outcomes; and

iv. Plan(s) that was not successful with the family and why.

i. Permanency planning for children in out of home care (if applicable):

i. The permanency plan recommended, including whether concurrent planning is appropriate;

ii. Barriers to family achieving the permanency plan;

iii. Reasonable efforts to reunify, or to finalize permanency plan (including concurrent planning);

iv. Court ordered visitation recommendation(s); and

v. Placement stability.

j. Next steps:

i. At minimal the date of the joint visit date between the current SSCM and the receiving SSCM and the date the transfer staffing will be documented and by whom; and

ii. What must be done and by whom.

4. The sending SSS will assign the receiving SSCM as a secondary worker on the transferred case

in Georgia SHINES within 72 hours of the transfer staffing.



Lack of assignment within the prescribed timeframe should not hinder the continuation of services to the family.

5. Document the transfer staffing in Georgia SHINES prior to case closure/transfer. When transferring a case to another state, document the contacts and responses from the receiving state concerning the receipt, acceptance, and assignment of the transferred case.
6. Conduct a joint visit with the sending and the receiving SSCM and the family/caregiver(s) and any child(ren) in DFCS custody:
 - a. Introduce the receiving SSCM and provide contact information and work schedule of the receiving SSCM and SSS.
 - b. Discuss the importance of continuing the partnership with the family;
 - c. Verify the caregiver's contact information and the best times and methods to communicate; and the children's school information (if applicable);
 - d. Discuss the role and responsibilities of the SSCM, including:
 - i. Partnering with the family to address the identified safety issues to maintain a safe environment for the child(ren);
 - ii. Conducting purposeful contacts with parents (custodial/non-custodial), caregivers, children, and other household members, and the frequency of the contact;
 - iii. Information gathering with service providers and collaterals;
 - iv. Evaluation process that occurs every 90 days (for FPS cases); and
 - v. Sharing information with the court, if applicable;
 - e. Discuss the purpose of DFCS intervention and expectation:
 - i. Confirm safety concerns and the consensus built with the family;
 - ii. Parent and child visitation schedule (if applicable).
 - iii. Service provision engagement.
 - f. Review the Safety Plan (if applicable):
 - i. Discuss the sufficiency of the Safety Plan to manage child safety.
 - ii. Discuss the Safety Plan Support Person Agreement and the support person's willingness and ability to support the Safety Plan; and
 - iii. Determine if modification to the safety plan is required (see policy [19.12 Case Management: Safety Plan & Management](#)).
 - A blue circular icon containing a white lowercase letter 'i', used to denote an informational note.

The receiving SSCM will be responsible for modifying the Safety Plan with the family.
 - g. Explain the FTM process as outlined in policy [19.3 Case Management: Solution-Focused Family Team Meetings](#).
 - h. Obtain collateral contact information (see policy [19.16 Case Management: Collateral Contacts](#));

- i. Explain and complete the Consent to Receive Targeted Case Management Services form with the primary caregiver, if the case is transferring to FPS or Foster Care (see policy [19.18 Case Management: Targeted Case Management](#)); and
- j. Address any questions or concerns the family may have.

Practice Guidance

Case transfer staffings are an opportunity to share and discuss information at any stage in the life of a case. This allows for a thorough assessment and analysis of family conditions and further ensures that the current DFCS intervention is meeting the family’s needs currently and will continue to meet the needs moving forward. Supervisors participate in case transfer staffing to provide guidance, approve current and proposed case management activities.


Many times, families frequently move from county to county. When this occurs, it is imperative that services and contact with the family are maintained as much as possible. As such, the County that has primary responsibility for the case should maintain the primary case management responsibilities in Georgia SHINES until it can be confirmed that the family has settled in another county. The primary county may request assistance from other counties in making contact with the family to confirm their residency, however, official case transfer should not occur until it is clear that the family will remain in their new residence ongoing. This may require keeping the case beyond the timeframes outlined for case transfer in the above procedures. Should this occur, the decision to maintain the case pending confirmation of the family’s residency in a new county should be documented in Georgia SHINES as a part of the Supervisory Staffing.

When disagreements between the sending and receiving county DFCS offices occur, the situation should be referred to the appropriate County Director(s), and when necessary Regional Director(s) for resolution. Under no circumstances should case management activities cease, or a family not be contacted due to county jurisdiction issues. When multiple counties or other states are involved with a family and jurisdiction is initially undetermined, a staffing must occur between the counties to develop and implement a plan to address child safety and the family’s needs pending jurisdiction resolution. Under no circumstances should the establishment of jurisdiction preclude the county in which the family resides from ensuring face-to-face contact and an assessment of safety. It is permissible to cross county lines while jurisdictional issues are resolved.

Forms and Tools

N/A

19.5 Case Consultation

 Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(19) Case Management		
Policy Title:	Case Consultation		
Policy Number:	19.5	Previous Policy Number(s):	N/A
Effective Date:	December 2016	Manual Transmittal:	2018-02

Codes/References

Title IV-E of the Social Security Act §§ 431 (a) (1) and (2)
Public Law 96-272 Adoption Assistance and Child Welfare Act of 1980

Requirements

The Division of Family and Children Services (DFCS) will:

1. Facilitate case consultations^[4] for children in foster care as follows:
 - a. Within 25 days of a child entering foster care;
 - b. Every six months, after the initial entry into foster care, for children ages 0 to 7 years old; and
 - c. At the eighth month, after the initial entry into foster care, for children ages 8 and older; and every six months thereafter.
2. Use the case consultation approach:
 - a. When conducting Multi-Disciplinary Team (MDT) meetings.
 - b. As a learning tool for developing practice skills as a team, when implementing Georgia's Practice Model with the Social Services Case Managers (SSCM) and Social Services Supervisor (SSS).

Procedures

Social Services Supervisor


1. Prepare to facilitate the Case Consultation and provide notification, at least 10 days in advance of the scheduled Case Consultation date, to the:
 - a. SSCM (legal and boarding);
 - b. Service providers/community partners;
 - c. Independent Living Program,
 - d. Court Appointed Special Advocate (CASA); and
 - e. Other professionals working in partnership with the family and DFCS.
2. Begin the Case Consultation meeting:
 - a. Introduce team members and the process to the team; and
 - b. Explain that the role of the group is to learn about the family and to brainstorm possible strategies and interventions to assist the child and family.
3. Use the Case Consultation Agenda by asking the six agenda questions:
 - a. **Who is in the family?**
 - i. Help the team get to know the family by introducing family members with a genogram.
 - ii. Identify the family developmental stages and tasks (see policy [19.2 Case Management: Family Development Stages and Tasks](#)).

iii. Review the developmental challenges related to the everyday tasks that families face.

b. What family issues brought this case to the attention of DFCS?


(Draw a line on the flip chart and bubble the family level and individual level issues)

- i. What are the parenting or caregiving practices related to everyday life tasks that pose a threat to child safety and well-being?
- ii. Track the sequence of how the family goes about trying to accomplish these everyday life tasks.
- iii. What is working and what is not working.

 These answers will lead to family level issues or concerns. It is important to assess the issues or concerns of safety which will help to identify Family Level Outcomes (FLO).

c. What are the individual issues?

- i. What self-management issues do caregivers have that serve as barriers to resolve the problems in the family?
- ii. What do you know about the individual patterns of behaviors?

 These answers will lead to individual level issues or concerns; once assessed for the level of safety, they will inform the determination of Individual Level Outcomes (ILO).

d. What are the family's strengths and skills?


- i. What does the family do well? What is the family proud of? What gives the family a sense of self-worth and satisfaction?
- ii. How do these strengths help mitigate the family's problem?
- iii. Identify exceptions to the Family and Individual Level Issues or Concerns.

e. Do we have a consensus about direction?

- i. Identify the safety issues that would prevent the case from closing.
- ii. Identify and discuss the old plan (this is the way that the family was managing the everyday life task which cause safety issues or concerns) that was ineffective and what new plan(s) that will make the situation better.

f. Do we have action plans in place yet?

- i. Review and discuss the action plans to identify the tasks and to ensure that the tasks are behaviorally focused, S.M.A.R.T. (Specific, Measurable, Attainable, Relevant and Time-Limited) and can be documented to notice and celebrate change (see policy [19.14 Case Management: Action Plan](#)).
- ii. Is the family and their support network keeping track of their successes?

 This step is only applicable when a case plan and action plan have been developed with the family.

4. Summarize the activities of the Case Consultation team and ensure that everyone is clear on the expectations and goals going forward.

5. Ensure that any documents provided at the Case Consultation are reviewed and uploaded into External Documentation in SHINES within 72 hours of the Case Consultation.

Practice Guidance

Solution Based Casework (SBC) posits that child safety and well-being are endangered when families cannot successfully manage the everyday life tasks associated with the stage of the family developmental cycle that family is currently functioning in. In order to create safe environments for children to thrive in, caregivers have to gain insight into how their thinking affects their feelings; which in turn, is manifested in their behaviors. Child welfare staff and community based providers must focus their approach on the family's strengths, competency and the times when the family was able to successfully meet the developmental needs of the child and family (problem exceptions). This empowers the family to work in partnership with child welfare staff and community based providers to address the challenges faced in their everyday life tasks in order to keep their children safe.

Family Composition

A genogram is an illustration of familial relationships over time. It is valuable for obtaining information about the family, assessing relationship dynamics and behavioral patterns, guiding intervention strategies and assisting families with insight into their familial connections.^[5] Genograms also help to identify family strengths and needs throughout generations.

The Case Consultation Team (CCT) must remain conscientious of the need to honor and respect culturally different views, beliefs, attitudes, values and systems in which families raise their children. Differences in parenting styles and practices should not necessarily be viewed from a deficit perspective, but should be assessed in context of the cultural norms of the family. What may be viewed as a deficiency in one culture may be regarded as a strength in another culture.

The CCT should give equal weight to the family's views on how to solve the problems of the family. The CCT should brainstorm ways to assist families in gaining insight into their beliefs and behavioral practices that place children in unsafe situations. This empowers families to develop new skills that they can maintain once they are no longer actively involved with the child welfare system.

Family Issues

It is important for CCT to identify the developmental stage that the family is currently in and the everyday tasks associated with the stage. All families, whether or not they are involved with the child welfare system, experience common challenges related to everyday life situations involving parenting (e.g. potty training, school attendance, dating, household rules, financial support, health issues and conflict). When these challenges pose a threat to the basic care and safety of children, then the child welfare system must intervene. The CCT uses the Social Services Case Manager (SSCM)'s work of tracking the sequence of events that brought the family to the attention of the child welfare system to gain awareness into what the family has tried that is working and what is not working. This will lead to the identification of Family Level Issues or Concerns. It is important to assess the issues or concerns for safety; which will help to identify Family Level Outcomes (FLO).

In situational domestic violence, the FLO is secondary to the Individual Level Outcome (ILO)

because safety must be assured as the primary focus. FLO should not be completed on sexual abuse cases at all because sexually abusive behavior is not normalized as a component of managing the everyday family developmental stages, but is the result of uncontrolled personal behavior that victimizes a child.

Individual Issues

Just as many children in the child welfare system have experienced different kinds of trauma, many birth parents involved with child welfare services have their own histories of childhood and/or adult trauma. Untreated traumatic stress has serious consequences for children, adults, and families. Traumatic events in childhood and adolescence can continue to impact adult life, affecting an adult's ability to regulate emotions, maintain physical and mental health, engage in relationships, parent effectively, and maintain family stability. Parents' past or present experiences of trauma can affect their ability to keep their children safe, to work effectively with child welfare staff, and to respond to the requirements of the child welfare system^[6].

The CCT Team will assess the behavioral problems or patterns of behavior that the caregivers exhibit which impact the safety or well-being of the child(ren). Assess the identified Individual Level Issues or Concerns based on the safety to the child, in order to identify the Individual Level Outcomes (ILO). How does the adult in the home function in regards to daily life management and protective capacities? Assess the caregiver with the high risk behavior, as well as, any other adults in the home with caregiving responsibilities. Review the assessments/reports of other professionals related to the behaviors of the adults, such as mental health providers, law enforcement, and interviews with relatives or friends.

CASES (criminal activity; anger/control issues; substance abuse; emotional stability; and sexually abusive patterns is the acronym used to categorize the five major problems) that families present with when encountering the child welfare system.

Family Strengths and Skills

Assessing a family's strengths and skills is a continuous process, conducted jointly with the family, throughout the life of a child welfare case. The CCT should review and discuss the assessment of the family's strengths and skills that have been completed up to the point of the Case Consultation. Assess the ways in which the strengths and skills can be utilized to safely maintain the child in the family or to safely return the child to the family.

Consensus About Direction

Consensus centers on separating the intentions of the caregiver from the actions of the caregiver by normalizing the developmental challenges of the family and externalizing the problem behavior (while not minimizing it), so that the family and Social Services Case Manager (SSCM) can work together to address the problem behavior without the caregiver focusing on defending himself or herself against the stigma of the behavior.


Reviewing the family history is important; however, it must be assessed in the context of its impact on the current problem. The CCT will need to understand and recognize how the family has attempted to solve their problems in the past as stated in the family's language or narrative of the problem. Evaluate whether the family's language adequately assesses the old problematic behav-

iors and adequately addresses the new desired behaviors.

Forms and Tools

N/A

19.6 Supervisor Staffing


	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(19) Case Management		
	Policy Title:	Supervisor Staffing		
	Policy Number:	19.6	Previous Policy Number(s):	N/A
	Effective Date:	March 2022	Manual Transmittal:	2022-02

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:


1. Conduct a supervisor staffing as often as necessary, but at a minimum:
 - a. On a monthly basis, on each Family Support Services, Family Preservation Services and Permanency (Foster Care and Adoption) case to provide oversight of case management activities intended to ensure the safety, permanency, and well-being of child(ren);
 - b. At the initiation of an intake assessment and prior to approval of the intake assessment when there is disagreement with the intake recommendation;
 - c. Prior to initiating contact with a child/caregiver upon the assignment of a case and prior to making a track and safety decision in the Initial Safety Assessment;
 - d. When using a Voluntary Kinship arrangement.
 The staffing should occur bi-weekly.
 - e. When considering the use of court intervention.
 - f. When making a safety determination, safety assessment and/or service recommendations during an open case.
2. Utilize a scheduled supervisor staffing to:
 - a. Assess and discuss child safety, permanency and well-being needs;
 - b. Assess and discuss the development and adherence to the safety plan;
 - c. Assess and discuss progress on case plan outcomes;
 - d. Ensure programmatic timeframes are being met, as applicable;

- e. Assess the need to modify the provision of services to parents, children, and caregivers to support the achievement of specified tasks and outcomes;
 - f. Review milestone(s) achieved with family;
 - g. Engage the SSCM in partnership decision making;
 - h. Coach, mentor, and train the Social Services Case Manager (SSCM) on case management activities;
 - i. Develop and maintain a positive working relationship between the Social Services Supervisor (SSS) and SSCM.
3. Provide SSS coverage at all times to facilitate decision making regarding safety decisions.
 4. Document the staffing and any resulting tasks in SHINES within 72 hours of the staffing.

Procedures

Preparing for the Supervisor Staffing

The SSS will:

1. Identify, in partnership with the SSCM, a date and time for the supervisor staffing.
 -  Frequency of staffings should be scheduled based on the individual developmental need of the SSCM and the individualized case needs.
2. Develop a structured format/agenda for conducting the staffing to ensure that all relevant case management areas are addressed during the staffing, as well as, to assist the SSCM in becoming acclimated to the expectations of the staffing and how to prepare for the staffing.
3. Review supervisor notes from the last staffing and items for follow up.
4. Read the case documentation and corresponding reports related to the case in Georgia SHINES.


The SSCM will:

1. Prepare notes for the meeting related to case discussion and follow up items from the last staffing.
2. Approach the supervisor staffing with professional recommendations and next steps.
3. Bring items that require supervisor approval.
4. Ensure that all documentation, including next steps, is updated in Georgia SHINES.

Conducting the Supervisor Staffing

The SSS will:

1. Maximize the transfer of learning by promoting a workplace environment for the SSCM to effectively practice his/her knowledge and skills.
2. Focus on the everyday developmental challenges that the family is experiencing.
 - a. Review the family's genogram (see policy [19.19 Case Management: Genogram](#))

- b. Assist the SSCM to think developmentally, by asking what developmental issues the family may be experiencing based on their developmental stage.
 - c. Ask the SSCM to identify the specific task(s) that the family is struggling with.
3. Discuss and assess the areas of family functioning (see policy [19.13 Case Management: Family Functioning Assessment](#)):
 - a. Extent of the Maltreatment/What is the Presenting Problem?
 - b. Nature and Circumstances of the Maltreatment/What were the sequence of events that led up to the presenting problem?
 - c. Family Developmental Stages and Tasks
 - d. Caregiver Patterns of Behavior/Adult Functioning
 - e. Family Choice of Discipline
 - f. Child/Youth Development and Functioning
 - g. Family Support System and Resources
4. Consider DFCS history to ensure a thorough assessment of safety, appropriate safety planning, effective intervention strategies and appropriate decision-making (see policy [19.10 Case Management: Analyzing DFCS History](#)).
5. Discuss and assess safety threats.
6. Discuss milestone achieved with the family, i.e., has consensus been reached regarding the challenges in their everyday life tasks? How engaged was the family in identifying FLOs, ILOs, and developing action plans? (See policy [19.1 Case Management: Milestones of Solution Based Case-work](#).)
7. Review the progress or barriers to the achievement of the case plan outcomes and the need for any changes or updates.
 - a. Validate that the family is making improvements by reviewing the documentation related to the evidence of new behaviors by the family (e.g. the family's daily journal, the family's chores chart, the observation of progress in visitations, or the family's appointment calendar confirming that appointments were accomplished).
-  Noticing and Documenting Change is a Milestone 4.

 - b. Discuss strategies to engage the family in overcoming barriers to achieving FLOs and/or ILOs (see policy [19.14 Case Management: Action Planning](#)).
8. Develop the professional competencies of the SSCM by eliciting recommendations and solutions for case management strategies.
9. Coach the SSCM to reframe his/her assessments that are problem saturated with what is not working for the family. Focus on exceptions when the family was able to successfully manage their challenges to mitigate safety concerns for the child.
10. Guide the SSCM through the process of establishing and assessing sufficiency of case contact standards to ensure child safety (see policy [19.15 Case Management: Developing Contact Standards for Purposeful Contacts and Collaterals Contacts](#)).
11. Discuss the service needs that were identified jointly with the family and the family's input on

the most effective way to meet the needs. Also discuss:

- a. Any additional service needs identified by the SSCM that impact child safety or well-being; for which, the family is unable to recognize the needs or resistant to change.
 - b. Recommendations on how to motivate the family to accept the service recommendations and the safety interventions necessary in the meantime.
12. Review the progress or treatment notes/reports from service providers related to their assessment of the family and determine whether they are meeting the identified needs (see policy [19.17 Case Management: Service Provision](#)).
 13. Evaluate and assess case closure, as applicable and appropriate.
 14. Ensure that the SSCM has uploaded all supporting and relevant case documents (i.e. medical reports, psychological evaluations, photos, law enforcement reports, etc.) into Georgia SHINES, External Documentation within 72 hours of receipt of the documents.
 15. In conjunction with the SSCM, make a safety determination (see policy [19.11 Case Management: Safety Assessment](#)).
 16. Summarize what was discussed during the staffing by reviewing the next steps, including timeframes for follow up and ask if the SSCM has any remaining questions or needs clarification on any items.
 17. Provide feedback and clarity to the SSCM regarding expectations of any timeframes for case management accomplishments. Feedback should include among other items, an assessment of performance, praise for performance, and encouragement, as applicable.
 18. Schedule a date and time for the next staffing and conclude the staffing.
 19. Document the supervisor staffing in Georgia SHINES within 72 hours of the staffing.
 20. Provide feedback on case documentation in Georgia SHINES.

Practice Guidance

The Supportive Role of a Supervisor

Supervisors play an important role in increasing case manager motivation, job-related critical thinking, and decision-making skills, so that case managers can better serve children and families (Fisher, 2009; Lietz, 2010; Rzepnicki & Johnston, 2005)^[7]. Additionally, research has shown that there is a relationship between quality supervision and the case manager's increased capacity to define "next steps" and set limits in their cases (Banuch, 1999); which increased service provision (McGrew & Bond, 1997), led to stronger client engagement (particularly with resistant individuals) (Bibus, 1993), and improved goal attainment among clients (Harkness, 1995)^[7].

Building a Partnership

The SSS models how the SSCM should engage in partnership decision making with the family by engaging in partnership decision making with the SSCM. Just as the SSS listens to and elicits input from the SSCM to reach decisions, the SSCM listens to and elicits input from the family related to their developmental stage and their assessment of the challenges associated with that stage, as well as solutions to alleviate or reduce safety concerns accompanying the developmental stage.

In Solution Based Casework (SBC) partnering with families has additional meaning. It means to partner with families to establish safety for their children. Partnering with families is always the responsibility of the SSCM when working to achieve this goal. When partnering with families is difficult because of challenges or resistance, the SSCM must reassess his/her approach and practice strategies. The SSS plays a critical role in helping the SSCM reframe what is perceived as “family resistance” to refocus his/her approach in engaging the family and building partnership.

Using Georgia SHINES Information to Inform Decision Making

The SSS should review Georgia SHINES information (i.e. Case Watch, Alerts, Health Information, Record Checks, etc.) related to their programmatic area with the SSCM during the staffing. This information helps to inform practice through:

1. Assessing case management tasks and progress;
2. Assessing individual case progress;
3. Targeting service delivery; and
4. Providing feedback to the Social Services Case Managers (SSCM)

Making an Informed Decision

Making an informed decision is not based on assumptions but on the evidence obtained to support the decision being made^[8]. The combination of comprehensive information gathering, critical thinking, policy guidelines and partnership aids in making an informed decision. The principles related to informed decision making include the following:

1. Framing the question behind the decision
 - a. Was the question clearly defined before gathering information?
2. Finding sources of information
 - a. Have we spoken to everyone internally and externally with information related to the decision?
 - b. Have we reviewed data systems and documents that can provide supporting evidence?
3. Assessing the accuracy of information
 - a. How reliable and valid is the information that was obtained?
4. Assessing the applicability of information
 - a. Does the information apply to the current decision?
 - b. Does the information support or refute the concerns?
 - c. How does the information apply to the context of the family’s culture?
 - d. How current is the information that was obtained?
5. Assessing whether the information is actionable
 - a. Does the information require urgent or emergent action?
6. Determining if the information is adequate
 - a. Is the information comprehensive?

- b. Is additional information needed to make a decision?
- c. Does it support the decision that is being made?

Partnership Decision Making

The SSS must always staff the following situations with the SSCM:^[9]

1. When the SSCM is assigned an Initial Safety Assessment (ISA) and prior to the SSCM making contact with the child and family.
2. Modifications to assigned response times.
3. During contact with the child(ren) and family at the ISA to make a safety determination.
4. After contact with the child(ren) and family to make a track assignment.
5. Upon conclusion of the CPS investigation to make the maltreatment and safety determinations.
6. When a child(ren) is determined to be unsafe, which interventions will ensure the child(ren)'s protection in the least intrusive manner possible.
7. When developing, modifying or changing safety, family or case plans.
8. Before a child is placed in out-of-home care, and before a reunification recommendation is made.
9. When changing or modifying the placement arrangements or permanency goals.
10. At the point of case closure, to evaluate the family's progress toward achieving and maintaining behavioral changes for child(ren) safety and well-being.

After the SSCM and SSS have discussed the information that was gathered, they must weigh the evidence to reach a case decision or action. The available evidence should clearly support the decision. SSCMs should approach the monthly supervisor staffing with professional recommendations and next steps based on the evidence that they have obtained. The evidence that was obtained should be clearly documented in Georgia SHINES to support the recommendation.

Sometimes situations may arise that make it difficult for the SSS and SSCM to agree on a case decision or action when the evidence is equally weighted. In these situations, the SSS and SSCM should strive to reach consensus on the decision (i.e. request the perspective of another supervisor; **jointly** seek consultation from the county, regional or state office leadership; request a safety roundtable; etc.). The SSS and SSCM should present the evidence that supports their recommendation of the case decision or action. Ultimately, the agency's decision, along with the supporting evidence, should be documented in Georgia SHINES. SSCMs should never document disagreements with their SSS in Georgia SHINES. Most importantly, differences in opinions should never interfere with the safety or well-being of children or the needs of the family.

Additional Areas to Assess During Program Specific Supervisor Staffing

Intake	<ol style="list-style-type: none"> 1. Safety screenings have been completed and assessed, per policy, including maiden and married names of household members. 2. Whether the report was received via phone call, email, or fax. 3. The attempts to gather information. 4. The need to contact the reporter for additional information. 5. The recommended response time and the justification for it. 6. Corrections needed in the intake report, as applicable. 7. The notification of the report to agencies with oversight of the placement, as applicable. 8. The rationale for assigning a different response time from the recommendation of the SSCM, as applicable.
ISA	<ol style="list-style-type: none"> 1. Date/time of the response and any barriers to meeting the assigned response time. 2. Any additional areas of maltreatment identified during the contact that were not contained in the intake report. 3. The need to contact the reporter for additional information 4. Were safe sleep practices discussed with any caregiver who has an infant (birth to 12 months of age) in the home and addressed prior to leaving the home. 5. Observe children for physical signs of maltreatment in accordance with policy 4.3 Initial Safety Assessment: Purposeful Contacts During the Initial Safety Assessment. 6. Any known or suspected victims of sex trafficking were reported to law enforcement within 24 hours of identification. 7. Recommended areas to assess and potential collateral contacts, as applicable, based on the information contained in the intake report. 8. The safety of the Social Services Case Manager (SSCM). 9. The need for an interpreter and/or assistive tools for families with limited English proficiency or sensory impairment. 10. The need for assistance from other DFCS staff (i.e. the permanency case manager or RD case manager). 11. Cultural competence practice, as applicable. 12. Assistive tools to interview children or adults with cognitive or developmental delays. 13. Protocols with other agencies (i.e. military installations, county child abuse protocol, child fatality review teams). 14. Motor vehicle safety recommendations including hot car safety with caregivers. (See Practice Guidance: Motor Vehicle 'Hot Car' Safety Recommendations). 15. The assistance of law enforcement, when applicable. 16. New known or suspected instances of child maltreatment were reported to the CPS Intake Communications Center (CICC) as outlined in policy 3.24 Intake: Mandated Reporters. 17. Reports of known or suspected child sex trafficking have been reported to law enforcement within 24 hours of becoming aware of the trafficking.

INV/FSS	<ol style="list-style-type: none"> 1. Date/time of response. 2. A walk-through of every room in the home was conducted for safety hazards. 3. Screenings were completed on all identified additional household members. 4. All household members were interviewed separately. 5. Observe children for physical signs of maltreatment in accordance with policy 5.2 Investigations: Purposeful Contacts During an Investigation. 6. The Foster Parent Bill of Rights was given to the foster parent if a special investigation, as applicable. 7. Evidence of additional maltreatment concerns that were not identified in the intake report. 8. Relevant collateral contacts were interviewed. 9. The adequacy/effectiveness of the safety plan for identified safety threats, including supervisor approval and signature on the safety plan. 10. The kinship assessment. 11. Ensure the genogram was completed and accurately describes the family and was uploaded to Georgia SHINES External Documentation. 12. Ensure that service authorizations have been completed. 13. The notification of the report to: <ol style="list-style-type: none"> a. Agencies with oversight of the placement, as applicable; b. All case managers with children in the placement, as applicable; and c. Case managers in the legal or boarding counties. 14. The date of the final staffing for maltreatment in care investigations and the notification to all relevant parties.
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FPS	<ol style="list-style-type: none"> 1. The level of partnership between the family, DFCS staff and service providers. 2. The consensus with the family around family issues and needs. 3. Safety plan and management. 4. Initial and ongoing family engagement in identifying present and impending danger situations, strengths and needs. 5. Developing case plan goals that include Family Level Outcomes (FLO) and Individual Level Outcomes (ILO) in partnership with the family. 6. Observe children for physical signs of maltreatment in accordance with policy 8.2 Family Preservation Services: Purposeful Contacts with Families Receiving Family Preservation Services. 7. The physical home environment to confirm that it is safe and appropriate to meet the needs of each child, including examination of every room in the home and sleep arrangements for all household members. 8. Ensure the genogram is updated or amended with the family and uploaded into Georgia SHINES External Documentation. 9. Purposeful contacts have been documented and uploaded into Georgia SHINES within 72 hours of the occurrence. 10. Voluntary Kinship Caregivers 11. Face-to-face contacts with the parent/guardian/legal custodian(s), voluntary kinship caregivers, and child(ren) occur at a minimum of every 14 calendar days while the child(ren) remains in a voluntary kinship arrangement to evaluate caregiver capacity and family functioning to assess child safety. 12. The voluntary kinship arrangement remains safe and effective for the child's needs. 13. Legal paperwork has been filed in, accordance with DFCS policy. 14. New known or suspected instances of child maltreatment were reported to the CPS Intake Communications Center (CICC) as outlined in policy 3.24 Intake: Mandated Reporters. 15. Safe sleep practices with any caregiver who has an infant (birth to 12 months of age) in the home and address any unsafe sleeping situations prior to leaving the home. 16. Motor vehicle safety recommendations including hot car safety with caregivers. (See Practice Guidance: Motor Vehicle 'Hot Car' Safety Recommendations). 17. Reports of known or suspected child sex trafficking have been reported to law enforcement within 24 hours of becoming aware of the trafficking.
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FC

1. SBC Milestone Progress: Milestone #1, 2, 3 or 4.
2. The length of time the case has been open.
3. The length of time of in the FC placement.
4. The placement setting: (group home, CPA or DFCS foster home, or PRTF, kinship, etc.), including:
 - a. An assessment of the physical environment.
 - b. Does the placement continue to meet the needs of the child(ren).
5. Discuss and review the permanency plan.
6. Cultural issues impacting the family.
7. The self-management issues that caretakers have that serve as barriers to resolve the problems in the family. Include a description of any individual patterns of behavior impacting children's safety.
8. Ensure that the transfer staffing was documented.
9. Review and discuss diligent search for absent parents, and kinship caregivers, and ensure that the following occurs:
 - a. Absent parents and kinship caregivers are identified, located, and contacted;
 - b. The Diligent Search Notification form is sent to all identified kinship caregivers and parents of the child's sibling;
 - c. The genogram is updated and amended and uploaded into Georgia SHINES External Documentation;
 - d. Diligent search reports are updated and provided to the court;
 - e. Parents/guardians/legal custodians and kinship caregivers receive communications updating them on the diligent search process.
 - f. Diligent search efforts continue until permanency is achieved for the child.
10. Ensure that health information is updated and correct.
11. Safety screenings have been completed and assessed.
12. Observe children for physical signs of maltreatment in accordance with policy [10.18 Foster Care: Purposeful Contacts in Foster Care](#).


RD	<ol style="list-style-type: none">1. The home study has been uploaded into Georgia SHINES.2. The studies from CPAs have been requested and uploaded into Georgia SHINES.3. The home is appropriate to meet the needs of the child(ren):<ol style="list-style-type: none">a. Safety screenings have been completed and assessed, per policy;b. An assessment of the physical environment is being routinely conducted to ensure the home remains safe;c. Assess the level of attachment between the caregiver and child(ren);d. The needs/behaviors of the child(ren) are appropriately matched to the needs/behaviors that the caregiver identified as having the ability to parent in their study;e. Assess the quality of the interaction among the family members;f. Assess and address levels of stress in the home related to caregivers, child(ren) and other household members; andg. Child(ren) sharing bedrooms are appropriate based on their behaviors and psychological indicators.4. Policy violations have been documented in Georgia SHINES<ol style="list-style-type: none">a. Supported policy violations have an associated Corrective Action Plan (CAP);b. CAPs have been discussed with the caregivers and uploaded into Georgia SHINES;c. Homes are closed in accordance with policy or a waiver has been obtained from the Permanency Section; andd. Waivers are uploaded into Georgia SHINES within 72 hours of receipt.
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Adoptions	<ol style="list-style-type: none"> 1. Discuss and/or review the following: <ol style="list-style-type: none"> a. The transfer staffing was documented; b. The health information is updated and correct; c. The length of time the case has been open; d. The length of time of in the FC placement; and e. The placement setting: (group home, CPA or DFCS foster home, or PRTE, kinship, etc.), including: 2. Does the placement continue to meet the needs of the child(ren). <ol style="list-style-type: none"> a. An assessment of the physical environment is being routinely conducted to ensure the home remains safe. b. Assess the level of attachment between the caregiver and child(ren). c. The needs/behaviors of the child(ren) are appropriately matched to the needs/behaviors that the caregiver identified as having the ability to parent in their study. d. Assess the quality of the interaction among the family members. e. Assess and address levels of stress in the home related to caregivers, child(ren) and other household members. 3. Discuss and review the permanency plan. 4. Cultural issues impacting the family. 5. Review and discuss diligent search for absent parents and kinship caregivers to ensure that the following occurs: <ol style="list-style-type: none"> a. Absent parents and kinship caregivers are identified, located, and contacted; b. The Diligent Search Notification form is sent to all identified kinship caregivers and all parents of the child's sibling; c. The genogram is updated and amended with the family and uploaded to Georgia SHINES External Documentation. d. Diligent search reports are updated and provided to the court; e. Parents and kinship caregivers receive communications updating them on the diligent search process. f. Diligent search efforts continue until permanency is achieved for the child.
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Forms and Tools

N/A

19.7 Avoiding Conflicts of Interest When Approving Caregivers

	Georgia Division of Family and Children Services		
	Child Welfare Policy Manual		
	Chapter:	(19) Case Management	
	Policy Title:	Avoiding Conflicts of Interest When Approving Caregivers	
	Policy Number:	19.7	Previous Policy Number(s):
Effective Date:	May 2024	Manual Transmittal:	2024-03

Codes/References

O.C.G.A. § 45-10-01 Code of ethics for government service generally

O.C.G.A. § 45-10-20 Definitions

O.C.G.A. § 45-10-23 Full-time employees prohibited from transacting business with own state agency; exception for Board of Regents employees

O.C.G.A. § 45-10-24 Part-time public officials with state-wide powers prohibitions; part-time employees prohibitions; exceptions to prohibitions

O.C.G.A. § 45-10-25. Exceptions to prohibitions on transactions with state agencies

Requirements

The Division of Family and Children Services (DFCS) will:

1. Make every effort to avoid even the appearance of a conflict of interest wherein a reasonable person would conclude from the circumstances that an employee's ability to perform official duties is compromised by personal interests. This also applies to individuals who have a business relationship with DFCS, including but not limited to the following:
 - a. DFCS contractors (e.g., parent aids, foster home development contractors, wrap-around providers, independent living providers, transitional living providers);
 - b. Treatment/service providers (e.g., therapists);
 - c. Owners, operators, employees, or contractors of a Child Placing Agency (CPA);
 - d. Owners, operators, employees, or contractors of a Child Caring Institution (CCI); and
 - e. Owners, operators, employees, or contractors of a Psychiatric Residential Treatment Facility (PRTF).
2. Require DFCS employees and individuals who have a business relationship with DFCS to disclose any potential conflicts of interest to DFCS prior to taking any action to become the caregiver for a child involved in an active DFCS child welfare case.
3. Allow DFCS employees and individuals who have a business relationship with DFCS to serve as temporary caregivers for children involved in an active child welfare case when they are relatives of the children.
 - a. Authorization of the caregiver arrangement must be obtained from the applicable supervising authority:
 - i. Regional Director (DFCS employees)
 - ii. OPM Director (CPA/CCI employees)
 - iii. Delivered Services Unit Director (employees of contractors)
 - b. Relatives who serve as foster parents shall serve as foster parents for an agency outside of their business area and/or relationships.



It is preferred that DFCS employees choose to serve as foster parents for a CPA rather than DFCS and the decision should be made in consultation with the applicable supervising authority (i.e., Regional Director, OPM Director, Delivered Services Unit Manager).

- c. Kinship Assessments on DFCS employees and individuals who have a business relationship with DFCS must be completed and approved by a DFCS county office or region outside of the employee/individual's area of responsibility as assigned by the Regional Director.



In emergency situations, an abbreviated Kinship Assessment (see policy [22.03 Kinship: Kinship Assessment](#)) may be initiated by the legal county to facilitate immediate placement with a kinship caregiver, then referred to an outside DFCS county office for completion. Placement must be preapproved by the Director of the county where the child will reside (i.e., boarding county).

4. Allow DFCS employees and individuals who have a business relationship with DFCS to serve as temporary caregivers for children involved in an active child welfare case when they are fictive kin of the children.
 - a. Authorization must be obtained from the Division Director.
 - b. Fictive kin who serve as foster parents shall serve as a foster parent for an agency outside of their business area and/or relationships:
5. Restrict DFCS employees who work in a child welfare program area from serving as temporary caregivers for children involved in an active child welfare case when they are not relatives or fictive kin of the children.



Exceptions to this requirement may be granted by the Division Director.

6. Allow DFCS employees who do not work in a child welfare program area (e.g., OFI) and individuals who have a business relationship with DFCS to serve as foster parents. Authorization is required from the Regional Director.
7. Allow DFCS employees and individuals who have a business relationship with DFCS to serve as permanent caregivers (i.e., adoptive parents, permanent legal guardians) for children in DFCS custody.
 - a. If DFCS employees or individuals with a business relationship with DFCS have provided services to a child or the child's family as part of any child welfare case (open or closed), then authorization must be obtained from the Deputy Commissioner, Child Welfare and the Division Director.
 - b. If an individual was previously approved as a temporary caregiver for the same child, then no additional approval is needed to initiate the process to become a permanent caregiver.
8. Restrict caregivers from serving simultaneously as caregivers for DFCS and a CPA. Caregivers may only serve for one agency at a time.
9. Require DFCS employees and individuals who have a business relationship with DFCS to refrain from providing any case management or support services to or on behalf of any child or family involved in an active child welfare case when they are serving as a caregiver for such children.
10. Transfer all case management activities related to cases involving DFCS employees (in a caregiving role) to a DFCS county office or region outside of the employees' area of responsibility as assigned by the Regional Director. This includes all case contacts, reviews, staffing, supervision, etc.

Procedures

DFCS Child Welfare Employees who are Relatives of the Child

The County Director will:

1. Submit requests for authorization to proceed with the caregiver onboarding process to the applicable Regional Director.
2. After receiving written authorization to proceed with the caregiver onboarding process from the Regional Director:
 - a. Upload the written authorization to proceed to External Documentation in Georgia SHINES.
 - b. Mark a case sensitive in Georgia SHINES.

The Regional Director will:

1. Review requests to proceed with the caregiver onboarding process when the potential for a conflict of interest exists.
 - a. Assess the circumstances surrounding each individual case.
 - b. Request additional information from the requestor as needed.
2. Make the final decision whether to authorize the caregiver onboarding process.
3. Notify the County Director/Designee in writing whether authorization to proceed with the caregiver onboarding process has been granted.

DFCS Child Welfare Employees who are Fictive Kin of the Child

The County Director will:

1. Submit requests for authorization to proceed with the caregiver onboarding process to the applicable Regional Director
2. After receiving written authorization to proceed with the caregiver onboarding process from the appropriate authority:
 - a. Allow the onboarding process to proceed.
 - b. Upload the written authorization to proceed to External Documentation in Georgia SHINES.
 - c. Mark a case sensitive in Georgia SHINES.

The Regional Director will:

1. Review requests to proceed with the caregiver onboarding process when the potential for a conflict of interest exists.
 - a. Assess the circumstances surrounding each individual case.
 - b. Request additional information from the requestor as needed.
 - c. Make a recommendation regarding whether the request should proceed.
2. Submit the request to the District Director for review and recommendation.
3. Submit to the dfcs-waiver@dhs.ga.gov for final authorization if the District Director is in agree-

ment to proceed with the request. Copy the District Director on the request.

The Caregiver and Wellbeing Coordination Section will:

1. Review requests to proceed with the caregiver onboarding process when the potential for a conflict of interest exists.
 - a. Assess the circumstances surrounding each individual case.
 - b. Request additional information from the requestor as needed.
 - c. Make a recommendation regarding the request.
2. Submit requests to proceed with the caregiver onboarding process to include the recommendation, to the Child Welfare Deputy Commissioner for review and submission to the Division Director for final authorization.
3. Notify the District, Regional and County Director in writing whether authorization to proceed with the caregiver onboarding process has been granted.



While DFCS child welfare employees who are not relatives or fictive kin are restricted from serving as foster parents, if they request an exception to this restriction procedures for fictive kin should be followed.

DFCS Employees not in a Child Welfare Program Area and Individuals (who are not Relatives or Fictive Kin) with a Business Relationship with DFCS

The County Director will:

1. Submit requests for authorization to proceed with the caregiver onboarding process to the applicable Regional Director.
2. After receiving written authorization to proceed with the caregiver onboarding process from the Regional Director:
 - a. Allow the onboarding process to proceed.
 - b. Upload the written authorization to proceed to External Documentation in Georgia SHINES.
 - c. Mark a case sensitive in Georgia SHINES.

The Regional Director will:

1. Review requests to proceed with the caregiver onboarding process when the potential for a conflict of interest exists.
 - a. Assess the circumstances surrounding each individual case.
 - b. Request additional information from the requestor as needed.
2. Make the final decision whether to authorize the caregiver onboarding process.
3. Notify the County Director in writing whether authorization to proceed with the caregiver onboarding process has been granted.

CPA/CCI Employees who are Relatives and Fictive Kin of the Child

CPA/CCI Director will:

1. Submit requests for authorization to proceed with the caregiver onboarding process to opm.leadership@dhs.ga.gov.
2. Ensure written approval is obtained from DFCS prior to evaluating a prospective caregiver.
3. Control access to case information when a staff member is serving as a caregiver for any child associated with an active DFCS child welfare case.

OPM will:

1. Review requests to proceed with the caregiver onboarding process when the potential for a conflict of interest exists.
 - a. Assess the circumstances surrounding each individual case.
 - b. Request additional information from the requestor as needed.
2. If the prospective caregiver is related to a child in an active case:
 - a. Make the final decision whether to authorize the caregiver onboarding process.
 - b. Notify the CPA/CCI in writing whether authorization to proceed with the caregiver onboarding process has been granted.
3. If the prospective caregiver is fictive kin, submit the request to the Designated State Office Section for review and submission to the Deputy Commissioner for Child Welfare and the Commissioner for final authorization.

The Caregiver and Wellbeing Coordination Section will:

1. Review requests to proceed with the caregiver onboarding process when the potential for a conflict of interest exists.
 - a. Assess the circumstances surrounding each individual case.
 - b. Request additional information from the requestor as needed.
 - c. Make a recommendation regarding the request.
2. Submit requests to proceed with the caregiver onboarding process to include the recommendation, to the Child Welfare Deputy Commissioner for review and submission to the Division Director for final authorization.
3. Notify the CPA/CCI in writing whether authorization to proceed with the caregiver onboarding process has been granted.

Employees of DFCS Contractors who are Relatives or Fictive Kin of the Child

If the inquiry is initiated through the DFCS County Office, the County Director will:

1. Submit requests for authorization to proceed with the caregiver onboarding process to the Delivered Services Unit Director via DSUsupport@dhs.ga.gov.
2. After receiving written authorization to proceed with the caregiver onboarding process from the appropriate authority, allow the onboarding process to proceed.
 - a. Allow the onboarding process to proceed.
 - b. Upload the written authorization to proceed to External Documentation in Georgia SHINES.

- c. Mark a case sensitive in Georgia SHINES.

If the inquiry is initiated through the CPA/CCI, the CPA/CCI will:

1. Submit requests for authorization to proceed with the caregiver onboarding process to the Delivered Services Unit Director via DSUsupport@dhs.ga.gov.
2. After receiving written authorization to proceed with the caregiver onboarding process from the appropriate authority, allow the onboarding process to proceed.

The Delivered Services Unit Director will:

1. Review requests to proceed with the caregiver onboarding process when the potential for a conflict of interest exists.
 - a. Assess the circumstances surrounding each individual case.
 - b. Request additional information from the requestor as needed.
2. If the request is regarding a relative of the child,
 - a. Make the final decision whether to authorize the caregiver onboarding process.
 - b. Notify the County Director or CPA/CCI in writing whether authorization to proceed with the caregiver onboarding process has been granted.
3. If the request is regarding fictive kin:
 - a. Submit requests to proceed with the caregiver onboarding process to include the recommendation, to the Child Welfare Deputy Commissioner for review and submission to the Division Director for final authorization.
 - b. Notify the County Director or CPA/CCI in writing whether authorization to proceed with the caregiver onboarding process has been granted.

Practice Guidance

Conflicts of Interest

A conflict of interest may exist when employees engage in activities that may financially or otherwise enhance themselves, members of their kinship circle, or individuals with whom they are personally or financially involved. Due to their knowledge, access to information, and ability to take certain actions in their official capacity as departmental employees, DFCS employees and its business associates can exercise influence in child welfare cases. That being the case, each has a duty to safeguard the trust placed in them by DFCS and the citizens of the state of Georgia. Therefore, none is permitted to make an improper profit from the exercise of their official duties and responsibilities. A conflict of interest may exist when no actual profit is made by an individual; the opportunity for profit or benefit alone may create the conflict.

A conflict of interest may arise from a circumstance or situation, and not an activity. Its elements are the opportunity for enhancement by a transaction, and opportunity to influence that transaction as an employee, business associate, service provider, etc.

A conflict of interest may also arise when a DFCS employee or business associate engages in an outside activity which, while not necessarily incompatible or inconsistent with official duties, is or

becomes so extensive that it interferes with the proper and full-time performance of official departmental duties.

Reason for restrictions on who can serve as temporary caregivers

The reason for placing restrictions on who can serve as temporary caregivers for children involved in active child welfare cases is to reduce the potential for conflict-of-interest situations. These restrictions serve as a protection for all parties involved. To account for special situations, there is a mechanism for making exceptions to the restrictions on a case-by-case basis.

Reason for restrictions on who can serve as adoptive parents

DFCS employees and those who have a business relationship with DFCS encounter a lot of families during their career. Some of those encounters may involve participation in agency intervention that results in a child being removed from the custody of their family. For a DFCS employee or individual who has a business relationship with DFCS to later become the new family for such a child can have the appearance of impropriety. Real or imagined, such negative perceptions of the agency's work can produce conflict that detracts from the agency's mission. DFCS employees and those that partner with them to provide child welfare services know firsthand the importance of a child having consistent nurturing parental figures and family life. Consequently, it is only natural for such helping professionals to want to provide a stable, permanent home for a child whose family is unable or unwilling to do so. Therefore, DFCS and all its partners must take every precaution to promote transparency when it comes to personal involvement in the lives of the families they serve. This requires individuals to have open and honest dialogue with their leadership about their interest in adoption. It also requires individuals to have honest self-reflection about their feelings toward a child's family and their motives for adoption. To avoid the appearance of preferential treatment, prevent accusations of sabotage against co-workers, and to protect employee privacy, the adoptive process must not be handled by an employee's home office. Instead, it must be handled by an objective party with no motive other than to find the most appropriate family for a child in need.



Temporary Caregiver
for Child in Active Child Welfare Case

Relative Fictive Kin Non Relative Non Fictive Kin

Permanent Caregiver
for Child in DFCS Custody

Relative Fictive Kin Non Relative Non Fictive Kin

	Relative	Fictive Kin	Non Relative	Non Fictive Kin	Relative	Fictive Kin	Non Relative	Non Fictive Kin
DFCS Employees (Child Welfare)	YES ✔ ○	YES ✔ 📁	NO ⋯ ⏪	NO ⋯ ⏪	YES ✔ *	YES ✔ *	YES ✔ *	YES ✔ *
DFCS Employees (Non-Child Welfare)	YES ✔ ○	YES ✔ 📁	YES ✔ ○	YES ✔ ○	YES ✔ *	YES ✔ *	YES ✔ *	YES ✔ *
Individuals with Business Relationship with DFCS	YES ✔ 🔗▶	YES ✔ 📁	YES ✔ ○	YES ✔ ○	YES ✔ *	YES ✔ *	YES ✔ *	YES ✔ *

The Conflict-of-Interest matrix is a visual aide but does not serve as a substitute for the policy.


Individuals with a Business Relationship with DFCS include DFCS Contractors; Treatment / Service Providers; Owners, Operators, Employees, or Contractors of a Child Placing Agency (CPA), Child Caring Institution (CCI), Psychiatric Residential Treatment Facility (PRTF)

- Regional Director authorization required.
- ▶ Office of Provider Management (OPM) Director authorization required for CPA/CCI employees.
- 🔗 Delivered Services Unit Director authorization required for employees of DFCS contractors
- 📁 Division Director authorization required. Deputy Commissioner for Child Welfare approves requests prior to the Division Director.
- * Division Director authorization is required if the individual provided services to the child or family as part of a [open or closed] child welfare case, except, if the Division Director previously approved the individual as a temporary caregiver for the child.
- ⏪ Division Director may grant an exception to this requirement.

Forms and Tools

N/A

19.8 Criminal Records Checks (CRC)

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(19) Case Management		
	Policy Title:	Criminal Records Checks (CRC)		
	Policy Number:	19.8	Previous Policy Number(s):	N/A
	Effective Date:	November 2024	Manual Transmittal:	2024-09

Codes/References

O.C.G.A. §19-8-16(d) Investigation by Court-Appointed Agent; Criminal History Records Check for Adoption Petitioners

O.C.G.A. § 35-3-30 Definitions

O.C.G.A. § 35-3-38 Unauthorized Requests or Disclosures of Criminal History Record Information; Disclosure of Techniques Used to Ensure Security or Privacy of Criminal History Records

O.C.G.A. § 49-2-14 Record Search for Conviction Data on Prospective Employees

O.C.G.A. § 49-5-69.1 Fingerprint and Preliminary Records Check for Foster Homes; Notice of Results; Violations; Foster Parents Known to Have Criminal Records; Retention of Fingerprints

O.C.G.A. § 49-5-115 Letter Issued by Department of Early Care and Learning In lieu of Background Screening or Fingerprint Checks

Title IV-E of the Social Security Act §§ 471(a) (20) (A) (i), (ii), & (D)

45 CFR Parts 1356.30 (b), (c) & (f)

Child Abuse Prevention and Treatment Act (CAPTA) section 106(b)(2)(B)(xxii)

Public Law (PL) 115-123 Family First Prevention Services Act of 2018 (FFPSA)

Requirements

The Division of Family and Children Services (DFCS) will:

1. Comply with the rules of the Georgia Crime Information Center (GCIC) and the National Crime Information Center (NCIC) by adhering to all state and federal laws^[10] governing the use of Criminal Background Investigations.
 - a. Store Criminal History Records Information (CHRI) in a secure manner.
 - i. Restrict access to authorized personnel in the performance of their duties.
 - ii. All Georgia Bureau of Investigation (GBI)/GCIC security and integrity measures become applicable when a criminal history record inquiry is returned with a response noted on the consent form or inquiry itself, such as 'No criminal history'. Documents containing such responses are to be treated as official CHRI.
 - b. Maintain a CHRI log in each DFCS office and have a unique sheet for each criminal history record currently maintained in a secured location. The log shall be stored with other secured CHRI files.
 - c. Maintain CHRI for a minimum of three years for GBI/FBI audit purposes.
 - d. A completed Live Scan application is required and must be presented by the applicant to the Electronic Fingerprint Technician (EFT) prior to a fingerprint-based CRC being initiated. The applicant must sign the Live Scan application at the time the scan is to be completed.

- e. Each Child Protective Services (CPS) CHRI inquiry must be linked to an official investigation involving child neglect, abuse, or exploitation; therefore, a copy of the initial CPS report related to the specific inquiry must be provided to the OIG at the time of the request.
 - f. The appropriate consent form must be used for each CRC and maintained in the case record.
 - i. The Consent for Criminal Records Check (Form 404) provides consent for a local/Georgia name-based CRC (GCIC only).
 - ii. The Live Scan Application Form provides consent for a national fingerprint-based CRC (NCIC & GCIC).
2. Conduct a check of the GCIC database on adult household members as needed when providing Child Protective Services (CPS), including when assessing a voluntary kinship arrangement.
 3. *Conduct a check of national and state crime information databases (as defined in section 534(f)(3)(A) of title 28, United States Code) utilizing electronic fingerprinting (Live Scan) on any prospective foster and adoptive parent before the applicant may be finally approved for placement of a child, regardless of whether foster care maintenance payments or adoption assistance payments are to be made on behalf of the child. This includes all adults (age 18 and over) residing in the home (permanently or temporarily) who have access to children placed in the home.*
 4. *Require a fingerprint-based check of national crime information databases (as defined in section 534(f)(3)(A) of title 28, United States Code) be conducted on any adult working in a child caring institution (CCI), including a group home, residential treatment center, shelter, or other congregate care setting where children in DFCS custody are placed (see policy [16.8 Room Board Watchful Oversight: Minimum Standards](#)).*
 5. *Not approve any prospective foster or adoptive parent or claim Federal Financial Participation (FFP) for any foster care maintenance or adoption assistance payment made on behalf of a child placed in a foster home operated under the auspices of a Child Placing Agency (CPA) or on behalf of a child placed in an adoptive home through a private adoption agency if DFCS finds (in any case involving a child on whose behalf such payments are to be made), via a criminal records check conducted in accordance with the above requirement, that a court of competent jurisdiction has determined that the prospective foster or adoptive parent has been **convicted of a felony** involving:*
 - a. Child abuse or neglect;
 - b. Spousal abuse;
 - c. A crime against a child or children (including child pornography); or
 - d. A crime involving violence, including rape, sexual assault, or homicide (but not including other physical assault or battery).
 6. *Not approve any prospective foster or adoptive parent or claim FFP for any foster care maintenance or adoption assistance payment made on behalf of a child placed in a foster home operated under the auspices of a CPA or on behalf of a child placed in an adoptive home through a private adoption agency if DFCS finds (in any case involving a child on whose behalf such payments are to be made), via a criminal records check conducted in accordance with the above requirement, that a court of competent jurisdiction has determined that the prospective foster or adoptive parent, within the last five years, has been **convicted of a felony** involving:*
 - a. Physical assault;

b. Battery; or

c. A drug or alcohol related offense.

7. Conduct a name-based CRC of the GCIC database on substitute caregivers providing routine care (more than once a week, usually at designated times) for children in DFCS custody.



A letter from the Department of Early Care and Learning (DECAL) issued within the previous 12 months stating that the substitute caregiver has received a satisfactory CRC determination may be accepted in lieu of a new CRC.

8. Conduct a fingerprint-based CRC of the NCIC database on substitute caregivers providing extended respite care (short-term unreimbursed respite care for longer than 72 consecutive hours) for children in DFCS custody.

9. Allow an exception to the fingerprinting requirement in case-specific situations for persons who are permanently physically incapable of providing fingerprint images or a double amputee. In such instances, a Criminal Justice Information Services (CJIS) Biographic Verification Request must be submitted via the OIG (see Practice Guidance: CJIS Biographic Verification Request).



This exception does not apply to persons who can be printed, but the quality of the fingerprints is poor.

10. Ensure that a fingerprint-based CRC is conducted at a minimum of every four years on each foster and/or adoptive parent and all adults in the household.
11. Use a fingerprint-based CRC only for the purpose for which it was originally intended^[11].
12. Ensure a CRC is conducted within 30 calendar days on any new household member 18 years of age and older, as well as any current household member who attains 18 years of age.



This includes youth in foster care who remain with the placement resource when they reach age 18.

13. Continue to be responsible for the security and integrity of Criminal History Records Information (CHRI) received before September 1, 2013.^[12]
14. Follow the following guidelines regarding dissemination of CHRI:

- a. Refrain from disseminating any CHRI outside of the Department of Human Services (DHS) or across state lines. This includes the individuals referenced in the CHRI.
- b. When CHRI is disseminated within DHS, the recipient must have successfully completed GCIC Security Awareness Training annually and have a current Georgia Crime Information Awareness Statement on file with his/her manager.
- c. When CHRI is disseminated within DHS, the sender must complete a secondary log that includes the date, time, GBI Transaction Control Number (TCN), the name of the individual referenced in the CHRI, the name of the recipient of the CHRI, and the reason the CHRI was disseminated.



Refer to Room Board and Watchful Oversight Minimum Standards for Child Placing Agencies and Child Care Institutions in policy [16.8 Room Board Watchful Oversight: Minimum](#)

Standards for CRC procedures for Child Placing Agency (CPA) foster and adoptive homes and CCIs.

Procedures

Statewide name-based CRC only

1. Request the individual(s) for whom the CRC is being requested to complete and sign the Consent for Criminal Records Check (Form 404).
2. During business hours, send an email with the signed Consent for Criminal History Records Check (Form 404) to DFCS-GCIC@dhs.ga.gov or a fax to 404-463-0873.
3. Upload the results received from the OIG into External Documentation in Georgia SHINES using the document class “GCIC Name Search.”

National (NCIC) fingerprint-based CRC

1. Complete the Live Scan Application Form for a state and federal fingerprint-based CRC and ensure:
 - a. All fields are completed with the exception of the signature. The applicant signs the Live Scan Application Form at the time the CRC is conducted by the Electronic Fingerprint Technician (EFT).
 - b. A service authorization number is provided for internal accounting purposes.
 - c. A finance/UAS code is provided for GBI billing and payment purposes.
 - d. The application form is authorized by the DFCS official.
 - e. The applicant presents valid government issued photo identification.
2. Forward the completed and authorized Live Scan Application Form to the EFT. The EFT is not authorized to capture fingerprints if all items in procedure one above are not completed.
3. Make an appointment with the EFT to complete the applicant’s Live Scan.
4. Carefully review the applicant’s CHRI provided by the EFT to make a fitness determination.
 - a. Negative findings are to be reviewed with the Supervisor and County Director/Designee.
 - b. Any reported offenses are to be fully explored with the parties involved.
 - c. Factors, including the following, are to be weighed during the review process:
 - i. Nature of the activity;
 - ii. When the activity occurred;
 - iii. Length of time since last occurrence;
 - iv. Specific circumstances involved;
 - v. Applicant’s lifestyle in recent years; and
 - vi. Likelihood of recidivism, etc.
5. Only allow CHRI to be accessed by DFCS staff who have successfully completed GCIC Security Awareness Training (annually) and have a current GCIC Awareness Statement on file in their home office.

6. Refrain from allowing applicants to view the results of the CRC. Direct applicants to contact the GBI to obtain a copy.
7. Maintain a log of CHRI received, shared, and destroyed.
8. Document a discussion of negative findings and justification for approval, if granted.
9. When applicable, provide a CPA with written confirmation that a CRC has been conducted on a youth who reaches 18 years of age while residing in the CPA foster home and be prepared to discuss negative findings that would impact the safety of anyone in the home.

CJIS Biographic Verification Request

1. Obtain the required documentation:
 - a. Medical documentation confirming the subject's disability.
 - b. A copy of a valid picture ID for the subject.
 - c. A Live Scan Application with all fields completed including the subject's name, place of birth, date of birth, sex, social security number, and race.
2. Provide the subject's medical documentation, valid picture ID, and completed Live Scan Application to the EFT.

Practice Guidance

Criminal History Record Information (CHRI)

CHRI is information collected by criminal justice agencies on individuals consisting of identifiable descriptions and notations of arrests, detentions, indictments or other formal criminal charges and any disposition arising therefrom, including acquittal, sentencing, correctional supervision, and release (GCIC Council Rule 140-1-02). The following documents are considered CHRI:

1. Criminal history fingerprint cards;
2. Final disposition reports;
3. Record of Arrest and Prosecution ("RAP sheet"), including Live Scan responses; and
4. Criminal history information received from the OIG Background Investigations Unit (BIU).

Criminal Justice Information Services (CJIS)

The CJIS Division of the FBI provides a centralized database for storing and accessing criminal justice information. This includes all the data necessary for law enforcement agencies to perform their mission (e.g. biometric, identity, history, person, organization, property, and case/incident data).

CJIS Biographic Verification Request Process

A "CJIS Biographic Verification Request" is necessary when an FBI National fingerprint-based criminal background check is required, but the individual is permanently, physically incapable of providing fingerprint images or is a double amputee. The process is initiated after DFCS provides the required documentation to the EFT. The EFT reviews the submitted documentation to ensure it is complete, then forwards it to the OIG Background Eligibility Unit Manager. The OIG Background

Eligibility Unit Manager then submits the documentation to the GCIC for approval and processing. The results of the biographic verification are returned to the OIG Background Eligibility Unit Manager who sends them to the EFT. The EFT then uploads the results into Georgia SHINES.

Destruction of CHRI

When no longer required, all documents containing CHRI must be destroyed to prevent access by unauthorized persons. Record destruction must be conducted in a secure manner under the supervision of authorized persons. The only GCIC approved method of disposal or destruction of CHRI is to shred it using a cross-cut shredder. The destruction of any CHRI must be noted in the CHRI log. The GBI #, FBI #, date, time, and name of person disposing/destroying the records must be specifically noted on the individual log sheet for each record.

DHS Office of Inspector General (OIG) Background Investigations Unit (BIU)

The OIG has Live Scan operators (i.e., Electronic Fingerprint Technicians) available across the state of Georgia to complete fingerprinting for DFCS.

Georgia Crime Information Center (GCIC)

The GCIC is the division of the Georgia Bureau of Investigation (GBI) that maintains the database that contains Georgia Criminal History Records Information (CHRI). It is the access point for federal CHRI. GCIC is responsible for ensuring compliance with both state and federal rules for the use, security, and dissemination of CHRI. Failure to abide by federal and state laws, rules, and regulations regarding access, use, and dissemination of information available via the Criminal Justice Information System (CJIS) Network may result in criminal prosecution by the GBI and/or administrative sanctions by the GCIC.

Managing CHRI

Each County Office should designate an agency representative to receive and safeguard the results of each records search. This designee must have successfully completed the required Security Awareness training and have a signed GCIC Awareness Statement on file with the County Office. CHRI must be kept in a secure location under lock and key. CHRI must be signed in and signed out when physically transferred to another DFCS office. The person receiving the CHRI at the other DFCS office must also have successfully completed GCIC Security Awareness Training and have a signed GCIC Awareness Statement on file in their home County Office. The person receiving CHRI from another DFCS office must document receipt on their log. During an audit, DFCS must be able to clearly show the tracking of CHRI as it changes location.

When a fingerprint-based CRC is requested, the results must be sent to the DFCS office whose ORI number was used on the request. After it is received and logged in at that office, the results may then be signed out to another office using the required security and integrity procedures.

National Crime Information Center (NCIC)

The NCIC maintains the database that contains national criminal history records information.

Originating Agency Identifier (ORI)

The ORI number is assigned by the FBI to non-criminal justice agencies (e.g., DFCS) authorized by Georgia and federal law to obtain a national criminal history records check. It is a unique identifier assigned to each County Office.

GCIC Security Awareness Training


GCIC Security Awareness Training provides employees with a working knowledge of federal and state regulations and laws governing the security and integrity of CHRI. New DFCS employees must complete the training within the first 60 days of employment. GCIC Security Awareness Training is provided in a video format taken via the computer-based training (CBT) platform. The training satisfies the GBI's compliance requirement with FBI policy. It includes a test that produces a certificate and a Georgia Crime Information Awareness Statement that must be signed and kept on file by an employee's department. GCIC Security Awareness Training is not required to review results from GCIC name-based criminal records checks.

Forms and Tools

[Consent for State Criminal Records Check \(Form 404\)](#)

[Live Scan Application Form](#)

19.9 Safety Screenings

 Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	Case Management		
Policy Title:	Safety Screenings		
Policy Number:	19.9	Previous Policy Number(s):	N/A
Effective Date:	May 2024	Manual Transmittal:	2024-03

Codes/References

O.C.G.A. §15-11-2 Definitions

O.C.G.A. §15-11-133.1 Temporary alternatives to foster care; orders; minimal preliminary assessments; preliminary protective hearing; time for hearings

Title IV-E of the Social Security Act Section 471(a)(20)(B), & (D)

45 CFR §1356.30(f) Safety requirements for foster care and adoptive home providers

Public Law (PL) 105-89 Adoption and Safe Families Act (ASFA) of 1997

PL 109-248 Adam Walsh Child Protection and Safety Act of 2006


PL 115-123 Family First Prevention and Services Act (FFPSA) of 2018

Requirements

The Division of Family and Children Services (DFCS) will:

1. Conduct safety screenings to assess child safety on:

- a. Children, caregivers, adult household members (18 years of age or older), alleged maltreaters and person(s) responsible for the care of a child on intake reports received, prior to the disposition:
 - i. Board of Pardons and Parole
 - ii. County Master Files
 - iii. Department of Corrections Offender Query
 - iv. Gateway
 - v. Georgia Medicaid Management Information System (GAMMIS)
 - vi. Georgia SHINES
 - vii. Internal Data System (IDS) Online Master Index
 - viii. IDS Placement Central
 - ix. Protective Services Data System (PSDS)
 - x. Sexual Offender Registry
- b. Caregivers and all household members during the life of a case (Initial Safety Assessment, Investigation, Family Support Services, Family Preservation Services and Foster Care).
 - i. Board of Pardons and Parole
 - ii. County Master Files
 - iii. Department of Corrections Offender Query
 - iv. Gateway
 - v. Georgia Medicaid Management Information System (GAMMIS)
 - vi. Georgia SHINES
 - vii. Internal Data System (IDS) Online Master Index
 - viii. IDS Placement Central
 - ix. Out-of-State Child Abuse and Neglect (CAN) Registry

 Request an out-of-state CAN registry check when it has been determined individuals responsible for the care of a child or residing in the home with the child has child welfare history in another state.

 - x. Protective Services Data System (PSDS)
 - xi. Sexual Offender Registry
- c. Prospective voluntary kinship or temporary alternatives to foster care (TAFC) caregivers and all household members prior to approval of an out-of-home arrangement in a Child Protection Services (CPS) case.
 - i. Board of Pardons and Parole
 - ii. County Master Files
 - iii. Department of Corrections Offender Query
 - iv. Gateway

- v. Georgia Medicaid Management Information System (GAMMIS)
- vi. Georgia SHINES
- vii. Internal Data System (IDS) Online Master Index
- viii. IDS Placement Central
- ix. Out-of-State CAN Registry
 - x. Protective Services Data System (PSDS)
 - xi. Sexual Offender Registry
- d. Prospective kinship caregivers and their adult (18 years or older) household members prior to approval for the placement of a child in foster care. This includes non-custodial parents being considered for placement of their child in foster care.
 - i. Board of Pardons and Parole
 - ii. CLEAR®
 - iii. County Master Files
 - iv. Department of Corrections Offender Query
 - v. Gateway
 - vi. Georgia Medicaid Management Information System (GAMMIS)
 - vii. Georgia SHINES
 - viii. Internal Data System (IDS) Online Master Index
 - ix. IDS Placement Central
 - x. Out-of-State CAN Registry



Request any other state in which any such prospective parent or other adult (18 years or older) household member has resided in the last five years to check any child abuse and neglect (CAN) registry maintained by such other state for such information.

- xi. Protective Services Data System (PSDS)
- xii. Sexual Offender Registry
- e. *Any prospective foster or adoptive parent and on any other adult living in their home before the prospective foster or adoptive parent may be finally approved for placement of a child, regardless of whether or not foster care maintenance payments or adoption assistance payments are made on behalf of the child.*
 - i. Board of Pardons and Parole
 - ii. CLEAR®
 - iii. County Master Files
 - iv. Department of Corrections Offender Query
 - v. Georgia SHINES



The State of Georgia does not maintain a CAN registry; however, it conducts Geor-

gia SHINES screening for CPS history.

- vi. Internal Data System (IDS) Online Master Index
- vii. IDS Placement Central
- viii. Out-of-State CAN Registry



Request any other state in which any such prospective parent or other adult (18 years or older) household member has resided in the last five years to check any child abuse and neglect (CAN) registry maintained by such other state for such information.

- ix. Protective Services Data System (PSDS)
- x. Sexual Offender Registry



At re-evaluation Board of Pardons and Parole, Department of Corrections Offender Query, Georgia SHINES and Sexual Offender are the only required screenings. In addition, CAN registry check is required at re-evaluation when there are new adult household members (18 years of age and older) who have resided in another state within the last five years and a CAN registry check was not previously conducted.

- f. All caregivers in a DFCS or Child Placing Agency (CPA) foster or adoptive home and their adult (18 years or older) household members, prior to each initial placement and subsequent placement changes (including respite).
 - i. Board of Pardons and Parole
 - ii. Department of Corrections Offender Query
 - iii. Georgia SHINES
 - iv. Out-of-state CAN Registry



For initial placement and subsequent placement changes, the out-of-state CAN registry check is only required when there are new adult household members (18 years or older) who have resided in another state within the last five years and the out-of-state CAN registry check was not previously conducted.

- v. Sexual Offender Registry



Safety screenings are not required when a child is returning from respite to the same foster or adoptive home.

- g. Any adult working in a child caring institution (CCI), including a group home, residential treatment center, shelter, or other congregate care setting where children in DFCS custody are placed.
 - i. Board of Pardons and Parole
 - ii. Department of Corrections Offender Query
 - iii. Georgia SHINES



The State of Georgia does not maintain a CAN registry; however, it conducts Geor-

gia SHINES screening for CPS history.

- iv. Sex Offender Registry
- h. Substitute caregivers providing routine care, or extended respite care for a child during the life of the case (Initial Safety Assessment, Investigation, Family Support Services, Family Preservation Services and Foster Care).
 - i. Board of Pardons and Parole
 - ii. County Master Files
 - iii. Department of Corrections Offender Query
 - iv. Gateway
 - v. Georgia SHINES
 - vi. Internal Data System (IDS) Online Master Index
 - vii. IDS Placement Central
 - viii. Protective Services Data System (PSDS)
 - ix. Sexual Offender Registry



Routine care means care provided more than once a week, usually at designated times. Extended respite care is short-term respite care for longer than 72 consecutive hours for relief of a foster parent.

- i. Individuals, in *compliance with any such request to check the Child Abuse & Neglect (CAN) registry that is received from another state* (public agencies similar to DFCS), tribal agencies, courts (court ordered) and adoptions for specified resources.

- i. Georgia SHINES



The State of Georgia does not maintain a CAN registry; however, it conducts Georgia SHINES screening for CPS history.

- ii. Internal Data System (IDS) Online Master Index
- iii. IDS Placement Central
- iv. Protective Services Data System (PSDS)

- 2. Conduct safety screenings, as required, on new household members residing in the home with a child who is part of an active child welfare case within 72 hours of DFCS becoming aware of the change.

- 3. Use the following guidelines when performing a database search:

- a. Conduct screenings on all known alias names and maiden names.
- b. Conduct partial first and last name searches in Georgia SHINES to broaden search parameters. To ensure a more accurate match, a person's social security number or date of birth shall be used to assist in identifying the correct match when multiple matches are yielded.
- c. Once an individual has been screened via the legacy system (IDS, PSDS and County Master Files) and the results of the screening are documented in Georgia SHINES, screening of the legacy system will not be required subsequently as this information will not change. How-

ever, the legacy system history documented in Georgia SHINES shall be reviewed as part of the decision-making for each subsequent inquiry involving that individual.



If the new information, such as an alias name and/or maiden name has been identified that was not previously available, screen the new obtained alias name and/or maiden name in the legacy systems and document the results in Georgia SHINES.

- d. Ensure that during the initial or subsequent screening process all data identified with errors are resolved so the data in Georgia SHINES is accurate.
4. Document the results of all required and completed safety screenings under the Record Check Summary or Record Check Detail page in Georgia SHINES.
5. Explore safety screenings history results with the individual who is the subject of the history.
6. Disqualify any prospective or existing caregiver from serving as a placement resource for a child in foster care, if the safety screenings reveal any of the following circumstances:
 - a. The prospective or existing caregiver or an adult (18 years or older) household member has a substantiated CPS history where they were named as the maltreater.



Kinship caregivers should not be disqualified based solely on the existence of DFCS history. DFCS history should be analyzed in accordance with policy [19.10 Case Management: Analyzing DFCS History](#) prior to making a placement decision. In addition, at re-evaluation an existing caregiver may have substantiated CPS history where a waiver has been granted from the State Office Placement and Permanency Section for the home to remain open for the sole purpose of permanency for a specific child.

- b. There is a current, open CPS investigation;
 - c. A caregiver has a history of unsubstantiated CPS investigations that revealed concerns related to safety or diminished caregiver protective capacity;
 - d. An applicant who has previously been a caregiver or is an existing caregiver has two or more discipline (or other serious) policy violations;
 - e. A caregiver's home was previously closed due to the caregiver's unwillingness to recognize the need for change or failure to cooperate with the agency;
 - f. The name of a prospective or existing caregiver or an adult household member appears on a Sexual Offender Registry in Georgia or any other state; or
 - g. There are unsatisfactory results from any safety screening source.
7. Develop a process for each County Departments' handling of safety screening after hours, on holidays and in emergency situations to ensure the screenings are conducted prior to the placement of children.

Procedures

Intake Reports

The Child Protective Services Intake Communication Center (CICC) Social Services Case Manager (SSCM) will:

1. Conduct safety screenings on every intake report received with the exception of Information and Referrals.
2. Add additional household members identified when conducting safety screenings to the Intake Assessment in Georgia SHINES and document in the Comments section they were added independent of the reporter's initial information.
3. Review and analyze all DFCS history and document how prior history was considered in the decision (see policy [19.10 Case Management: Analyzing DFCS History](#)).
4. Document safety screenings results in the Record Check Summary or Record Check Detail page in Georgia SHINES.
5. Notify the County Department upon case assignment of the need to complete the outstanding safety screenings when technology issues prevent the CICC from completing the required safety screenings.

Voluntary Kinship or TAFC Caregivers

The County Department will:

1. Conduct safety screenings on voluntary kinship or TAFC caregivers and all their household members.
2. Review and analyze any DFCS history to assess protective capacities and their ability to care for the child (see policy [19.10 Case Management: Analyzing DFCS History](#)).
3. Document the safety screenings results in the Record Check Summary or Record Check Detail page in Georgia SHINES.

Kinship Caregivers in Foster Care

The County Department will:

1. Conduct safety screenings on the kinship caregivers and their adult (18 years or older) household members prior to approval for placement of a child in foster care.
2. If the safety screenings indicate the caregiver or any adult household member has child welfare history:
 - a. Review and analyze the child welfare history to gather information about the caregiver(s) protective capacities and his/her ability to care for the child(ren) (see policy [19.10 Case Management: Analyzing DFCS History](#)).



Caregivers who have questions about the child welfare history provided by another state should be directed to contact the other state agency for case information.

- b. If the DFCS record is missing, lost, or has been purged, conduct an interview with the individual who is the subject of the child welfare history to ascertain the nature of the history (what occurred, who was involved, whether services were provided, and any other information about the case). Document the interview on the Contact Detail and in the Record Check Detail pages in Georgia SHINES.
- c. The County Director will make the kinship caregiver approval decision, and within ten business days of the decision submit for 2nd level approval to the State Caregiver Recruitment

and Retention Unit (CRRU) at DFCS-Waivers@dhs.ga.gov. If the DFCS record is missing, lost, or has been purged, include with the request a narrative of the interview with the individual subject to the child welfare history.

3. Document the safety screenings results in the Record Check Summary or Record Check Detail page in Georgia SHINES.

Foster or Adoptive Homes at Initial and Re-Evaluation

DFCS Foster or Adoptive Homes

The Resource Development (RD) SSCM will:

1. Direct prospective and existing caregivers and their adult (18 years or older) household members to complete the Child Abuse Screening Request Information form and Prior Caregiver Service Report and return it to the designated RD team member within five business days.
2. Determine the need to request an out-of-state CAN Registry check. If an out-of-state registry check is required, the information must be received and considered prior to proceeding with the safety screenings.
3. Complete all required safety screenings.



Safety screenings are considered timely if conducted within 90 calendar days prior to the re-evaluation due date.

4. Document the safety screening results in the Record Check Summary or the Record Check Detail page in Georgia SHINES.

CPA Foster or Adoptive Homes

The CPA staff will:

1. Direct prospective and existing caregivers and their adult (18 years or older) household members to complete the Child Abuse Screening Request Information form and Prior Caregiver Service Report and return it to the designated CPA staff.
2. Submit the safety screening request to the CPS Screening Unit via email at cpsscreening@dhs.ga.gov, include:
 - a. A written request on agency letterhead indicating the purpose for the request; and
 - b. Child Abuse Screening Request Information form and Prior Caregiver Service Report completed and signed by the caregiver(s) and/or their adult household member(s).



A CPA may only submit request for safety screenings to the CPS Screening Unit. County DFCS offices are not permitted to respond to such requests.

3. Review the summary of the safety screenings results from DFCS.
4. Conduct a name search in the following databases, print and summarize the results:
 - a. Sex Offender Registry:
 - i. Sex Offender Search;

- ii. Sexually Dangerous Predator Search; and
 - iii. Absconder Search.
- b. Board of Pardons and Parole; and
 - c. Department of Corrections Offender Query.
5. Document the safety screenings results in the prospective or existing caregivers file.
 6. Submit all the safety screening results to the CPA Director or Designee for review.

The State Office CPS Screening Unit will:

1. Accept safety screenings request from the CPA via email at cpsscreening@dhs.ga.gov for initial and re-evaluation of prospective and existing caregivers.
2. Complete the required safety screenings, not conducted by the CPA provider.
3. Review and analyze any DFCS history and summarize the results (see policy [19.10 Case Management: Analyzing DFCS History](#)).
4. Submit to the Office of Provider Management (OPM) within ten business days from the date of request:
 - a. Safety screenings results;
 - b. Summary of the DFCS history; and
 - c. Caregiver approval recommendation.



OPM will make the final approval decision and notify the agency of the final approval decision.

Initial Placement and Subsequent Foster Care/Adoption Placement Changes (including Respite)

The County Department will:

1. Obtain the following information from RD or CPA staff:
 - a. Foster parent(s) name and address;
 - b. Names of other adult (18 years or older) household members; and
 - c. Resource ID and Person ID.
2. Conduct safety screenings to review and assess if the caregiver continues to be eligible for placements.
3. Document the safety screening results in Georgia SHINES under the Contacts/Summaries Tab in the Foster Care Child (FCC) stage:
 - a. Select “Pre-placement” as the Purpose of the contact;
 - b. The foster parent’s name(s) and the name, age, and relationships to the foster parent for each household member;
 - c. Date screening was conducted, databases screened, and results; and
 - d. Recommendation for whether child can be placed in the home based on the results of the

screening.

Routine Caregivers or Extended Respite Caregivers

The SSCM will:

1. Conduct safety screenings on every individual who is or will be providing:
 - a. Routine care for a child involved in an active DFCS case (Initial Safety Assessment, Investigation, Family Support Services, Family Preservation Services, Foster Care); or
 - b. Extended respite care for children in DFCS custody.
2. Review and analyze any DFCS history to make a decision regarding their ability to care for the child (see policy [19.10 Case Management: Analyzing DFCS History](#)).
3. Document the safety screening results in the Record Check Summary or Record Check Detail page in Georgia SHINES.

Other States' Public Agencies, Tribal Agencies, Courts and Adoptions for Specified Resources

The State Office CPS Screening Unit will:

1. Accept safety screening requests from other states public agencies (agencies similar to DFCS), tribal agencies, courts (court ordered), and adoptions for specified resources via email at georgiaadamwalshcheck@dhs.ga.gov, that include:
 - a. A written request on the requester's agency letterhead indicating the reason for the request; and
 - b. The Child Abuse Screening Request Information Form completed and signed by agency representative.
2. Provide the safety screenings results to the requester.

Practice Guidance

Safety screenings are a significant component of the overall assessment process and can be initiated any time during the life of the case, including at Intake, Initial Safety Assessment, Investigation, Family Support Services, Family Preservation Services and Foster Care (Permanency or Adoptions). Information gathered from safety screenings increases DFCS' ability to ensure the safety of children. Safety screenings should not be considered simply as "check-off" items but used to provide critical information to determine a caregivers or prospective caregiver's protective capacity.

When gathering information about a family, assess whether or not expanded safety screenings are warranted. For instance, DFCS policy may only require checking child welfare records in other states pursuant to the Adam Walsh Child Protection and Safety Act when a person has lived outside of Georgia within the last five years. However, based on information gathered about a family, it may be determined that such a check is warranted on a person who lived in another state seven years ago. Best practice and professional judgment dictate going beyond minimum requirements when making safety assessments. For instance, a SSCM should carefully assess whether checking another state's CPS records is warranted for applicants who live in Georgia but work in another state. Such a situation may present itself more often in Georgia counties that border other states

and have applicants who engage in commerce, school, work, or other activities of daily living in both states.

Safety Screening Databases

1. Board of Pardons and Parole

A database of offenders who have been released from confinement (prison) after he/she has served an appropriate portion of his/her prison sentence and will serve the remainder of the sentence in the community under state supervision and control. Generally, individuals included in this database are 16 years of age and older. The Board of Pardons and Parole database is available at papapps.pap.state.ga.us/parolesearch/search/searchPage.

2. CLEAR®

DFCS Family Locator Tool CLEAR® offers fast, efficient search technology that allows one to locate people and authenticate their identities. It verifies such essential personal information as name, current/previous addresses, social security numbers, telephone numbers, email addresses, and criminal history. CLEAR® reports may also include relatives, associates, neighbors, social media accounts and vehicle registrations.



CLEAR® reports contain personal identifiable information and should be kept confidential. CLEAR® reports cannot be uploaded in Georgia SHINES External Documentation as they may contain other persons' information, who are not associated with the case.

3. County Master Files - Legacy

County master files include services card files, services computer files, paper files and other files or logs the County Department used for case tracking. These records may also include information related to DFCS history that has been expunged as a part of DFCS record retention policy. The county department will conduct the screening of the County Master Files as this information is not available outside of the county offices.

4. Department of Corrections (DOC) Offender Query

This website maintains history on individuals who have been incarcerated in the Georgia prison system. Generally, individuals included in this database are 16 years of age and older. Website is: gdc.georgia.gov/offender-info/find-offender.

5. Gateway

An integrated computer system that records information and generates benefits to a group of individuals applying for or using OFI benefits (TANF, FS and Medicaid). Information contained include the names, addresses, birth dates, Social Security numbers, household composition, income, and employment information. This information can be used to assess a financial means of providing and verify self-reported information from the caregiver's Financial Statement for Resource Parenting.

6. Georgia Medicaid Management Information System (GAMMIS)

GAMMIS is used to determine if a child is receiving SSI, Medicaid, or services from Children's Medical Services. In addition, the information obtained from Georgia Health Partnership (GHP) can assist the user in obtaining well-being information and completing the Targeted Case Management (TCM) billing process. A User ID and password is required to access GAMMIS. Contact the County's security manager to obtain a User ID and password. The website is www.mmis.georgia.gov/portal/default.aspx.

7. Georgia SHINES

Georgia SHINES is the states automated child welfare information system implemented in June 2008. All child welfare case management information is recorded in the Georgia SHINES system and gives the user both historical and current information concerning a family, adult or child that is or has been involved with DFCS. The State of Georgia does not maintain a CAN registry; however, it conducts Georgia SHINES screening for CPS history.

8. IDS Online Master Index – Legacy System

IDS Online provides historical child welfare case information in Georgia prior to Georgia SHINES implementation. Once screened and the results are documented in Georgia SHINES, future reports involving the same individual will not require additional screening in this resource. IDS Online is available at idsonline.smipc.net.

9. IDS Placement Central – Legacy System

IDS Placement Central provided the physical location of all children in DFCS custody prior to Georgia SHINES implementation. IDS Placement Central also maintained a database of all providers caring for children in the custody of the DFCS. The information from this database may be helpful in making placement decisions by providing previous placement information for a child that may assist in identifying the needs of the child. Once screened and the results are documented in Georgia SHINES, future reports involving the same individual will not require additional screening in this resource. IDS Online is available at idsonline.smipc.net.

10. Out-of-State Child Abuse and Neglect (CAN) Registry

A child abuse and neglect registry is a centralized database of child abuse and neglect investigation records for the state. Registries assist in the identification and protection of abused and neglected children and are typically used to aid child welfare agencies in the investigation, treatment, and prevention of child abuse cases and to maintain statistical information for staffing and funding purposes. The type of information contained in central registries and length of time the information is held varies from state to state but usually includes the child's name and address; the name of the mother, father, or guardian; the name of any siblings; the nature of the harm to the child; the name of the alleged perpetrator(s); and the findings of any investigations.

11. Protective Services Data System (PSDS) – Legacy System

PSDS is a historical list of child abuse and neglect incidents in Georgia from the period of 1991 through January 01, 2003. This includes date reported, case name, case number and case determination. It is necessary to review the case information to determine if an individual is identified as a maltreater. PSDS is available at idsonline.smipc.net.

12. Sex Offender Registry

The sex offender registry is a database of individuals who has been convicted of a criminal offense against a victim who is a minor or any dangerous sexual offense; Georgia Bureau of Investigation (GBI) is the central repository for Georgia's Violent Sexual Offender Registry. The sexual offender records are entered on the registry by the Department of Corrections and State Board of Pardons and Paroles. The GBI enters the sexual offender records for the sexual offenders who relocate to Georgia from another state. The GBI Sex Offender Registry search option "all" compiles results from sexual offenders, sexually dangerous predators, and absconders; incarcerated offenders are excluded when location criteria is provided. The Georgia sex offender registry is available at state.sor.gbi.ga.gov/Sort_Public.

Safety Screening Matrix

	Intake Reports	Voluntary Kinship	Temporary Alternatives to Foster Care (TAFC)	Kinship Care-givers (Foster care)	Initial Evaluation - Foster or Adoptive Homes	Re-Evaluation - Foster or Adoptive Homes	Child Caring Institution (CCI)	Initial Placement and Subsequent Placement Changes	Routine or Extended Respite Care-givers	Other States' Public Agencies, Tribal Agencies, Courts and Adoptions for Specified	Individuals Residing in the Home of an Active Case
Boards of Pardons and Parole	ü	ü	ü	ü	ü	ü	ü	ü	ü		ü
CLEAR®				ü	ü						
County Master Files	ü	ü	ü	ü	ü				ü		ü
DOC Offender Query	ü	ü	ü	ü	ü	ü	ü	ü	ü		ü
GAM-MIS	ü	ü	ü	ü							ü
Georgia SHINES	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü
IDS Online Master Index	ü	ü	ü	ü	ü				ü	ü	ü
IDS Placement Central	ü	ü	ü	ü	ü				ü	ü	ü
Out-of-State CAN Registry		ü	ü	ü	ü			ü			ü
PSDS	ü	ü	ü	ü	ü				ü	ü	ü
Sex Offender Registry	ü	ü	ü	ü	ü	ü	ü	ü	ü		ü
Gateway	ü	ü	ü	ü					ü		ü

The safety screening matrix is a visual aide provided as additional guidance. Policy requirements must be reviewed to determine if a particular safety screening is required based on the circumstances of the case.

Georgia SHINES - Searches

1. Case Search

Case Search in Georgia SHINES is used to search for cases. Users can search for specific cases using Case ID, Case Name, Case Manager (name), facility name, stage type, and additional criteria. When the search criteria do not yield a match, perform another search using different criteria.

2. Foster/Adoptive (F/A) Homes Search

F/A homes search is used to search for a non-DFCS or DFCS foster or adoptive homes, Interstate Compact for the Placement of Children (ICPC) homes, and relative homes. In addition to completing the normal search parameters on an F/A home, a search should also be conducted using the provider's resource ID in Georgia SHINES which should identify any prior incidents involving the F/A home and the outcome of the investigation or policy violation assessment. Searches can also be conducted for homes that are in inquiry status.

3. Person Search

A person search is used to search for a person in any stage. A person search can be performed using any of the following identifying information:

- a. Date of birth
- b. Full name
- c. Partial first and last (only the first three letters are needed)
- d. Phonetic
- e. Address
- f. Social Security number
- g. Person ID
- h. CRS or Medicaid/MHN Number



Use the least amount of information and try multiple searches before determining a person does not exist in Georgia.

4. Resource Search

Resource search is used to search for resources in the Resource Directory. Resource search includes providers, law enforcement, hotlines/help lines, schools, mental and behavioral health facilities and home/other facilities. The resource search page provides the user with multiple methods to conduct a search for providers. Search options include name, specific identifiers, services provided and location.



Resources may have multiple contracts in Georgia SHINES. The user needs to review all matches to select the best resource that matches.

CPS Screening Unit

The CPS Screening Unit is responsible for conducting safety screenings and Adam Walsh requests for prospective foster parent(s), current foster parent(s) re-evaluations, and substitute caregivers to obtain a thorough background history for the purpose of making an approval recommendation.

Forms and Tools


[Adam Walsh State Contact List](#)

[Child Abuse Screening Request Information](#)

[Child Abuse Screening Request Information - Example](#)

[CLEAR® Address & Household Composition Verification](#)

19.10 Analyzing DFCS History

 Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(19) Case Management		
Policy Title:	Analyzing DFCS History		
Policy Number:	19.10	Previous Policy Number(s):	N/A
Effective Date:	April 2020	Manual Transmittal:	2020-04

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Analyze and consider DFCS history to ensure a thorough assessment of safety and family functioning.



DFCS history means any prior involvement with DFCS, including Intake (including reports screened out), Family Support Services, Investigations, Special Investigations, Family Preservation Services, Foster Care, Adoptions, and Resource Development.

2. Analyze and consider out-of-state child welfare history when it has been determined individuals responsible for the care of a child or residing in the home with the child has child welfare history in another state.
3. Analyze and consider DFCS history when:
 - a. Making an intake decision;
 - b. Making a track decision during the Initial Safety Assessment;
 - c. Making a safety determination and safety planning;
 - d. Making an investigation determination;

- e. Making a family support services determination;
- f. Making a policy violation determination and developing a Corrective Action Plan (CAP);
- g. Conducting diligent searches;
- h. Approving or re-approving caregivers in out-of-home placements (voluntary kinship, foster care or adoption);
- i. Developing contact standards;
- j. Selecting permanency plans and making permanency decisions;
- k. Developing the case plan, family plan and action plan;
 - l. Selecting and providing services to families;
- m. Reunifying children with caregivers;
- n. A parent, family or youth is unable to be located.

Procedures

Social Services Case Manager

1. Conduct safety screenings in accordance with policy [19.9 Case Management: Safety Screenings](#)).
2. Review the history of each household member as both a child and an adult. During the review, analyze:
 - a. The number and frequency of previous reports;
 - b. The allegations reported;
 - c. The household members involved in the previous reports and the role that the member played in the family;
 - d. The role of the alleged maltreater in previous and/current child abuse allegations;
 - e. The severity of the reports and whether the severity is increasing;
 - f. The dispositions of the reports;
 - g. The family's response to intervention;
 - h. Family strengths and support system;
 - i. Previous services provided to the family; and
 - j. Overall outcomes of agency intervention.
3. Evaluate the chronicity of the history and the impact of the history on the current intake report, assessment, case/family plan, or case decision (see Practice Guidance: Chronicity).



When a special investigation or policy violation assessment, analyze Patterns of the same types of child abuse allegations or policy violations in the placement resource; and the outcome of prior policy violations, sanctions and/or corrective action plans (CAP). See Practice Guidance: Additional Considerations in Special Investigations or Policy Violations Assessment.

4. Discuss history with the caregivers to obtain their perspective regarding the previous history,

including correlation to current circumstances.

5. Document a summary of the analysis of DFCS history in Georgia SHINES:
 - a. Dates of reports, allegations, dispositions and overall outcomes of intervention;
 - b. A detailed description of how the historical information impacts the current assessment or decision; and
 - c. The caregiver's perspective of the history.

Social Services Supervisor

1. Ensure the SSCM has analyzed all in-state and out-of-state child welfare history obtained from the safety screenings.
2. Review the DFCS history to support decision making.
3. Ensure that the SSCM has discussed the child welfare history with individuals, when applicable.
4. Provide guidance to the SSCM regarding the consideration of history in decision-making.
5. Review Georgia SHINES to ensure that the analysis and consideration of the child welfare history is documented.

Practice Guidance

Why is History Important

History is often a predictor of future behavior and the information included in a family's DFCS history plays a significant role when making any decision concerning child safety during DFCS' involvement with a family. History on household members as children and as adults should be analyzed and considered during all decision points of a case. Research has found that caregivers who were abused as children is a predictor for the caregivers to abuse their own children.^[13] Also, a history of problems, such as, chronic and/or untreated substance use and mental health disorders are risk factors for future child maltreatment.

Reviewing and analyzing DFCS history can provide an abundance of information about a family and the level of intervention needed to assist the family with the challenges they are facing in everyday life tasks. Some of the information that can be gathered from a family's history includes, but is not limited to:

1. Family and caregiver strengths.
2. The family's cultural beliefs and values.
3. The underlying challenges that a family is currently facing.
4. The family's previous response to intervention and treatment strategies.
5. Support networks previously used to reduce or mitigate safety concerns, and the effectiveness of such supports.
6. Traumatic events affecting family members.
7. Coping skills used by the family to deal with traumatic events.
8. Identifying relatives, family supports, or any information to assist with locating a parent, family

or youth who cannot be located or have moved to an unknown location.

A thorough analysis and deliberate consideration of the DFCS history of all caregivers and household members must be incorporated into decision-making throughout the life of a case.

Chronicity

When analyzing history, it is essential to consider the number of reports, reports that indicate progressively more serious concerns, reports with similar or the same concern, the type of maltreatment, etc. The chronicity of the maltreatment should be assessed when reviewing previous history. Chronicity is the frequency of the recurrence of maltreatment. Chronicity involves an assessment of the following areas:

1. Is there a history of sexual abuse of any family member as a victim or perpetrator? This includes both civil and criminal reports of sexual abuse in Georgia and other localities; regardless of the disposition or the role of the principles in those past reports.
2. Has there been a recent incident, or indication, of abuse (within last 6 months)? This question applies to any indication of abuse within the last 6 months and is not restricted to official agency reports. It may include statements from the child, family, community, professionals or others.
3. Has there been a prior child abuse investigation, regardless of finding? This includes any DFCS involvement in Georgia or in other states, regardless of the disposition.
4. Has any child been removed from the home by a protective service agency? This question applies to the court ordered removal of any child in Georgia or in other states. This also includes serious incidents in licensed foster/adoptive homes.
5. Has any prior incident resulted in a severe outcome? Indications of severe outcomes are those which require prompt medical attention; may require medical or psychiatric hospitalization; may endanger the child's life; may cause permanent functional impairment, death, or disfigurement; and, sexual intercourse or sexual acts performed with a child.

Discussing DFCS History with the Caregiver

The analysis and consideration of history provides additional evidence to support the safety and case determination and permanency decision. Obtaining the caregiver's perspective about the agency's previous involvement will allow DFCS to:

1. Gather additional information.
2. Clarify any inaccuracies in the information.
3. Assess the caregiver's ownership and honesty about past problems.



Caregivers who do not admit to having problem behaviors are less likely to work towards changing those behaviors. Knowing their perspective can assist in determining strategies for engagement and building partnership.

Additional Considerations in Special Investigations or Policy Violations Assessment

When analyzing DFCS case history, information regarding the approval and history of the place-


ment resource (foster care kinship placement, foster of adoptive homes, Child Placing Agencies (CPA), Child Caring Institutions (CCI), etc.) must also be considered and includes:

1. Foster care stages for each alleged child victim in DFCS custody stages;
2. The foster or adoptive parents' case record (FAD);
3. Information on a kinship placement available; and
4. CPA/CCI resource information.

Forms and Tools

[Analyzing and Assessing DFCS History Tool](#)

19.11 Safety Assessment

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(19) Case Management		
	Policy Title:	Safety Assessment		
	Policy Number:	19.11	Previous Policy Number(s):	N/A
	Effective Date:	March 2023	Manual Transmittal:	2023-01

Codes/References

O.C.G.A. § 15-11-202 Reasonable Efforts by DFCS to Preserve or Reunify Families

O.C.G.A. § 15-11-203 When Reasonable Efforts by DFCS Not Required

Title IV-E of the Social Security Act § 471 (a)(15) (A), (B), & (D)

45 CFR § 1356.21(b)

Child Abuse Prevention and Treatment Act (CAPTA)

Requirements

The Division of Family and Children Services (DFCS) will:

1. Through use of safety assessments determine the probability the child will suffer maltreatment immediately (present danger) or imminently in the near future (impending danger) and identify the actions required to stop or prevent harm to the child.



The term “safety threat” describes a present danger situation and/or impending danger.

2. Conduct a safety assessment:
 - a. Gather quality and sufficient safety related information about family conditions (family functioning).
 - b. Identify the presence of conditions or actions that represent the likelihood of imminent serious harm to the child.
 - c. Determine if the child is vulnerable to the identified safety threats.

- d. Evaluate caregiver protective capacities to determine if a caregiver can and will protect a child from safety threats.
 - e. Examine how the identified safety threats are occurring within the family to determine what is required to effectively control the threat to child safety.
 - f. Make a child safety decision (safe or unsafe)
3. Conduct a safety assessment throughout the life of the child welfare case (ongoing), including:
 - a. Prior to concluding each purposeful contact with a child, caregiver, parent or alleged maltreater.
 - b. At critical decision points (example: prior to reunification, transition from an out-of-home to an in-home safety plan, case closure, placement, etc.).
 4. Complete a structured Safety Assessment using the tool in Georgia SHINES, at the following case intervals:
 - a. Initial Safety Assessment (ISA): within 72 hours of the initial contact with the child.
 - b. Family Support Services (FSS): when safety threats are identified or at the conclusion of the assessment.
 - c. Investigation: as part of the family functioning assessment (FFA).
 - d. Special Investigation: within 72 hours of the initial contact with the victim child and as part of the FFA or, where the FFA is not required, at conclusion of the assessment.
 - e. Family Preservation Services (FPS): at case evaluation as part of the FFA.
 5. Use the safety assessment to inform and guide:
 - a. Track assignment.
 - b. Whether further DFCS intervention is required.
 - c. Reasonable efforts to maintain the family unit and prevent the unnecessary removal of a child from his/her home (see policy [9.5 Eligibility: Reasonable Efforts](#)).
 - d. Appropriateness of a placement for a child in foster care.
 - e. Continuing need for the child to remain in foster care.
 6. Take immediate action to control safety threats if the child is determined to be unsafe.
 7. Make safety assessment decisions in consultation with the Social Services Supervisor (SSS).
 8. Document in Georgia SHINES the safety assessment and supporting information.

Procedures

Social Services Case Manager

1. Gather family functioning information:
 - a. Analyze DFCS history (see policy [19.10 Case Management: Analyzing DFCS History](#)).
 - b. Conducting purposeful contacts with children, caregivers, (in-home and out-of-home), and other household members (see policies [4.3 Initial Safety Assessment: Purposeful Contacts During Initial Safety Assessments](#); [5.2 Investigations: Purposeful Contacts During an Investi-](#)

gation; 6.2 Special Investigations: Purposeful Contacts in Special Investigations; 7.2 Family Support Services: Purposeful Contacts During Family Support Services; 8.2 Family Preservation Services: Purposeful Contacts with Families Receiving Family Preservation Services; and 10.18 Foster Care: Purposeful Contacts In Foster Care).

- c. Engage collateral contacts in accordance with policy [19.16 Case Management: Collateral Contacts](#).
 - d. Monitor service provision in accordance with policy [19.17 Case Management: Service Provision](#).
 - e. Evaluate the family functioning information and determine if it is sufficient to complete a safety assessment. If not sufficient, conduct additional purposeful and/or collateral contacts to gather further information, if available.
2. Apply the information gathered to the Safety Threats tool to identify any present or impending danger (see [Forms and Tools: Safety Threats](#)).
 3. Determine if the child is vulnerable to the identified safety threats.
 4. Evaluate whether caregiver protective capacities are sufficient to control the identified safety threats (see [Forms and Tools: Caregiver Protective Capacity Tool](#)); and
 5. Examine how the identified safety threats are occurring within the family to determine what is required to effectively control the threat to child safety.
 6. Make a child safety decision (safe or unsafe).
 7. Participate in a staffing with the SSS to develop consensus regarding the child safety decision.
 8. Discuss the results of the safety assessment with the parent(s), caregiver(s), and/or alleged maltreater(s).
 9. Take immediate action if the child is determined to be unsafe:
 - a. Develop and implement with the parent/guardian/legal custodian(s) a safety plan to control the safety threats in accordance with policy [19.12 Case Management: Safety Plan & Management](#); and/or
 - b. Initiate court/legal intervention when the child is not in DFCS custody in accordance with policy [17.1 Legal: The Juvenile Court Process](#); or
 - c. Immediately remove the child from the placement if the child is in the custody of DFCS in accordance with policy [10.3 Foster Care: Changes in Placement](#).
 10. Document in Georgia SHINES the safety assessment and supporting information:
 - a. Safety threats (present or impending dangers)
 - b. Child vulnerabilities
 - c. Caregiver protective capacities
 - d. Safety decision (safe or unsafe)
 - e. Protection strategies (action taken)
 - f. Reasonable efforts (see policy [9.5 Eligibility: Reasonable Efforts](#))

Social Services Supervisor

1. Provide guidance to the SSCM concerning gathering family functioning information, determine:
 - a. If the information gathered is safety related, relevant and sufficient, or additional information is required to make a child safety decision.
 - b. If additional information is required, what information is needed and how to obtain the information.
2. Develop consensus with SSCM regarding the child safety decision:
 - a. Apply the information to the Safety Threats tool to identify any present or impending danger (see [Forms and Tools: Safety Threats](#)).
 - b. Determine if the child is vulnerable to the identified safety threats
 - c. Evaluate whether caregiver protective capacities are sufficient to control the identified safety threats (see [Forms and Tools: Caregiver Protective Capacity Tool](#)); and
 - d. Examine how the identified safety threats are occurring within the family to determine what is required to effectively control the threat to child safety.
 - e. Make a child safety decision (safe or unsafe).
3. Collaborate with the SSCM to take immediate action if the child is determined to be unsafe:
 - a. Develop and implement with the parent/guardian/legal custodian a safety plan to control the safety threats in accordance with policy [19.12 Case Management: Safety Plan & Management](#); and/or
 - b. Initiate court/legal intervention when the child is not in DFCS custody in accordance with policy [17.1 Legal: The Juvenile Court Process](#); or
 - c. Immediately remove the child from the placement if the child is in the custody of DFCS in accordance with policy [10.3 Foster Care: Changes in Placement](#).
4. During monthly supervisor staffing with the SSCM discuss the ongoing safety assessment and develop a consensus regarding child safety.
5. Review case record for safety related information:
 - a. Verify the documentation includes the safety decision and information to support the safety decision.
 - b. Provide any corrections or modifications to the documentation, as applicable.
 - c. Complete the supervisor section of the structured Safety Assessment tool in Georgia SHINES within 72 hours of SSCM submission.

Practice Guidance

The purpose of a safety assessment is to determine the degree in which a child is likely to suffer maltreatment in the immediate future.^[14] A safety assessment does not only focus on proving or disproving the events and occurrences (incidents) associated with the maltreatment.

Through the collection and analysis of information a picture of the family and caregiver functioning is formed. The safety assessment process will:

1. Gather quality and sufficient safety related information about family conditions (family functioning).
2. Identify the presence of conditions or actions within the child's current living situation that represent the likelihood of imminent serious harm to the child (present or impending danger).
3. Determine if the child is vulnerable to safety threats.
4. Evaluate caregiver protective capacities to determine if a caregiver can and will protect a child from safety threats.
5. Examine how the identified safety threats are occurring within the family in order to determine what is required to effectively control them, if applicable.
6. Make a safety decision (safe and unsafe).

Gathering Safety Related Information

A safety assessment is totally dependent upon the quality and sufficiency of safety-related information known about the family. Four methods for gathering foundational information during a safety assessment are:

1. Analyzing DFCS history and evaluating the impact on the current circumstances.
2. Interviewing children, parents (custodial/non-custodial), caregivers, and current household members.
3. Observations of interactions between caregivers, children, and other household members and the physical conditions of the home environment.
4. Engaging collateral contacts (teachers, other professionals, family members, law enforcement, etc.) and obtaining relevant information (medical records, police reports, photographs, school records, etc.).

Conditions or Actions That Represent the Likelihood of Imminent Serious Harm to the Child

Present Danger^[14] – Present danger is an immediate, significant, and clearly observable family condition, child condition, individual behavior or action, or family circumstance which is in the process of occurring and which obviously endangers or threatens to endanger a child and requires immediate action to protect.

“Immediate” means that the danger in the family is happening right before your eyes. You are in the midst of that which endangers or threatens to endanger the child. The dangerous family condition, child condition, individual behavior or acts, or family circumstances are active and operating. What might result from the danger for a child could be happening or occur at any moment.

“Significant” qualifies the family condition, child condition, individual behavior or acts, or family circumstances as exaggerated, out of control, and extreme. The danger is recognizable because what is happening is onerous, vivid, impressive, and notable. What you encounter or what is happening exists as the dominant matter that must be addressed immediately.

Present danger is “clearly observable” because what is happening or in the process of happening is totally transparent. You see and experience it in obvious ways. There is no guesswork. Here is a rule of thumb concerned with identifying present danger. If you have to interpret what is going on to be

present danger... then it is likely not present danger. Usually when present danger exists because of extreme family conditions, a child's condition, individual behavior or acts, or family circumstances you will know even without conducting interviews. Of course, when Present Danger does exist, conducting interviews should proceed in accordance with good practice.

When judging present danger, there are a number of other concerns that you should consider. Understand that these additional areas of consideration do not represent present danger but help to qualify present danger situations:

1. **Child is 0 - 6 Years Old:** In all safety assessments, the age of the child is relevant. The ability to self-protect is fundamental when assessing child vulnerability. Young children are emphasized here because of the higher vulnerability factor and propensity to suffer from danger. Children under six years of age and socially isolated (not in school or day care etc.) who are injured must be assessed to be in present danger.
2. **History of Reports:** Within the context of judging present danger, a history of CPS reports on the family is important to consider. To judge present danger, it can be helpful to consider the number of reports, reports that indicate progressively more serious concerns related to family functioning, reports of the same nature as the current area of concern, and so forth.
3. **The Family Situation Will/May Change Quickly:** You may have information that describes a current circumstance occurring with the family which reveals exactly what is going on that could be considered as present danger. Because this situation could change rapidly, the opportunity to gather important information may be lost. In this sense, this influence does not necessarily constitute a present danger situation; however, it is pertinent in judging how intervention will proceed.
4. **Services Inaccessible or Unavailable:** This is a family circumstance which, in and of itself, is not a present danger situation. The issues could become a present danger situation when considered in relation to other negative family conditions, which demand access to services. For instance, if a service is unavailable or inaccessible for a child who has a life-threatening condition that requires medical intervention, a present danger circumstance may be applicable.
5. **Accessible to a Threatening Person:** This is another issue that must be considered in concert with other family conditions. It refers to a situation such as a single caregiver who is responsible for primary care of their child; however, the child may also be required to spend a significant amount of time with a secondary caregiver who isolates the child, exhibits threatening behavior toward the child or the primary caregiver, etc. This circumstance can be used to consider current accessibility as well as anticipated accessibility in the near future to the caregiver who is threatening to the child, such as when a child goes home from school or on weekends.
6. **Family Isolated:** This situation does not qualify as present danger just because a family may be isolated from others. Present danger must be considered along with what is actually occurring within the family in conjunction with geographic and social isolation.

Impending Danger^[15] refers to a child who is in a continuous state of danger due to a parent/caregiver's behavior, attitude, motives, emotions and/or situations posing a specific threat of severe harm to a child. These threats are negative family conditions that are out of control in the presence of a vulnerable child, and therefore likely to have severe effects on a child at any time in the near future. These threats are specific, observable and can be clearly understood and described in the assessment content. Impending danger safety threats have four distinct features:

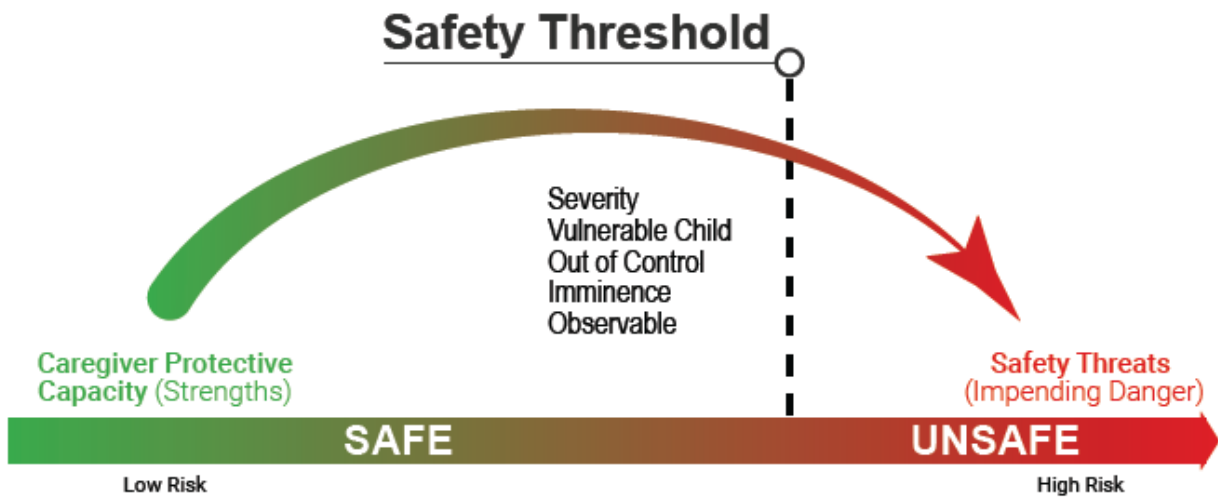
1. Refers to threats to a child's safety that exist and are insidious but are not immediate, obvious, or active at the onset of DFCS intervention.
2. Refers to threats that eventually are identified and understood upon more fully evaluating and understanding individual and family conditions and functioning.
3. Refers to threats that reasonably will result in severe harm if safety intervention does not occur and is not sustained.
4. Family situations and behaviors must meet safety threshold criteria to qualify as impending danger safety threats.

The five criteria used to justify impending danger are:

1. **Observable** refers to family behaviors, conditions or situations representing a danger to a child that are specific, definite, real, can be seen and understood, and are subject to being reported and justified. The criterion "observable" does not include suspicion, intuitive feelings, difficulties in worker-family interaction, lack of cooperation, or difficulties in obtaining information.
2. **Vulnerable Child** refers to a child who is dependent on others for protection and is exposed to circumstances that he/she is powerless to manage. The child is susceptible, accessible, and available to a threatening person in authority over them. Vulnerability is judged according to age, physical and emotional development, ability to communicate needs, mobility, size and dependence, and susceptibility. This definition also includes all young children from 0-6 years and older children who, for whatever reason, are not able to protect themselves or seek help or protection from others.
3. **Out of Control** refers to family behavior, conditions or situations that are unrestrained, resulting in an unpredictable and possibly chaotic family environment that is not subject to the influence, manipulation, or within the family's control. Such out-of-control family conditions pose a danger and cannot be managed by anyone or anything internal to the family system.
4. **Imminent** refers to the belief that dangerous family behaviors, conditions, or situations will remain active, or become active, within the next several days or weeks. This is consistent with a degree of certainty or inevitability that danger and severe harm are possible, even likely outcomes, without intervention.
5. **Severity** refers to the effects of maltreatment that have already occurred and/or the potential for harsh effects based on the vulnerability of a child and the family, coupled with a behavior, condition or situation that is out of control. As far as danger is concerned, the safety threshold is consistent with severe harm. Severe harm includes such effects as serious physical injury, disability, terror and extreme fear, impairment, and death. The safety threshold is in line with family conditions that reasonably could result in harsh and unacceptable pain and suffering for a vulnerable child.

Impending Danger and the Danger Threshold Criteria

The danger threshold criteria must be applied when considering and identifying any of the impending danger safety threats. In other words, the specific justification for identifying any of the impending danger safety threats is based on a specific description of how negative family conditions meet the danger threshold criteria.



Risk to Safety Continuum: The safety threshold is the point at which a negative family condition (difficult family situation) goes beyond being concerning (risk) and becomes dangerous to a child's safety. Difficult family situations or negative family conditions that rise to the level of the safety threshold and become impending danger safety threats are, in essence, negative circumstances and/or caregiver behaviors, emotions, etc. that negatively impact caregiver performance at a heightened degree and occur at a greater level of intensity. Impending Danger is where "risk" crosses the safety threshold.

Child Vulnerability

Child vulnerability^[15] refers to a child's capacity for self-protection. Safety is only an issue when there is a vulnerable child in the family; if the child is not vulnerable to the identified threats, the child is safe. The following factors should be used to help judge child vulnerability:

1. **Age**

Children from birth to six years old are always vulnerable.

2. **Physical Disability**

Regardless of age, children who are physically handicapped and therefore unable to remove themselves from danger are vulnerable.

3. **Mental Disability**

Regardless of age, children who are cognitively limited are vulnerable because of a number of possible limitations: recognizing danger, knowing who can be trusted, meeting their basic needs, and seeking protection.

4. **Provocative**

A child's emotional, mental health and behavioral problems can be such that they irritate and provoke others to act out toward them or to totally avoid them.

5. **Powerless**

Regardless of age, intellect and physical capacity, children who are highly dependent and susceptible to others are vulnerable. These children are typically so influenced by emotional and psychological attachment that they are subject to the whims of those who have power over them. Powerlessness could also be observed in vulnerable children who are exposed to threatening circumstances that they are unable to manage.

6. **Defenseless**

Regardless of age, a child who is unable to defend him/herself against aggression is vulnerable. This can include children who are oblivious to danger. Children who are frail or lack mobility are defenseless and therefore more vulnerable.

7. Non-Assertive

Regardless of age, children who are so passive or withdrawn and are not able to communicate their basic needs are vulnerable. A child who cannot or will not seek help and protection from others is vulnerable.

8. Illness

Regardless of age, some children have continuing or acute medical problems and needs that make them vulnerable.

9. Invisible

A child who is not noticed and observed should be considered vulnerable regardless of age.

Child Vulnerability Summary

1. Child vulnerability is the first conclusion one makes when completing a safety assessment.^[15]
2. A judgment about child vulnerability is based on the capacity for self-protection.
3. Self-protection refers to being able to demonstrate behavior that:
 - a. Results in defending oneself against threats of safety; and
 - b. Results in successfully meeting one's own basic (safety) needs.
4. Child vulnerability is not a matter of degree. Children are vulnerable to threats of safety, or they are not.
5. Older children may also have characteristics that make them vulnerable to safety threats.
6. As a safety assessment concern, a child's vulnerability helps inform us about what must be done to manage threats and assure protection.

Caregiver Capacity

Caregiver Protective Capacities are personal and caregiving behavioral, cognitive, and emotional characteristics that can be specifically and directly associated with being protective of one's young. Protective capacities are personal qualities or characteristics that contribute to vigilant child protection and can be described as follows:

1. The characteristic prepares the person to be protective.
2. The characteristic enables or empowers the person to be protective.
3. The characteristic is necessary or fundamental to being protective.
4. The characteristic must exist prior to being protective.
5. The characteristic can be related to acting or being able to act on behalf of a child.

How Safety Threats Are Occurring with a Family

How safety threats are occurring within a family is evaluated to determine the need and kind of safety planning (i.e., in-home safety plan, out-of-home safety plan, or a combination of both) required to effectively control and manage threats to child safety. How safety threats are occurring

within a family can be understood by breaking down the conditions associated with the safety threat and how the parts reveal the way the safety factor is manifested within the family during everyday life. There are six analytical questions that help break the safety threat down.

1. How long have conditions in the family posed a threat to safety?
2. How frequent or often does the family condition pose a threat to safety?
3. How predictable is the family condition or the safety factor? Are there occasions when either is more likely to be an active influence?
4. Are there specific times during the day, evening, night, etc. that might require “special attention” due to the way in which the family condition or the safety factor is occurring?
5. Do individual or family conditions or safety threats prevent a caregiver from adequately functioning in primary roles (i.e., individual life management and parenting)?
6. What is associated with, occurs at the same time, or influences the family condition or the safety factor?

Safety Decision (Safe or Unsafe)

The decision about whether a child is safe or unsafe is based on the evaluation of the family. The conclusion about safety is based on safety-related information, the identification of safety threats and an evaluation of the capacity of caregivers to protect. Safety informs and guides all decisions made throughout the life of the case, including removal and re-unification decisions.

Safety is not defined by determining the presence or absence of injuries. Safety is not subject to degree; a child is either safe or unsafe. A child is not somewhat safe or conditionally safe. The location of a child will not make a child safe. For example, just because a child is in a voluntary kinship arrangement, foster care, or living away from his/her primary residence, does not make the child “safe.” The governing question about child safety related to assessing safety is: Without intervention if this child were in his/her home would he/she be in a state of danger – would he/she be unsafe? The conclusion is not a suspicion; a general concern; an intuitive judgment.


Safe - Children are considered safe when there are no identified present danger situations or impending danger safety threats, or caregiver protective capacities are sufficient to control existing danger.

Unsafe - Children are considered unsafe when there is an identified present danger situation or impending danger safety threat, and caregiver protective capacities are insufficient to control existing danger.

Forms and Tools

[Caregiver Protective Capacity Tool](#)
[Safety Threats](#)

19.12 Safety Plan & Management

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(19) Case Management		
	Policy Title:	Safety Plan & Management		
	Policy Number:	19.12	Previous Policy Number(s):	N/A
	Effective Date:	March 2023	Manual Transmittal:	2023-01

Codes/References

O.C.G.A. § 19-7-5 Reporting of Child Abuse

O.C.G.A. § 15-11-2 Definitions

O.C.G.A. § 15-11-146 (b) (c) Preliminary Protective Hearing; Findings

O.C.G.A. § 49-5-8 Powers and Duties of Department of Human Services

O.C.G.A. § 49-5-41 Persons and Agencies Permitted Access to Records

O.C.G.A. §15-11-202 Reasonable Efforts by DFCS to Preserve or Reunify Families

O.C.G.A. §15-11-203 When Reasonable Efforts by DFCS Not Required

Title IV-E of the Social Security Act §§ 471 (a) (15) (A), (B), & (D)

45 CFR §1356.21(f)

Child Abuse Prevention and Treatment Act (CAPTA)

Public Law (PL) 104-191 Health Insurance Portability and Accountability Act (HIPAA) of 1996

PL 105-89 Adoptions and Safe Families Act (ASFA) of 1997

Requirements

The Division of Family and Children Services (DFCS) will:

1. Utilize Safety Plans to establish actions required to stop or prevent harm to the child that is determined to be unsafe; and make reasonable efforts to maintain the family unit and prevent the unnecessary removal of a child from his/her home.
2. Immediately develop a Safety Plan with the parent/legal guardian following conducting a safety assessment when the child is determined to be unsafe.
3. Use the least restrictive Safety Plan option required to assure child safety:
 - a. In-home Safety Plan
 - b. Out-of-home Safety Plan:
 - i. Voluntary Kinship
 - ii. Foster Care
4. Include in the Safety Plan:
 - a. Type of safety threat (present or impending danger) that the plan will be used to control.
 - b. The informal and formal resources being utilized to protect each child.
 - c. Safety Plan option (in-home our out-of-home).
 - d. Safety threat(s) identified during the safety assessment.
 - e. Protection strategies to control safety threats, including who is responsible for each strategy

and timeframe.

f. Signature(s) of the parent(s)/legal guardian(s) and the SSCM.

5. Provide a copy of the Safety Plan to the parent(s)/legal guardian(s).



Due to confidentiality the Safety Plan and the information included in the safety plan shall only be shared with the parent(s)/legal guardian(s).

6. Develop the Safety Plan Support Person Agreement with the parent/legal guardian and the support person(s) outlining the safety supports implemented in the Safety Plan. Provide a copy of the Safety Plan Support Person Agreement to the parent(s)/legal guardian(s) and the support person(s).

7. Monitor the Safety Plan to assure protection strategies to stop or prevent harm to the child are effective:

a. Confirm adherence to the Safety Plan.

b. Evaluate the sufficiency of the Safety Plan to manage or control safety threats; and

c. Determine if the least restrictive safety plan option is being utilized.

8. Monitor the Safety Plan continuously, including:

a. At each purposeful contact with the child, parent/legal guardian, support person, and collateral contact.

b. At critical decision points (i.e., case transfer, considering a transition from an out-of-home to an in-home Safety Plan).

9. Modify the Safety Plan with the parent/legal guardian when the safety assessment determined the child is unsafe and one or more of the following applies:

a. The Safety Plan is insufficient to manage or control the identified safety threats.

b. A less restrictive Safety Plan option can be used to control or manage safety threats.

c. A new safety threat is identified.

10. Integrate the Safety Plan protection strategies into the family's case plan or family plan to provide a single reference for the mutually agreed upon strategy to enhance protective capacities.

11. Maintain a Safety Plan for as long as the safety assessment determines the child to be unsafe. When the Safety Plan protection strategies have been integrated into the case/family plan, it is not required to maintain a separate Safety Plan.

12. Make all Safety Plan decisions in consultation with the Social Services Supervisor (SSS) and obtain their approval of the Safety Plan and Safety Plan Support Person Agreement.


13. Document the Safety Plan in Georgia SHINES within 72 hours of development with the parent/legal guardian.

14. End the Safety Plan when the safety assessment determines the child is safe.

15. Adhere to confidentiality and Health Insurance Portability Accountability Act (HIPAA) provisions outlined in policies [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#).

Procedures

Social Services Supervisor Manager

1. Conduct a safety assessment in accordance with policy [19.11 Case Management: Safety Assessment](#) and when the child is determined to be unsafe, consult with the SSS to discuss:
 - a. Safety Plan options;
 -  When an out-of-home (foster care) Safety Plan is required complete pre-removal activities in accordance with policy [9.4 Eligibility: Removal from the Home Services](#).
 - b. The parent(s)/legal guardian(s) willingness to participate in the Safety Plan;
 - c. Conditions for return, when utilizing the out-of-home Safety Plan option; and
 - d. What, if any, confidential information that requires the parent/legal guardian's authorization to implement the Safety Plan.
2. Explain to the parent(s)/legal guardian(s):
 - a. The specific safety threats that make the child(ren) unsafe and the need to develop a Safety Plan.
 - b. A Safety Plan is a voluntary written arrangement between a family and DFCS that establishes actions required to stop or prevent or prevent harm to the child.
 - c. The available Safety Plan options.
 - d. The need to identify and assess formal and/or informal supports who can assist with supporting the Safety Plan. See Practice Guidance: [Identifying and Assessing Informal and Formal Resources](#).
 - e. Consensus must be reached on the specific circumstances or behaviors for the child(ren) to be safely returned home, when an out-of-home Safety Plan is being considered.
3. Assess the parent/legal guardian's willingness and ability to implement a Safety Plan.
4. Request the parent/legal guardian engage their family network to find a support person willing and able to support the Safety Plan.
5. Assess the support person's willingness and suitability to enter into the Safety Plan Support Person Agreement. See Practice Guidance: [Identifying and Assessing Informal and Formal Resources](#).
6. Develop the Safety Plan with the parent/legal guardian, include:
 - a. The type of safety threat the plan will be used to control.
 - b. The informal (family network) and formal (community/services) resources being utilized to keep the child safe.
 - c. The Safety Plan option (in-home or out-of-home).
 - d. Safety threat(s) identified from the safety assessment
 - e. Protection strategies to control or manage safety threat(s), including:
 - i. Who is responsible and time frame.
 - ii. Support person(s) and their actions to support the protection strategy.

f. Signature(s) of the parent/legal guardian(s) and the SSCM.

7. Provide a copy of the Safety Plan to the parent(s)/legal guardian(s).



Due to confidentiality the Safety Plan and the information included in the safety plan shall only be shared with the parent(s)/legal guardian(s). See Practice Guidance: [Safety Plan Confidentiality](#).

8. Develop the Safety Plan Support Person Agreement with the parent/legal guardian and support person(s), include:

- a. Document each safety support that will be provided, including time frames.
- b. Explain confidentiality and privacy standards.
- c. Obtain signatures of the parent/legal guardian(s) and support person(s).

9. Provide a copy of the Safety Plan Support Person Agreement to the parent/legal guardian and the support person(s).

10. Submit the Safety Plan and Safety Plan Support Person Agreement to the SSS for review and signature of approval.

11. Document the Safety Plan in Georgia SHINES:

- a. Complete the Safety Plan tab and submit to the SSS.
- b. Upload the signed and approved Safety Plan and Safety Plan Support Person Agreement to External Documentation.

12. Monitor the Safety Plan:

- a. Conduct face-to-face purposeful contact(s) with the child, parent/legal guardian, voluntary kinship caregiver in accordance with policy [5.2 Investigations: Purposeful Contacts During an Investigation](#) or [8.2 Family Preservation Services: Purposeful Contacts with Families Receiving Family Preservation Services](#).
- b. Conduct safety assessments in accordance with policy [19.11 Case Management: Safety Assessment](#).
- c. Engage collateral contacts in accordance with policy [19.16 Case Management: Collateral Contacts](#).
- d. Monitor service provision (formal and informal) in accordance with policy [19.17 Case Management: Service Provision](#).
- e. Assess the effectiveness of the support person and the safety supports.
- f. Determine whether the least restrictive Safety Plan option is being utilized.

13. Modify the Safety Plan with the parent/legal guardian when the safety assessment determined the child is unsafe and one or more of the following applies:

- a. A new safety threat is identified.
- b. The Safety Plan is insufficient to manage or control the identified safety threats.
- c. A less restrictive Safety Plan option can be used to control or manage safety threats.

14. Integrate the Safety Plan protection strategies into the case or family plan in accordance with policy [8.3 Family Preservation Services: Case Planning](#) and [10.23 Foster Care: Case Planning](#).



Develop a new Safety Plan when a new safety threat is identified following the integration of the Safety Plan protection strategies into the case/family plan or current strategies are not sufficient to manage or control safety threats (see policy [8.3 Family Preservation Services: Case Planning](#) or [10.23 Foster Care: Case Planning](#) for guidance on managing case plan setbacks).

15. Maintain a Safety Plan for as long as the safety assessment determines the child to be unsafe. When the Safety Plan protection strategies have been integrated into the case/family plan, it is not required to maintain a separate Safety Plan.
16. End the Safety Plan when the safety assessment determines the child is safe.
 - a. Engage the parent/legal guardian to discuss:
 - i. Progress made to address the safety threats;
 - ii. Any adjustments to service provision in accordance with policy [19.17 Case Management: Service Provision](#);
 - iii. Termination of the voluntary kinship arrangement.
 - b. Engage the support person to notify him/her that the Safety Plan Support Person Agreement has been discontinued (as applicable).
 - c. Terminate the Voluntary Kinship Arrangement (if applicable) (see policy [22.1 Kinship: Use of Voluntary Kinship Caregivers in Child Protective Services](#)).

Social Services Supervisor

1. Collaborate with the SSCM to develop a Safety Plan, when a consensus is reached that the child is unsafe, following conducting a safety assessment in accordance with policy [19.11 Case Management: Safety Assessment](#) discuss:
 - a. Safety Plan options;
 - b. Services and support available to control the safety threats;
 - c. The parent(s)/legal guardian(s) willingness to participate in the Safety Plan;
 - d. Conditions for return, when utilizing the out-of-home Safety Plan option; and
 - e. What, if any, confidential information that requires the parent/legal guardian's authorization to implement the Safety Plan.
2. Ensure pre-removal activities are completed in accordance with policy [9.4 Eligibility: Removal from the Home](#) when an out-of-home (foster care) Safety Plan is required.
3. Review the Safety Plan and the Safety Plan Support Person Agreement.
 - a. Verify the Safety Plan and Safety Plan Support Person Agreement reflects the circumstances discussed with the SSCM and sign upon approval.
 - b. Ensure the Safety Plan and Safety Plan Support Person Agreement are uploaded to Georgia SHINES External Documentation.
4. Continuously monitor the Safety Plan during monthly supervisor staffings:
 - a. Coach the SSCM to conduct quality safety focused purposeful contact(s) with the child, parent/legal guardian, and/or voluntary kinship caregiver in accordance with policy [5.2 Investi-](#)

gations: Purposeful Contacts During an Investigation or 8.2 Family Preservations Services: Purposeful Contacts with Families Receiving Family Preservation Services.

- b. Discuss and consider the child safety assessments (see policy [19.11 Case Management: Safety Assessment](#)) and collateral contacts information (see policy [19.16 Case Management: Collateral Contacts](#)).
 - c. Evaluate the sufficiency of any services outlined in the Safety Plan in accordance with policy [19.17 Case Management: Service Provision](#).
 - d. Assess the effectiveness of the support person and provided safety supports.
 - e. Determine whether the least restrictive Safety Plan option is being utilized.
5. Work with SSCM to modify the Safety Plan when the safety assessment determined the child is unsafe and one or more of the following applies:
- a. A new safety threat is identified.
 - b. The Safety Plan is insufficient to manage or control the identified safety threats.
 - c. A less restrictive Safety Plan option can be used to control or manage safety threats.
6. Review the case record to verify:
- a. Documentation supports that the Safety Plan is being monitored at each purposeful contact with the child, parent/legal guardian, support person, and collateral contact and the Safety Plan is sufficient to manage or control safety threats.
 - b. The signed and approved Safety Plan and Safety Plan Support Person Agreement has been uploaded into Georgia SHINES External Documentation.
 - c. Safety Plan protection strategies are integrated into the family's case/family plan.
7. Ensure a Safety Plan is maintained for as long as child safety threats exists. When Safety Plan protection strategies have been integrated into the case/family plan, it is not required to maintain a separate Safety Plan.
8. Ensure the Safety Plan is ended when the safety assessment determined the child is safe and confirm the family is aware they are no longer responsible for adhering to the Safety Plan.

Practice Guidance

A Safety Plan is a written arrangement between a parent(s)/legal guardian(s) and DFCS that establishes protection strategies or actions required to stop or prevent harm to the child. The Safety Plan is implemented and active as long as the child is determined to be unsafe. The Safety Plan specifies the safety threat, how the safety threat will be controlled using what actions, tasks, or services; who will participate in the actions, tasks, or services; and specification of time requirements.

Evaluate with the parent/legal guardian what option is best for the family, and what controls will be effective. Reaching a consensus with the parent/legal guardian around the protection strategies is an integral part of evaluating Safety Plan sufficiency since each family and each situation are different. What worked for one family may not work for another family with a similar situation. The alleged maltreater cannot serve as the one expected to provide the protection or relied on to follow through with the directives (i.e., Ms. Jones will not use physical discipline). The parent(s)/legal guardianship(s) role in the Safety Plan is limited to their assessed diminished capacity. A Safety Plan must:

1. Manage or control the safety threat(s) identified during the safety assessment using the actions and services described within the Safety Plan.
2. Have an immediate effect.
3. Include persons involved in the Safety Plan who are immediately accessible and available.

Safety Plans and Present Danger

A safety plan^[16] developed to address present danger is usually based on limited information and established during a period in which there is an active family crisis. The protection strategies must be immediate, short-term (until assessment is completed), and control the present danger identified.

Safety Plans and Impending Danger

The safety plan^[17] developed to address impending danger is usually based on a fuller understanding of family functioning. The protection strategies must be sufficient to control the impending danger identified.

Safety Plan Options

In-home Safety Plan: where the child remains in their home with protection strategies to assure a child safety.

1. The maltreating caregiver leaves the home;
2. A support person temporarily moves into the home;
3. A support person assumes partial or full-time child supervision (e.g., daycare, weekends);
4. A non-custodial parent (putative, legal, biological) assumes care of the child in their home; or
5. Services placed in the home or outside of the home but contribute to the child remaining in the home.

In-home Safety Plan criteria:

1. The parent(s)/legal guardian(s) are residing in the home which is an established residence.
2. The home environment is calm and consistent enough for protection strategies to have the necessary effect; and service providers and the safety support person(s) can be safe in the home.
3. The parent(s)/legal guardian(s) are:
 - a. Willing to participate in carrying out the Safety Plan within the home;
 - b. Accepting and recognize the need for the Safety Plan; and
 - c. Capable/possess the ability to implement the Safety Plan.
4. The availability of informal (family network) and formal (community/services) resources to assure child safety in the home.

If the circumstances do not meet the criteria for an in-home safety plan, an out of-home safety plan is required.

Out-of-home Safety Plan: An out-of-home Safety Plan is where the child is separated from the home and the safety threats.

1. The child(ren) is cared for outside of the home by a voluntary kinship caregiver; or
2. The child(ren) is placed in foster care.

Out-of-home Safety Plan criteria:

1. Safety threats are so extreme or occurring within the family in such a way to prevent in home child safety management.
2. A child is so provocative or out of control.
3. The nature of the home environment is so chaotic, unpredictable, or dangerous.
4. The parent(s)/legal guardian(s) are unwilling to accept an in-home Safety Plan option; are unwilling to accept people, resources or services that are available for a Safety Plan.
5. The parent(s)/legal guardian(s) willingness to accept an in-home Safety Plan option cannot be confirmed or relied upon.

Identifying and Assessing Informal and Formal Resources

When developing a Safety Plan, assist the family with identifying informal (family) and formal (community) resources that can support the Safety Plan:

1. Inquire about the family network:
 - a. Is there any resource (family, neighbors, and individuals in the community) within your family network that can help control the safety threat? How do you know if they are willing/able?
 - b. What is known about these resources? How can we find out?
2. Partner with the family to locate community service providers (see policy [19.17 Case Management: Service Provision](#))
3. Assess whether the resources are sufficient and available to control the safety threats, and meet the following criteria:
 - a. Be a responsible, physically, and cognitively adequate adult who must understand the dangers and accept that the dangers exist.
 - b. Be fully aware, committed, and capable of carrying out assigned task(s).
 - c. Be available, which means that he/she can begin providing the safety support the same day the Safety Plan is enacted.
 - d. Be accessible, which means near transportation and easily and immediately reachable.
 - e. Be trustworthy, willing to work with DFCS in a cooperative/collaborative relationship and willing to communicate regularly.
 - f. Understand the schedule, activities, and expectations that are established to ensure child safety.
 - g. In addition, support persons must have:

- i. A viewpoint towards the child that is appropriate and realistic.
- ii. An attitude about the child and family that is consistent with the facts.
- iii. An attitude toward the caregivers that is appropriate and realistic.
- iv. An availability to enter the home and to provide sufficient support to the family.
- v. A safe and stable home.
- vi. A history of being protective and providing acceptable care to children.
- vii. No active CPS case or a history that would exclude them from providing support.

Monitoring the Safety Plan

Safety Plans require uninterrupted oversight or monitoring to assure protection strategies to stop or prevent harm to the child are effective.^[18] Monitoring the Safety Plan requires a thorough knowledge of a family and the identified safety threats. Information obtained through purposeful contacts with the parent(s)/legal guardian(s), child, collaterals etc.; conducting safety assessments; and monitoring service provision is used to monitor the Safety Plan. Monitoring a Safety Plan includes:

1. Confirming all parties involved are adhering to the Safety Plan;
2. Evaluating if the Safety Plan is sufficient to control the threats to child safety; and
3. Assessing if the least restrictive Safety Plan option is being utilized to control safety threats.

Modifying the Safety Plan

Safety Plan modification is required when the safety assessment determines that the child continues to be unsafe despite the current Safety Plan. This means the current Safety Plan is not sufficient to control the threats to child safety and must be immediately modified to assure the safety of the child. The Safety Plan is also required to be modified if a less restrictive Safety Plan option can be used to manage the threats to child safety. A range of Safety Plan options exists, and the Safety Plan can be adjusted along that continuum based on the safety assessment. Modifying the Safety Plan from an out-of-home to an in-home option should be considered to accelerate a child's return home when child safety can be maintained. For example:

1. A transition from a voluntary kinship arrangement to the voluntary kinship caregiver residing in the child's home providing the safety supports.
2. Additional information on the parent/legal guardian is pending (medical or psychological evaluation), but the support person can provide the level of supervision required in the child's home until results are received.
3. The child is vulnerable due to a physical disability that requires constant medical care outside the home due to lack of access to medical supports. Medical supports subsequently become available for in home care and support for the child.

Safety Plan Confidentiality

The Safety Plan and information included in the Safety Plan is confidential and can only be shared with the parent(s)/legal guardian(s). Engaging with support persons who can assist with the Safety Plan is necessary to provide protection for a child but may also create a situation where confiden-

tial information can be unlawfully disclosed. Any information shared outside of the parent/legal guardian including with the school, support person, etc. is an unlawful disclosure.

When the disclosure of confidential information is necessary to implement the Safety Plan, the SSCM will reach a consensus with the SSS that the disclosure of such information is necessary and the specific information the parent/legal guardian will be requested to disclose to the support person to help assure child safety. Engage the parent/legal guardian and explain since they are willing to enter into a Safety Plan SSCM recognizes they would like to keep their child safe, but in order for the support person to be successful in fulfilling their role, confidential information would need to be shared. Explain to the parent/legal guardian:

1. DFCS responsibility in maintaining confidentiality and safeguarding information, including DFCS cannot share their information without their written consent.
2. The specific information DFCS is requesting to disclose to the support person(s).
3. He/she has the right to choose what information, if any, can be discussed and with whom the information can be discussed.
4. Supports persons sign a confidentiality agreement, however, they are not legally required to maintain confidentiality of your information.
5. The authorization is restricted to sharing information with the support person regarding the Safety Plan
6. He/she has the right to decline the request to share confidential information.
7. Declining to authorize disclosure, will not negatively impact his/her DFCS case.
8. He/she retains the right to withdraw the authorization at any time.
9. A new Safety Plan will be necessary if he/she does not consent to disclosure of the information.

When the parent/legal guardian agrees to the release of their confidential information to the support person, request the parent/legal guardian personally share the information with the support person. Inform that self-disclosure allows them to take control of the situation and is more likely to result in family buy-in. Describe the assistance the SSCM can provide the parent/legal guardian with the disclosure such as role playing, help framing the discussion, and/or being present at the time of disclosure.

When the parent/legal guardian agrees to the release of their confidential information to the support person but does not wish to personally share the information with the support, request the parent/legal guardian, complete an [Authorization for Release of Information](#) in accordance with policy [2.6 Information Management: Confidentiality/Safeguarding Information](#).

When the parent/legal guardian does not agree to the disclosure of their confidential information, sharing information with the support person is not permitted. When this occurs, the SSCM should consult with the SSS and re-engage the family to develop a new Safety Plan to ensure child safety.

Ending a Safety Plan

Ending the Safety Plan terminates the agreement between the family and DFCS that established the protection strategies to stop or prevent harm to the child. A Safety Plan should be ended following the completion a safety assessment that determined a child to be safe (see policy [19.11 Case Man-](#)

agement: [Safety Assessment](#)). Ending the Safety Plan is the process of communicating to the parent/legal guardian and support persons that they are no longer responsible for implementing the protection strategies outlined in the Safety Plan or Safety Plan Support Person Agreement. Ending a Safety Plan is critical as it can provide a family a sense of accomplishment and alleviate them of implementing protection strategies that can often be burdensome. While, Safety Plans are not valid beyond case closure, closing a case is not the equivalent of ending a Safety Plan and neither does it eliminate the need to end the Safety Plan.

Difference Between a Safety Plan and Case Plan

[19 12 safety vs case plan] | [dfcs/cws/_images/19-12-safety-vs-case-plan.gif](#)

Safety Plans During Special Investigations

During a special investigation Safety Plans are limited to addressing safety threats related to a child in the legal custody of a:

1. DFCS foster or adoptive parent
2. Child placing agency (CPA) foster or adoptive parent
3. Kinship caregiver
4. Parent/legal guardian during a child death, near fatality, or serious injury (CD/NF/SI)

To address safety threats to a child in DFCS custody during a special investigation see Chapter 6: Special Investigations.

Forms and Tools

[Safety Plan \(e-version\)](#)


[Safety Plan \(e-version\) – Spanish](#)

[Safety Plan \(example\)](#)

[Safety Plan Support Person Agreement \(e-version\)](#)

[Safety Plan Support Person Agreement \(e-version\) – Spanish](#)

19.13 Family Functioning Assessment

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(19) Case Management		
	Policy Title:	Family Functioning Assessment		
	Policy Number:	19.13	Previous Policy Number(s):	N/A
	Effective Date:	December 2021	Manual Transmittal:	2021-06

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Analyze and organize the information gathered around the following areas of family functioning to understand the significant factors affecting a child's safety, permanency, and well-being, including caregiver protective capacities:
 - a. Maltreatment/Presenting Problem
 - b. Maltreatment Context and Circumstances
 - c. Family Developmental Stages and Tasks
 - d. Family's Pattern of Disciplining Their Children
 - e. Family Support
 - f. Child/Youth Development
 - g. Individual Caretaker Patterns of Behavior
2. Use the Family Functioning Assessment (FFA) to inform:
 - a. Child safety, permanency, and well-being decisions; and
 - b. Develop family level outcomes (FLOs) and individual level outcomes (ILO's).
3. Complete the FFA:
 - a. Prior to the conclusion of an Investigation.



The FFA is not applicable during special investigations of residential or non-residential facilities or public or private non-residential schools.


- b. At case evaluation intervals for Family Preservation Services (FPS) cases.
 - c. As part of the Comprehensive Child and Family Assessment (CCFA) for children in DFCS custody.
 - d. As part of the assessment of the child and family for a Child In Need of Services (CHINS) (No Maltreatment).
4. Obtain Social Services Supervisor (SSS) approval of the FFA to confirm support of the findings in each area of family functioning, including the safety decision upon completion of an investigation or case evaluation.

Procedures

Social Services Case Manager

1. Review and analyze the information gathered to:
 - a. Make an investigative decision in accordance with policy [5.3 Investigations: Making an Investigation Determination](#); or
 - b. Conduct a case evaluation in accordance with policy [8.4 Family Preservation Services: Case Evaluation](#); or
 - c. Complete a CCFA in accordance with policy [10.10 Comprehensive Child and Family Assess-](#)

ment (CCFA).

- d. Conduct an assessment of the child and family for a CHINS (No Maltreatment) in accordance with policy [20.3 Special Circumstances: Children in Need of Services \(CHINS\) \(No Maltreatment\)](#).
2. Document a summary of the analysis of information in the following sections:
 - a. Maltreatment/Presenting Problem (Recognizing Patterns in Everyday Life)
 - b. Maltreatment Context and Circumstances (Tracking an Interactional Sequence)
 - c. Family Developmental Stages and Tasks (How is the Family's Overall Functioning in the Care of Their Children)
 - d. Family's Pattern of Disciplining Their Children (How is the Family Functioning in the Specific Area of Discipline)
 - e. Family Support (What are the Family's Resources and Social Supports that Could Assist Them in Addressing the Safety Concerns)
 - f. Child/Youth Development (Child Vulnerability)
 - g. Individual Caretaker Patterns of Behavior (Are There Self-Management Issues That Affect the Family Care Tasks)
 - h. Impending Danger questions in accordance with policy [19.11 Case Management: Safety Assessment](#).
 - i. If impending danger does not exist in the applicable area, summarize how caregiver protective capacities ensure the child is safe; or
 - ii. When impending danger is identified, summarize how the safety threat identified met the criteria to qualify as an impending danger and the safety plan implemented.
 3. Document in the Assessment Summary:
 - a. Indicate the outcome of the case evaluation including the recommendation regarding whether the case is ready for closure or further DFCS intervention is warranted.
 - b. When considering any of the following, document the evidence to support that the case circumstances meet the established guidelines:
 - i. Voluntary kinship arrangement (see policy [22.1 Kinship: Use of Voluntary Kinship Caregivers in Child Protective Services](#)).
 - ii. Protective order (see policy [17.3 Legal: Court Orders and Placement Authority](#)).
 - iii. Guardianship (see policy [22.11 Kinship: Guardianship in Child Protective Services](#)).
 - iv. Temporary custody to third party (see policy [22.12 Kinship: Temporary Custody to a Third party in Child Protective Services](#)).
-  Completion of the Assessment Summary is only required during a case evaluation.
4. Indicate in the Child Safety Determination Summary if the child is determined to be safe or unsafe (see policy [19.11 Case Management: Safety Assessment](#)):
 - a. Safe:
 - i. The identified caregiver protective capacities meet or exceed the child's vulnerabilities;

or

ii. No present danger situations or impending danger threats were identified.

b. Unsafe:

i. Present danger situation identified;

ii. Impending danger situation identified; or

iii. In-home safety plan or out-of-home safety plan completed (see policy [19.12 Case Management: Safety Plan & Management](#)).

5. Indicate in the Reasonable Efforts section actions taken to prevent the unnecessary removal of the child from his/her home (see policy [9.5 Eligibility: Reasonable Efforts](#)).

6. Submit the FFA to the SSS for approval.

Social Services Supervisor

1. Provide guidance to support the SSCM in decision making.

2. Review the FFA and determine if the SSCM's documentation supports the findings in each area of family functioning, including the safety decision.

3. Document in the Supervisory Approval of FFA section comments and justifications indicating approval of the SSCM's analysis of family functioning and safety decisions.

Practice Guidance

Family Functioning Assessment

1. Maltreatment/Presenting Problem (Recognizing Patterns in Everyday Life)

The purpose of this section is to identify the presenting problem and the maltreatment to the child(ren). This area of family functioning will not change during an FPS or foster care case unless a new incident or report of abuse is received. Describe the:

a. Abuse that was reported at intake - specific allegations of abuse (hit, kicked, sexually abuse, dangerous environment)

b. Abuse found during the Investigation - severity of the alleged abuse

c. Facts and evidence that support the presence of, or lack of maltreatment

i. Current condition of the child (malnourished, lethargic, dirty)

ii. Witnesses

d. Maltreating behavior (hitting or injuries)

i. Date and time of the alleged abuse

ii. Alleged maltreater

iii. Injuries (bruises, cuts, patterned injuries)

e. The impact the abuse had on the child(ren) (physically or emotionally)

2. Maltreatment Context and Circumstances (Tracking an Interactional Sequence)

The purpose of this section is to understand how the alleged maltreatment incident occurred and the seriousness of the situation. Unless there is a new report of abuse during an active FPS

or foster care case this area of functioning will not change. Describe the:

- a. Circumstances leading up to during, and after the alleged maltreatment event.
 - i. Timeline of events.
 - ii. Trigger for the event (premediated, deliberate, intentional, accidental).
 - iii. Individuals who intervened to protect the child during the event.
- b. Patterns of behavior (chronicity) exhibited by the caregiver(s) that impacted the situation or led to the alleged maltreatment (i.e. track the problem over time).
 - i. Severity of situation (new, progressing, worsening).
- c. Information obtained from the caregiver/alleged maltreater, collateral contacts, alleged victim/non-victim child(ren), and other household members regarding how and why alleged the maltreatment did or did not occur.
- d. Perception, explanation, and attitudes of family members regarding the alleged maltreatment and the seriousness of the situation.
 - i. Plausibility of the alleged maltreaters explanation for the alleged abuse.
 - ii. Remorseful attitudes and honesty versus dishonesty and deflection.

3. Family Developmental Stages and Tasks (How is the Family's Overall Functioning in the Care of Their Children)

The purpose of this section is to identify the developmental stage(s) of the family to understand the normal life events and challenges that are unique to the family and the specific everyday tasks that seem to be difficult for the family to manage. For a description of the family development stages and tasks, see policy [19.2 Case Management: Family Developmental Stages and Tasks](#) for description. Describe the:

- a. Current developmental stage(s) of the family.
- b. Family's interaction around the various tasks associated with the family's developmental stage(s).
 - i. Observations of the family situation, interaction, and dynamics that assist in determining the developmental stage of the family (infant, preschool adolescent, etc.).
- c. Tasks that are challenging for the family and have led or may lead to difficult situations with children in the home and how they may be playing a role in the alleged child maltreatment and safety.



The task(s) or situation(s) may or may not be related to the alleged maltreatment event currently being investigated or related to prior DFCS history. They may, however, be impacting child safety, therefore, this section is critical when determining the existence of an impending danger safety threat. Cultural or health issues that impact the developmental stage and tasks of the family.

- d. Times when the family was able to successfully manage the challenges of everyday life without demonstrating problematic behavior leading to negative outcomes (i.e. exceptions).
- e. Progress made towards achieving FLOs and ILOs, when applicable.

4. Family's Pattern of Disciplining their Children (How is the Family Functioning in the Specific Area of Disciplining Their Children)

The purpose of this section is to identify routines regarding discipline, including strengths (i.e. age appropriate discipline or self-control while disciplining child) and any concerns (i.e. uses violence or threats, discipline is vengeful, physical discipline stems from frustration and/or anger). Describe the:

- a. Primary discipline method.
- b. Caregiver's attitude, reasoning, and purpose behind the method(s) of discipline employed:
 - i. Caregiver's attitude and approach to discipline.
 - ii. How the caregiver was disciplined as a child.
 - iii. Perception of the caregiver of his/her role in parenting and discipline.
 - iv. Threats of violence or vengeful behavior or physical discipline that stems from frustration or anger.
- c. Cultural practices surrounding discipline methods.
- d. Caregiver comprehension of discipline beyond just punishment (i.e. the relationship of discipline to teaching and providing guidance for the child).
 - i. Knowledge, expectations, and skills demonstrated by the caregiver when disciplining the child.
- e. Instances of self-control or restraint that demonstrate caregiver's protective capacities.
- f. Condition of the caregiver when discipline is used (i.e. intoxicated, angry, cooled down before disciplining the child, self-control).
- g. Progress towards achieving FLOs and ILOs, when applicable.

5. Family Support (What are the Family's Resources and Social Supports That Could Assist Them in Addressing the Safety Concerns)

The purpose of this section is to identify the family's strengths and support system to help avert or address child maltreatment and safety concerns. Describe the:

- a. Formal and informal supports that the family has identified as helpful or supportive.
 - i. Household members and extended family
 - ii. Non-family members (good friends or natural helpers)
 - iii. Social networks (church or community programs and services)
- b. Help provided by the identified support(s) concerning the specific task or situation that the family is struggling with.
- c. Type of support provided to help the family protect their children.
- d. Appropriateness of formal and/or informal supports identified.
- e. Ways the support systems can be a part of the process of helping the family manage their conflicts and help to avoid an unsafe situation.
- f. Additional supports available in the community or family that can help.
- g. Progress made towards achieving FLOs and ILOs, when applicable.

6. Child/Youth Development (Child Vulnerability)

The purpose of this section is to understand the development and functioning of the child/youth

to identify child vulnerabilities related to child maltreatment and safety. Describe the:

- a. Child's development and functioning:
 - i. Child development (on target for their age).
 - ii. Appearance (healthy, emaciated, flat affect, fearful, or anxious).
 - iii. Developmental (physical and intellectual), education, mental health (behavioral, psychological, cognitive) and social (peer relations and social development) and medical.
 - iv. Ability to communicate/express needs.
- b. Child's place/role in the family.
- c. Medical or mental health treatment (receiving or needs).
- d. Child's vulnerabilities (child's capacity to self-protect):
 - i. The child's age, physical disability, mental disability, behavioral challenges, feeling of powerlessness, feeling of being defenseless, non-assertive behaviors, illness, feeling of being invisible, or socially isolated.
 - ii. Impact of child vulnerabilities on the alleged maltreatment and child safety.
- e. Progress made toward achieving FLOs and ILOs, when applicable.

7. Individual Caretaker Patterns of Behavior (Are there Self-Management Issues that Affect the Family Care Tasks)

The purpose of this section is to assess caregiver protective capacity by identifying the individual caregiver's functioning and patterns of behavior independent of DFCS involvement based on information obtained from caregiver(s), household members, and collateral contacts. Describe the:

- a. Functioning of each caregiver, including:
 - i. Parenting practices (parenting knowledge and skills).
 - ii. Management of daily life and coping with stress (assertive, calm, problem solver or unrealistic, immature, unmotivated).
 - iii. Current employment (where, how long).
 - iv. Socially active or isolated.
 - v. Relationships with others both in and out of the home.
 - vi. Physical, medical, behavioral, psychological, cognitive issues and impact on caregiving and protective capacity.
 - vii. Current or previous substance use/abuse and impact on caregiving and protective capacity.
 - viii. Current or previous mental health condition and impact on caregiving and caregiver protective capacity.
- b. Patterns of behaviors, including unwanted or dangerous behavior
 - i. Criminal history or current trouble with law enforcement (chronic issues or one-time problem).
 - ii. Anger and control issues.

- iii. Sexually abusive behavior (perpetrator or victim).
 - iv. Domestic violence (perpetrator or victim) in past or present relationships.
 - v. Actions taken in the past or could do in the future to lessen the frustration/increase success in the everyday life routines of the family, particularly in the child rearing areas that have been assessed as safety issues.
 - vi. Actions that may have fostered the escalation of the maltreatment or child safety concern.
 - vii. Actions that assisted in helping to avoid or interrupt the cycle of maladaptive or destructive behavior.
- c. Role any diminished protective capacities played in the alleged maltreatment or child safety and their child rearing efforts.
 - d. Information gathered that supports or refutes caregiver statements or assessor observations.
 - e. Progress made toward achieving FLOs and ILOs, when applicable.

How to Tell When a Family Is Functioning Well


Observing and analyzing statements, behaviors, and interactions of family members leads to a better understanding of what is affecting a child's safety, permanency, and well-being. Characteristics and behaviors that demonstrate mutual caring, feeling secure, a sense of belonging, open communication, and making each person in the family feel valued are desired. Some questions to consider when determining whether a family is functioning well include:

1. Does the family have fun together despite their daily demands:
 - a. What activities do they do together;
 - b. What were they doing the last time they laughed together as a family; or
 - c. Does the family sit down to meals together.
2. Are there clear family rules that apply equally to all members:
 - a. Are family members' expectations of each other realistic, mutually agreed upon, and usually met; or
 - b. Are these rules flexible enough to adapt to a change in the family dynamics/situation
3. How does each caregiver spend individual time with the child(ren):
 - a. Do family members achieve their goals, and are their needs being met;
 - b. Do all the children in the home have the same opportunities to participate in extracurricular activities.
4. Is there genuine respect between the caregiver and children:
 - a. How do they demonstrate love, trust, and concern for one another;
 - b. Are love, trust, and concern shown the same way when disagreements occur; or
 - c. How does the family adapt to change (upset, unhappy, unphased).

Forms and Tools

Family Functioning Assessment Tool

19.14 Action Planning

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(19) Case Management		
	Policy Title:	Action Planning		
	Policy Number:	19.14	Previous Policy Number(s):	N/A
	Effective Date:	July 2021	Manual Transmittal:	2021-03

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Develop an action plan in partnership with parents, caregivers, children, and care team members during the Family Team Meeting (FTM) or other family meeting targeting challenging everyday life tasks.
2. Develop an action plan for each Family Level Outcome (FLO) and Individual Level Outcome (ILO).
 - a. FLOs address tasks that are the responsibility of the entire family.
 - b. ILOs address behaviors of the individual caregiver(s).



ILOs can be developed with youth ages 14 and older, to address their personal barriers to achieving Written Transition Living Plan (WTLP) outcomes.

3. Ensure the action plan focuses on the challenging everyday life tasks using the five (5) relapse preventions skills:
 - a. Identifying high risk or difficult situations
 - b. Identifying early warning signals
 - c. Preventing high risk situation
 - d. Interrupting high risk situations not avoided
 - e. Escaping situations not interrupted
4. Outline tasks to be completed by the family and/or individuals including a description of how change will be measured to achieve case plan outcomes.
5. Engage parent(s)/caregiver(s), child(ren)/youth and collaterals during purposeful contacts to measure progress and determine the effectiveness of the action plan(s).

6. Revise the action in partnership with the family or youth when barriers to FLO or ILO achievement are identified.
7. Celebrate progress made by the family in achieving tasks and outcomes, evidenced by behavioral change.
8. Upload the Action Plan to Georgia SHINES External Documentation.
9. Adhere to confidentiality and the Health Insurance Portability and Accountability Act (HIPAA) provisions outlined in policies [2.6 Information Management: Confidentiality/Safeguarding Information](#) and [2.5 Information Management: Health Insurance Portability and Accountability Act](#).

Procedures

Social Services Case Manager

1. Develop the case plan in partnership with parents, children, caregivers and care team members to identify the FLO and ILO (see policy [8.3 Family Preservation Services: Case Planning](#) and [10.23 Foster Care: Case Planning](#)).
2. For each FLO and ILO, engage the family in developing an action plan targeting the challenging everyday life tasks, by identifying:
 - a. Difficult or high risk situations that lead to unwanted behaviors or conditions
 - b. Early warning signs such as thoughts or feelings that trigger unwanted behaviors and conditions;
 - c. Steps to prevent high risk situations, include services and supports;
 - d. Plans to interrupt when unable to prevent high risk situations; and
 - e. Steps to escape and seek external support when unable to interrupt escalating behaviors.
3. Ensure the action plan clearly outlines:
 - a. What task(s) will be completed;
 - b. Who will be responsible for completing each task;
 - c. Under what circumstance each task(s) will be completed;
 - d. Description of how progress will be measured and documented by the family (i.e. completing logs, calendars, charts or other documentation).
4. Assist the family with naming their action plan(s) to facilitate an appropriate name is assigned based on the desired outcome (e.g. “Remain Calm Plan”).
5. Obtain the parents/caregivers or youth signatures on the action plan(s) and provide them a copy.
6. Celebrate with the parent, caregiver or youth:
 - a. Adherence to their plans
 - b. Completion of tasks
 - c. Demonstration of desired behaviors and outcomes
7. Upload a copy of the action plan into Georgia SHINES External Documentation within 72 hours

of the FTM or family meeting.



An individual other than the parent(s)/caregiver(s) shall not be assigned a task on an Action Plan unless they participated in the development of the Action Plan and agreed to be responsible for the task.

Practice Guidance

What is an Action Plan?

An action plan is a strategic tool that supports the achievement of family and individual level outcomes and must be developed in collaboration with the family, age appropriate youth and their care team members. The action plan focuses on specific everyday life tasks that are challenging for the family or individual and provides a personalized, simplistic strategy for addressing those challenges to achieve the desired outcomes. The action plan is a fluid document that can be analyzed and modified to ensure the skills the family or individual learn are long-lasting.

Each FLO and ILO on the case plan must have an associated action plan targeting the most high-risk situations. For example, DFCS involvement is related to inadequate supervision and educational neglect with a caregiver who has identified substance abuse issues. Two FLOs will be developed with the family, one to ensure adequate supervision of the child(ren) and the other to ensure the educational needs of the children are met. Only one ILO will be developed for the caregiver to address substance abuse which is his/her underlying issue contributing to the maltreatment.

Action plans may primarily include tasks for the parents/caregivers; however, other members of the support team play an active role in supporting the family and may have clearly defined tasks on the action plan. When other members of the support team are given tasks on the action plan, it is imperative that they have participated in the development of the plan and/or agreed to complete these tasks. We should not accept a parent's/caregiver's statement that another individual has agreed to a task, but rather should gain agreement directly from that individual. Expectations of plan participants should be spelled out to ensure action plan success.

The Five Relapse Prevention Skills

Every action plan should utilize the five relapse prevention skills when addressing the everyday life situations that are challenging for the family. It is ideal to build a consensus with the family or individual on the identified high risk situations that need to be addressed; however, the family or individual may not always be at the point of accepting and acknowledging the high risk situations. In those instances, the SSCM may have to provide greater influence when identifying the high risk situations. When identifying early warning signals, the family or individual should be encouraged to identify specific thoughts, feelings, actions, and physical reactions that occur potentially leading up to harmful incidents.

Once the high risk situations and early warning signs are identified, the family or individual can better understand what strategies may prevent a high risk situation. Some prevention techniques may include:

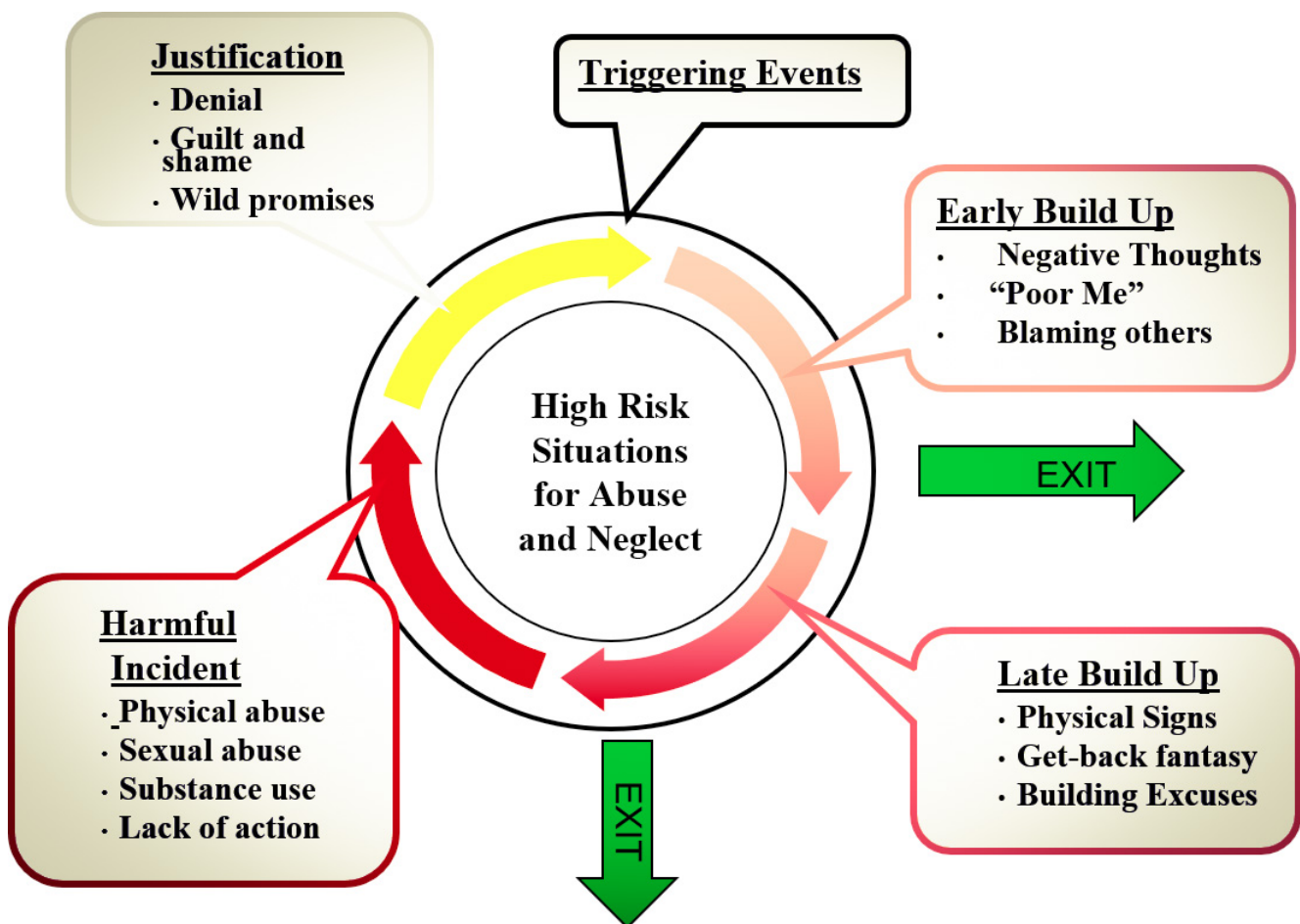
1. Relieving stress through exercise, sufficient sleep, prayer, etc.
2. Educating oneself about a specific problem (i.e. ADHD, available childcare resources in the com-

munity, available financial assistance, etc.).

3. Planning for the unexpected (i.e. unexpectedly having to work late, a sick child, car trouble, day-care is closed, etc.).

If unable to prevent or avoid the high risk situation, then the next step is to interrupt it. In order to interrupt the situation, the family or individual would need to be aware of their early warning signs to recognize that they are in a high risk situation. Steps would then need to be taken to stop the escalation into a harmful incident. For example, a caregiver may need to stop, take a deep breath, recognize what they are able to control and adjust accordingly. If unable to interrupt the high risk situation, the caregiver needs to escape it by walking away and allowing someone else to step in as caregiver.

Action Plan Destructive Behavior Cycle



Below is an example of an Individual Level Action Plan:

Ms. Jones 'Hands Free Action Plan' and Tasks:

High Risk / Difficult Situations:

I'm tired/overwhelmed from a hard workday and Johnny does not respond to repeated verbal instructions or redirection.

Early Warning Signs:

Feelings of frustration, tightening of the jaw, shouting.

Prevention Plan:

Attend counseling at ABC counseling to learn ways to control my frustration, especially with Johnny.

Keep a journal about times when I feel myself getting upset with Johnny and list the techniques used to calm myself.

Go to bed by 10:00 pm each weeknight to avoid becoming overly tired.

Praise Johnny whenever he follows the schedule and/or responds to my verbal commands.

Schedule regular “mommy time”.

Interrupt Escalation Plan:

I will walk away and take deep breaths until I feel calm enough to interact with Johnny in a non-physical manner.

If that doesn't work, I will look at my journal list of techniques and I will practice other ways to calm myself.

Escape Plan:

If I am unable to calm myself, I will contact my mother to have her come over to care for Johnny while I go to my friend Susan's house to discuss the situation and how I am feeling.

Indicator/Measure:

I will mark the following on the calendar:

1. An “x” for each time I am successful at calming myself.
2. A check on the calendar each night I go to bed on time.
3. A star for each day I praised Johnny for adhering to the schedule.
4. A smiley face for each day I took respite.

After each session with ABC counseling, I will write in my journal techniques learned to help me control myself when I feel frustrated by Johnny's behavior.

I will journal each time I have to walk away and take deep breaths.

If I have to use my escape plan, I will discuss these with my case manager, Ms. Smith and my counselor at ABC.

Safety Plan


I agree not to hit or spank my son no matter what happens.

If I need extra help, I will call my mom and Susan to come over and help like they said they would.

Forms and Tools

N/A

19.15 Developing Contact Standards for Purposeful Contacts and Collaterals Contacts

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(19) Case Management		
	Policy Title:	Developing Contact Standards for Purposeful Contacts and Collaterals Contacts		
	Policy Number:	19.15	Previous Policy Number(s):	N/A
	Effective Date:	September 2020	Manual Transmittal:	2021-06

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Establish standards (face-to-face purposeful contacts and collateral contacts) at the level necessary to:
 - a. Ensure child safety;
 - b. Assess safety plan sufficiency and adherence;
 - c. Assess and facilitate progress toward case plan outcomes;
 - d. Assess safety, permanency and well-being; and
 - e. Determine family functioning.
2. Establish the minimal standards for face-to-face purposeful contacts and collateral contacts, at/or during:
 - a. Case transfer staffing (see policy [19.4 Case Management: Case Transfer](#)); and
 - b. Initial Family Team Meeting (FTM) (see policy [19.3 Case Management: Solution-Focused Family Team Meetings](#)).
 - c. Case Evaluation or case review
3. Set and approve the contact standards in Georgia SHINES within three business days of establishment or update.
4. Continue to assess the sufficiency of contact standards to ensure child safety throughout the life of the case.

Procedures

Social Services Case Manager

1. Review and analyze the current case record and any DFCS history in accordance with policy [19.10 Case Management: Analyzing DFCS History](#).
2. Determine how often purposeful and collateral contacts shall occur, based on the:
 - a. Maltreatment identified

- b. Specific present danger situations, impending danger safety threats and/or risk factors
 - c. Caregiver protective capacity
 - d. Safety plan (out-of-home or in-home)
 - e. Child vulnerabilities
 - f. Service provisions
 - g. Court ordered requirements
 - h. Plan of Safe Care requirements, when applicable (see policy [19.27 Case Management: Plan of Safe Care for Infants Prenatally Exposed to Substances or a Fetal Alcohol Spectrum Disorder \(FASD\)](#))
 - i. Purposeful contacts requirements (see policy [8.2 Family Preservation Services: Purposeful Contacts with Families Receiving Family Preservation Services](#) and [10.18 Foster Care: Purposeful Contacts in Foster Care](#))
 - j. Collateral contacts requirements (see policy [19.16 Case Management: Collateral Contacts](#))
3. Set purposeful and collateral contact standards and submit to the Social Services Supervisor (SSS) in Georgia SHINES within three business days of establishment or update.
 4. Re-assess the sufficiency of the contact standards during Case Evaluations and case reviews (see policy [8.4 Family Preservation Services: Case Evaluation](#) and [17.2 Legal: Case Review/Permanency Plan Hearings](#)).

Social Services Supervisor

1. Guide the SSCM through the process of establishing case contact standards.
2. Review and analyze the current case record and any DFCS history in accordance with policy [19.10 Case Management: Analyzing DFCS History](#).
3. Determine if the purposeful and collateral contact standards are sufficient, consider the following:
 - a. Progression toward case plan outcomes or conditions of return;
 - b. Does the documentation support the contact standards are sufficient to assess child safety and family functioning;
 - c. Court ordered requirement regarding contact standards;
 - d. Have additional maltreatment allegations been reported on the parent/caregiver;
 - e. Is there an active safety plan;
 - f. Purposeful contacts requirements (see policy [8.2 Family Preservation Services: Purposeful Contacts with Families Receiving Family Preservation Services](#) and [10.18 Foster Care: Purposeful Contacts in Foster Care](#));
 - g. Has the child suffered injuries (accident or intentional) since DFCS involvement; and
 - h. Collateral contacts requirements (see policy [19.16 Case Management: Collateral Contacts](#)).
4. Review and approve the contact standards in Georgia SHINES within three business days of establishment or update.
5. Continue to assess the sufficiency of the contact standards through monthly supervisor

staffings, case reviews and Case Evaluations.


Practice Guidance

N/A

Forms and Tools

N/A

19.16 Collateral Contacts

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(19) Case Management		
	Policy Title:	Collateral Contacts		
	Policy Number:	19.16	Previous Policy Number(s):	N/A
	Effective Date:	April 2020	Manual Transmittal:	2020-04

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Engage as many collateral contacts as necessary during each Initial Safety Assessment, Investigation, Family Support Services, Family Preservation Services, Permanency, and Resource Development (RD) case to assess, where applicable, the following:
 - a. Parents, guardians or legal custodians
 - b. Out-of-home caregivers
 - c. Child(ren)
2. Establish minimum collateral contact standards based on safety, permanency, and well-being needs of the child and/or family.
3. Engage collaterals via face-to-face, telephone or email.
4. Engage collaterals in all program areas.
5. Adhere to confidentiality and HIPAA provisions outlined in policies [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#) when engaging collateral contacts. This includes having the caregiver signing an Authorization of Release of Information, when applicable.
6. Obtain relevant and sufficient information from collaterals to assess:

- a. Allegations of child abuse
 - b. Allegations of policy violations
 - c. Child safety, permanency and/or well-being
 - d. Caregiver protective capacity (in-home and out-of-home caregivers)
 - e. Family functioning
 - f. The validity of information provided by the parent, caregivers or the child
 - g. Service provision in addressing safety, permanency or well-being outcomes
 - h. Behavioral changes
 - i. Case plan progress
 - j. Correction action plan (CAP) progress
7. Engage the medical examiner (ME) as a collateral contact anytime the case involves a child death.
8. Engage the supervising probation/parole officer of a sexual offender, who is a household member or has contact with a child(ren) on an active case, to determine:
- a. The conditions of the offender's probation/parole; and
 - b. Compliance with those conditions.
9. In an active Family Support Services or Investigation, engage at minimum:
- a. School and daycare personnel (including after-school care) for each child enrolled in day-care and/or public or private school.
 - b. Medical/dental/mental health providers for medically fragile children or children with ongoing or chronic conditions requiring frequent medical care.
 - c. When a child has suffered any injury, including child death/near fatality/serious injury (CD/NF/SI), where applicable:
 - i. Emergency healthcare professionals: emergency medical services (EMS), emergency department staff, hospital social workers, coroner, etc.
 - ii. Law enforcement: responding officer, detective, etc.
 - iii. Healthcare professionals who provide ongoing medical, developmental and/or psychological care for the child: pediatrician, Children 1st/Babies Can't Wait (BCW), therapists, etc.
 - iv. Individuals who can provide information regarding child safety, circumstances surrounding the injury and plausibility of the explanation of the injury.
10. In an active Family Preservation Services or Permanency case (including Interstate Compact on the Placement of Children (ICPC) cases of children from other states placed in Georgia), engage collaterals monthly including, but not limited to:
- a. Current service providers including treatment providers for substance abuse or domestic violence/intimate partner violence (DV/IPV), therapists, Children 1st and Babies Can't Wait (BCW), parent aides, community supports, etc.
 - b. Probation or parole officers.

- c. School and daycare personnel (including after-school care) for each child enrolled in daycare and/or public or private school.
- d. Medical/dental/mental health providers for medically fragile children or children with ongoing conditions requiring frequent medical care.



For children without medical/dental/mental health/behavioral conditions requiring ongoing care, follow-up with providers within ten business days of a child's visit (e.g., office visit, annual physical, psychological assessment, etc.).

11. In an active Resource Development Case, engage at minimum:
 - a. Current providers, for service provision implemented as part of a CAP to address caregiver(s) needs.
 - b. Individuals who have knowledge of the policy violation allegations including circumstances surrounding the allegations and plausibility of the explanation.
 - c. Individuals who can provide purposeful information about caregiver protective capacity and/or family functioning.
12. Verify collateral contact information by obtaining, reviewing and analyzing assessments, reports, records, other supporting documents.
13. Upload into Georgia SHINES External Documentation all supporting documents obtained from collateral contacts including, but not limited to police reports, drug screens, diagnostic information, prognosis, therapy notes, medical/dental records, recommendations for follow-up treatment, etc.
14. Document collateral contacts in Georgia SHINES Contacts Summaries within 72 hours of occurrence.

Procedures

Social Services Case Manager

1. Establish minimum collateral contact standards in accordance with policy [19.15 Case Management: Developing Contact Standards for Purposeful Contacts and Collateral Contacts](#).
2. Identify the relevant collateral contacts for each case. For information on identifying appropriate and collateral contacts, see Practice Guidance Case Circumstances to Consider When Identifying Collaterals.
3. Obtain the caregiver's signature on the Authorization for Release of Information form to contact collateral contacts, when applicable.
4. Engage the collateral contacts in a discussion to include:
 - a. The last contact with the child and/or family including in-home and out-of-home caregivers.
 - b. The current knowledge of the family's functioning, including caregiver protective capacity.
 - c. Any child safety or well-being concerns including any opinion on the child's care, protection and safety.
 - d. Changes that have occurred with the child and/or family since the last contact including:
 - i. Those observed in the caregiver (in-home and out-of-home caregivers).

- ii. Behavioral changes the caregiver has demonstrated.
 - iii. Behavioral changes observed with the child.
 - iv. Specific changes in the functioning of the family.
 - v. Whether the changes are positive or negative.
- e. The appropriateness and sufficiency of provider and the service provision to meet the needs of the child, parent/guardian/legal custodian, youth or placement resource (foster or adoptive or kinship caregiver) in accordance with policy [19.17 Case Management: Service Provision](#).
- f. Recommendations of the type of support the child, family, youth and resource parent may need.
- g. During the Initial Safety Assessment, Family Support Services and Investigation:
- i. Allegations of child abuse.
 - ii. Observations and initial contact with the child and/or family, if they intervened or treated the child as a result of the current child abuse.
 - iii. Extent of the maltreatment and circumstances surrounding the maltreatment, including the everyday life tasks that are difficult for the family.
 - iv. Caregiver protective capacity of all parents, guardians or legal custodians and any out-of-home caregiver.
 - v. Child vulnerabilities, safety and well-being.
 - vi. Sufficiency of the safety plan.
 - vii. Progress on the safety plan.
- h. During Family Preservation Services or Permanency cases (including ICPC cases of children from other states placed in Georgia):
- i. Caregiver protective capacity of all parents, guardians or legal custodians and any out-of-home caregiver.
 - ii. Child safety and well-being, including any observed changes.
 - iii. Sufficiency of the family or case plan.
 - iv. Progress on the family or case plan goals or progress towards permanency including any behavioral changes made by the caregiver.
 - v. If the child has medical concerns, ensure treatment is being provided and is sufficient to meet the child's needs.
 - 1. Obtain regular updates on the child's diagnosis, treatment, medication, any progress being made, and any follow-up treatment needed, etc.
 - 2. Assess the need for any additional services or follow-up treatment.
- i. Resource Development cases:
- i. Caregiver protective capacity of the and any out-of-home caregiver(s).
 - ii. Sufficiency of the CAP.
 - iii. Progress on the CAP objectives, including observed changes.

- iv. Allegations of policy violation.
 - v. Extent of the policy violation and circumstances surrounding the violation, including the everyday life tasks that are difficult for the family.
5. Analyze the information provided by collateral contacts to determine:
 - a. Whether immediate action is needed due to the information provided.
 - b. Accuracy of the information.
 - c. Applicability to the current family functioning.
 - d. Adequacy of the information.
 - e. Whether inconsistencies exist that need resolution.
 - f. Whether additional collateral contacts are needed.
 6. Modify the collateral contact standards for the family when there are changes to child safety or family functioning that affect safety management or case planning.
 7. When using an email as a professional collateral contact:
 - a. Review the unedited email to ensure the contact is a purposeful and focused discussion between the SSCM and the professional.
 - b. Obtain clarifications of the email, if needed, either verbally or via email.
 - c. Summarize the information provided into Georgia SHINES in the Narrative of the Contact Detail and reference the uploaded email in External Documentation.
 - d. Upload the email to External Documentation in Georgia SHINES.
 8. Document each collateral contact within 72 hours of the contact in the Narrative of the Contact Detail.
 9. Upload any supporting documents obtained from the collateral contact to External Documentation of Georgia SHINES.
 10. Participate in a staffing with the SSS to:
 - a. Identify relevant collaterals for a case.
 - b. Eliminate barriers in identifying or contacting collateral contacts.
 - c. Assist with parents refusing to sign releases of information.
 - d. Determine next steps when information provided by collaterals:
 - i. Alleges concerns for caregiver protective capacity.
 - ii. Alleges safety and/or well-being concerns for the child.
 - iii. Is insufficient to assess the family's situation.
 - iv. Conflicts with other information known or provided.

Social Services Supervisor

1. Discuss appropriate collaterals with the SSCM upon assignment of a case.
2. Ensure collateral contacts are occurring as frequently as necessary to assess and ensure safety and determine family functioning.

3. Use the Collateral Contact by Month Report (LENSES) to track collateral contacts.
4. Ensure relevant and appropriate collateral contacts were used for a Policy Violation assessment and any case involving out of home settings.
5. Determine the sufficiency of the collateral contacts and the documentation of these contacts. Consider the following:
 - a. Were a sufficient number of relevant collaterals contacted?
 - b. Does documentation support the collateral contact is able to provide relevant information to assess child safety and well-being, current family functioning, service provision, behavioral changes with the caregiver or child, or progress on case plan and permanency?
 - c. Was information provided by the collateral contact detailed and specific or is further exploration of vague descriptions (mentally unstable, dirty, inappropriate touching, typical arguments, etc.) needed?
 - d. What direct observation has the collateral contact had with the child and/or family in the past month?
 - e. What additional information, if any, should we be seeking from the collateral contact?
 - f. Are inconsistencies documented that need to be resolved either by re-contacting a person already contacted or by contacting additional collaterals?
 - g. What additional collateral contacts are needed to assess child safety and well-being, family functioning, behavioral changes observed, etc.?
6. Discuss the sufficiency of the collateral contacts and documentation of these contacts during staffings with the SSCM on an ongoing basis.

Practice Guidance

Collateral Contacts

Collateral contacts are individuals who can provide reliable information about a family and its functioning but are not meant to be personal character references. They can be a valuable resource in establishing the facts of the case, verifying information provided by parents, foster or adoptive parents, kinship caregivers and other caregivers, supporting case decision-making and measuring change throughout the life of a case. Regardless of case type, it is important to contact as many persons as necessary that have had direct observation of the child and/or family and can provide specific information regarding a child's safety, well-being and permanency, a caregiver's protective capacity and a family's functioning. A variety of information should be obtained from several collaterals to gain a clear picture of the family. Household members, non-custodial parents or other DFCS staff may provide valuable information; however, they are not considered collateral contacts.

DFCS is ultimately responsible for selecting which collateral contact(s) to engage based on the need to verify and assess child safety and well-being, caregiver protective capacities and overall family functioning. If a child is placed outside of the home (kinship caregivers, foster or adoptive parents) during an open case, it is important to contact collaterals to assess the parents and their family, as well as the out-of-home caregivers and their family. When a child is placed outside of the home, the child's safety in the current home must be assessed in addition to assessing the safety in the home the child is returning to.

Although many persons directly involved with a family can provide reliable and accurate information, that information may not be relevant to the current assessment or case circumstances. It is important when identifying collateral contacts to keep in mind the purpose of the information being sought. For example, if we are trying to verify the foster parent's statement that a child's injury occurred at the daycare, the most appropriate collateral would be with the daycare staff. It is also important to not allow personal biases to interfere with our informed decision-making. For example, a person who has a volatile relationship with the caregiver may provide information in a vindictive manner. However, this does not mean the information is invalid. The validity of the information needs to be assessed.

Mandated reporters often have a special knowledge of a child's situation and may be excellent collateral contacts. Reaching an accurate case determination and planning wisely for a child's safety needs are often best accomplished with the added knowledge and recommendations of mandated reporters. When a mandated reporter is contacted to obtain clarification or to provide additional information related to the intake report, this type of contact does not meet the criteria of a collateral contact.

Partnering with Collaterals

Partnerships are key in child protection. During any stage of a case, the SSCM should begin to establish partnerships with those individuals or entities who are a part of the child protection team in their area such as the schools, law enforcement, child advocacy centers, mental health, medical professionals, etc. These partnerships can assist the SSCM in obtaining needed information to assess and ensure a child's safety. It is important for an SSCM to be visible to the child protection team when trying to create a partnership. It is critical that the SSCM is responsive when these partners attempt to contact him/her. Being responsive and establishing trust is the basis for any good working relationship.

Although telephone contact and email are acceptable methods for contacting collaterals, it may be necessary for the SSCM to make face-to-face contact when collateral contacts are not responsive to other methods of contact. For example, if the SSCM has attempted to contact a medical doctor by telephone to no avail, the SSCM may need to go to the doctor's office and attempt a face-to-face contact with the doctor. The SSCM should be prepared to wait until the doctor is available and should bring other work to complete while waiting. It may also help if the SSCM accompanies the child to the medical professional occasionally, so the SSCM can foster the relationship with the doctor.

Identifying Collaterals

Case Type	When identifying collateral contacts for a case, consideration should be given to the following:
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Initial Safety Assessment, Investigations, and Family Support Services

- a. The case circumstances and/or reason for agency involvement.
- b. The purpose of the collateral information (i.e. assess allegations of maltreatment; verify information provided by the parent, guardian, legal custodian, out-of-home caregivers, child or others; assess child safety, assess behavioral changes in the family; key decision-making; etc.) and whether or not the person contacted can provide that information.
- c. The developmental stage of the family (including age(s) of the children).
- d. The individual needs of each child and family.
- e. Whether the child(ren) is enrolled in school or daycare.
- f. Persons with knowledge of the maltreatment allegations, including whether the information supports or refutes the allegations,
- g. Professionals that can provide relevant information about the child and/or family.
- h. Persons that can provide purposeful information regarding child safety, well-being, family functioning, caregiver protective capacity and the service needs of the child and family.
- i. Persons that will contribute to an understanding of the situation and/or can provide information on the overall care of the child in an out-of-home setting (facility or public or private school).
- j. Law enforcement and/or medical personnel, if they intervened or treated a child as a result of the current or previous child abuse.
- k. Current service providers including treatment providers for substance abuse or DV/IPV, individual and family therapists, parent aides, community supports, etc.
- l. Any hospital, clinic or physician that has seen or admitted the child within the past year when there are allegations of physical or sexual abuse, medical neglect, failure to thrive or chronic neglect.
- m. Probation or parole officers.
- n. Resolve inconsistencies in information provided.

<p>Family Preservation Services and Permanency (including ICPC)</p>	<ul style="list-style-type: none"> a. The purpose of the collateral information (i.e. to verify information provided by parent, guardian or legal custodian, out-of-home caregivers, child or others; assess child safety; assess behavioral changes in the family; for key decision-making; etc.) and whether or not the person contacted can provide that information. b. The developmental stage of the family (including age(s) of the children). c. The individual needs of each child and family. d. Whether the child(ren) is enrolled in school or daycare. e. Professionals that can provide relevant information about the child and/or family. f. Persons who can provide pertinent and purposeful information about child safety, permanency and well-being, caregiver protective capacity including in-home and out-of-home caregivers, family functioning (both in the parent's, guardian's or legal custodian's home and any out-of-home caregiver's home), child and family service needs, behavioral changes achieved or observed and case plan progress. g. Current service providers including treatment providers for substance abuse or DV/IPV, individual and family therapists, Children 1st and Babies Can't Wait (BCW) providers, parent aides, community supports, etc. h. Probation or parole officers i. Medical/dental/mental health providers for medically fragile children or children with ongoing or chronic conditions requiring frequent care. j. Relatives and family friends who may be able to share input on behavioral changes observed. k. The need to establish ongoing relationships with physicians, dentists, and others providing services to children to encourage open, ongoing communication regarding safety and well-being. l. The frequency in which a person should be contacted as a collateral. m. Need to resolve inconsistencies in information provided.
<p>Resource Development</p>	<ul style="list-style-type: none"> a. The purpose of the collateral contact information (i.e. to verify information provided by out-of-home caregivers, child or others; assess child safety; assess behavioral changes in the family; for key decision-making; assessing policy violation allegations, etc.) and whether or not the person contacted can provide that information. b. The needs of the child and family. c. Persons who can provide purposeful information about caregiver protective capacity, family functioning, child and family service needs, behavioral changes, and progress toward CAP objectives. d. Current service providers. e. Relatives and family friends who may be able to share input on behavioral changes observed, when there is a CAP is in effect. f. The frequency in which a person should be contacted as a collateral. g. Need to resolve inconsistencies in information provided.
<p align="center">Types of Information That May Be Obtained from Collateral Contacts</p>	

Schools and Daycares (school nurse, teacher, teacher’s aide, social worker, principal, counselor, etc.)	<ul style="list-style-type: none"> a. Verification of attendance, hygiene, appearance, medication management and behavior. b. Emergency contacts and other family members involved with the child. c. Any developmental or special needs of the child. d. Any problems currently observed by the child’s teachers and counselors. e. The nature of the problems identified and how long observed. f. Observations noted of what appears to trigger the behaviors and observations of the exceptions to these behaviors. g. Verification of services being provided to the child. h. Observations of parent/caregiver (including out-of-home caregivers) and child interactions
Medical/Dental Personnel and Health Providers	<ul style="list-style-type: none"> a. Verification of routine medical/dental care. b. Verification of both an existing medical condition or injury and any past medical history. c. Any follow-up treatment recommended. d. Medication management and compliance. e. Any suspicion of child abuse. Obtain their response in writing, if possible. f. Determination as to whether injuries are consistent with the explanation.
Mental Health Providers	<ul style="list-style-type: none"> a. Verification of existing and/or previous mental health condition, treatment, relapse, etc. b. Medication management and compliance. c. Any follow-up treatment recommended. d. Medical Examiner/Coroner: e. Expert opinion regarding the time, manner and cause of death. f. Location and cause of any injuries. g. Specialized knowledge and expertise in alleged failure-to-thrive and SIDS cases.
Law Enforcement	<ul style="list-style-type: none"> a. Verification of current or past criminal history. b. 911 responses to the address. c. Verification of information about suspected offenders. d. Drug screen results. e. Cooperation and compliance of the offender with the terms and/or conditions of probation/parole and/or sex offender release.
Juvenile Authorities	<ul style="list-style-type: none"> a. Verification of any involvement concerning the child and the child’s family. b. Any concerns regarding child safety and well-being. c. Child and/or parental cooperation and engagement with intervention from juvenile authorities.
Babies Can’t Wait Providers & Children 1st	<ul style="list-style-type: none"> a. Results and recommendations of developmental assessment for child. b. Services being provided to child and child’s progress with services.


Neighbors/Family Members/Family Friends	<ul style="list-style-type: none"> a. Type of care and parenting styles of the parents. b. Appropriateness of supervision. c. Observation of basic needs of food, clothing and shelter. d. Observation of home environment and frequency/type of visitors. e. Observation of any police involvement with the family or at the residence. f. Services needed by the child and family based on observations and interactions. g. Behavioral changes observed in the caregiver/child/family.
Assessments, Records, Photographs, Service Provider Reports and Other Formal Documents	
<p>Obtaining copies of assessments, records, photographs or service provider reports does not constitute a collateral contact; however, a discussion with the person who completed the assessment or who has firsthand knowledge about the information provided would constitute a collateral contact. Assessments, records, photographs and other formal documents should be obtained and uploaded as supporting documentation of statements received from parents, children, foster parents or collateral contacts.</p>	

Forms and Tools

[Authorization for Release of Information](#)

[Authorization for Release of Information - Spanish](#)

19.17 Service Provision

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(19) Case Management		
	Policy Title:	Service Provision		
	Policy Number:	19.17	Previous Policy Number(s):	8.6
Effective Date:	November 2020	Manual Transmittal:	2020-09	

Codes/References

O.C.G.A. § 15-11-212(d), Disposition of Dependent Child

O.C.G.A. § 15-11-202 Reasonable Efforts to Preserve and Reunify Families

O.C.G.A. § 49-5-8 Powers and Duties of Department of Human Services

Title IV-E of the Social Security Act § 475 (1)(B)(D)

45 CFR §1355.25 Principles of Child and Family Services

Public Law (PL) 103-66 Family Preservation and Support Services Act of 1993

PL 113-183 Preventing Sex Trafficking and Strengthening Families Act of 2014

Requirements

The Division of Family and Children Services (DFCS) will:

1. Through service provision, support reasonable efforts to prevent the removal of children from their home, reunify children with their families, promote permanency, preserve and support placements, and prepare youth for self-sufficiency and successful adulthood (see policy [9.5 Eli-](#)

gibility: Reasonable Efforts).



Service provision also supports active efforts for children subject to the Indian Child Welfare Act in accordance with policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#).

2. Ensure effective service provision for parents, children, youth and caregivers (foster or adoptive, voluntary and foster care kinship) meets the following criteria:
 - a. Focused on the family as a whole.
 - b. Service providers partner with families in identifying and meeting individual and family needs.
 - c. Promote the healthy development of children and youth.
 - d. Family strengths are identified, enhanced, respected, and mobilized to help families solve the problems which compromise their functioning and well-being.
 - e. Timely, flexible, coordinated, and accessible to families and individuals, primarily delivered in the home or the community.
 - f. Delivered in a manner that is respectful of and builds on the strengths of the cultural groups;
 - g. Organized as a continuum, designed to achieve measurable outcomes, and are linked to a wide variety of supports and services.
 - h. Intensive enough and of sufficient duration to keep children safe and meet the family's needs.
3. Maintain and update, at least annually, a Directory of Services available within the community, county and if needed, within commuting distance of the county office (see Practice Guidance: [Community Resource Directory Maintainer](#) for guidelines for the development).
4. Provide or arrange for individualized services based on the developmental challenges the family is experiencing in their everyday life. Consider the following when determining the most appropriate services for families:
 - a. The present danger situations or impending danger safety threats that need to be controlled or eliminated.
 - b. The caregiver protective capacities that need to be strengthened.
 - c. The specific needs of the child.
 - d. Whether services are trauma informed (see Practice Guidance: [Trauma Informed Services](#)).
 - e. The cultural needs of the family (see Practice Guidance: [Cultural Competence in Service Provision](#)), including whether specific services are needed for limited English proficient (LEP) or auxiliary aids for sensory impaired individuals in accordance with policy [1.4 Administration: Non-Discriminatory Child Welfare Practices](#).
 - f. Any court ordered services, and the specific requirements and timeframes for initiation and completion.
 - g. Whether reasonable accommodations are needed in accordance with policy [1.5 Administration: Americans with Disabilities Act \(ADA\)/Section 504 and Reasonable Modifications](#).

- h. How the family will access the services (location, hours of operations, etc.).
- 5. Refer the family to formal and/or informal service providers to address safety, permanency and well-being, within the following timeframes:
 - a. Within five business days of the identification of the need.
 - b. Within one business day of the identification of the need, in an emergency.
 - c. Within 72 hours of the identification of the need when the family has entered into voluntary kinship arrangement.
- 6. Document in the family plan and/or case plan service provision to prevent removal, reunify the family and/or address the needs of a child in foster care.
- 7. Work in collaboration with service providers, including requesting their participation in Family Team Meetings (FTMs).
- 8. Engage at least monthly family and service providers to assess the sufficiency of formal/informal services to control safety threats (safety plan) and progress toward meeting case plan or family plan outcomes. Maintain consensus with families around the need for service provision.



Engage formal and informal providers at a minimum bi-weekly, when the family has entered into a voluntary kinship arrangement.

- 9. Obtain and review all service notes/reports. Document a summarized review of the notes/reports in the Contact Narrative in Georgia SHINES within 72 hours of the receipt and upload to External Documentation.
- 10. Avoid changing service providers unless it is necessary.
- 11. Notify service providers, in advance when possible, whenever there is a change in the Social Services Case Manager (SSCM) assigned to a family to ensure continuity in the provision of services.
- 12. Refer youth to the Education Programming Assessment and Consultation (EPAC) unit, for cases involving an Unaccompanied Homeless Youth.
- 13. Refer any child suspected of being a victim of sexual exploitation or trafficking to an available victim assistance organization, as certified by the Criminal Justice Coordinating Council to provide comprehensive trauma-informed services including, but not limited to:
 - a. Assistance with case management
 - b. Placement
 - c. Access to educational, legal, and mental health services

See [Forms and Tools](#): Human Trafficking Case Management Statewide Protocol.

- 14. Refer the mother of an infant identified as being affected by prenatal exposure due to allegations of prenatal abuse to Women's Treatment and Recovery Services (WTRS) for a substance use disorder assessment, within five business days of the receipt of the intake report or any subsequent notification by the healthcare provider that the infant was affected by prenatal drug exposure (see policy [19.27 Case Management: Plan of Safe Care for Infants Prenatally Exposed to Substances or a Fetal Alcohol Spectrum Disorder \(FASD\)](#)). See Practice Guidance: [Women Treatment and Recovery Services \(WTRS\) – For Cases Involving Prenatal Abuse](#).



If a WTRS provider is not available, refer the mother to another provider to conduct the substance use disorder assessment.

15. Document all contacts with service providers or direct service provision in Georgia SHINES within 72 hours of occurrence.

Procedures

Implementing Services

The SSCM will:

1. Identify service needs jointly with the family:
 - a. Services may assist the family in achieving their family level outcomes (FLO).
 - b. Services may assist the individual in achieving their Individual level outcomes (ILO).
 - c. Needs of the children that may require services.
 - d. Timeframes for initiating services to address child safety and wellbeing.
 - e. Trauma informed services needed.
 - f. Reasonable accommodations needed.
 - g. Language services required.
 - h. Court ordered services, including:
 - i. The family's understanding of services ordered;
 - ii. Timeframes ordered for service completion;
 - iii. Expectations around service compliance and participation; and
 - iv. Possible consequences for not complying or completing ordered services.
 - i. The roles, responsibilities, and expectations of the family, service providers and DFCS in service provision.
2. Partner with the family to locate service providers that can address the identified needs, using the following preference requirements:
 - a. Community-based service providers.
 - b. Service providers contracted through DFCS. See Practice Guidance: [Services to Address Family Needs](#).
3. Complete an Authorization for Release of Information with the caregiver(s) to share and/or obtain information regarding service provision as applicable.
4. Document service provision in the:
 - a. Family plan:
 - i. A description of the services offered and provided to prevent removal of the child from the home.
 - b. Foster care case plan:
 - i. A description of the services offered and provided to prevent removal of the child,

reunify the family and/or help the youth (14 years of age or older) prepare for the transition from foster care to a successful adulthood;

- ii. Services provided to the parent/guardian/legal custodian, child, and placement resource to improve the conditions in the removal home to facilitate the child's safe return or permanent placement;
 - iii. Services provided to the child and placement provider to address the needs of the child while in foster care;
 - iv. The appropriateness of the services provided to the child and the date time-limited services will be terminated; and
 - v. A discussion of services that have been investigated and considered and are not available or likely to become available within a reasonable time to meet the needs of the child or if available, why such services are not safe or appropriate.
5. Invite service providers involved in assisting the family with meeting case or family plan outcomes to the FTM.
 6. Schedule a face-to-face or telephone contact with the provider to:
 - a. Discuss the specific services needed to address family or individual level outcomes (FLO or ILO).
 - b. Set clear expectations for the service provision.
 - c. Clarify any gaps or answer any questions providers may have prior to meeting the family.
 - d. Obtain the name and contact information of the individual(s) who will be providing services to the family.
 - e. Provide information regarding the child's location (foster care or kinship caregiver arrangement).
 - f. Discuss expected service outcomes and timelines for provision of services.
 7. Use a "warm handoff" when referring a family to a service provider, whenever possible (see Practice Guidance: [Warm Hand-off](#)).

The Social Services Supervisor (SSS) will:

1. Ensure service needs are identified jointly with the family.
2. Ensure the services identified meet the individualized needs of the family.
3. Prioritize the use of community or in-home services when appropriate and available.
4. Ensure the written case plan includes a description and discussion of the services offered and implemented to address the needs of the parent/guardian/legal custodian, child and caregivers (foster or adoptive, voluntary and foster care kinship).
5. Upon initiation of service provision ensure a consult occurs with service providers.
6. Ensure service providers involved with the family are invited to the FTM.
7. Provide guidance to SSCM on cases where service implementation may be challenging due to availability or accessibility.
8. Ensure a "warm handoff" is conducted when referring a family to a service provider, whenever

possible.

Monitoring Service Provision

The SCCM will:

1. Engage providers via face-to-face, telephone or email in a discussion regarding services at least monthly or more frequently as required:
 - a. The family's engagement in services (i.e. attendance, preparedness, communication and response).
 - b. Verifying the services remain case specific and focused to meet the family's case plan outcomes.
 - c. Progress towards FLOs and ILOs.
 - d. Any observed safety threats.
 - e. Share any relevant information that may aid in engaging or supporting the family.
 - f. Share progress the family has made.
 - g. The need to partner to provide support or intervene when the providers' efforts in family engagement has not been successful.
2. Obtain all provider notes/reports monthly:
 - a. Review provider notes for any inconsistencies, barriers to progress, safety threats, and behavioral changes that could possibly impact child safety, permanency and well-being.
 - b. Document a summary of the provider notes/reports in the Contact Narrative in Georgia SHINES.
 - c. Upload provider notes/reports, including any accompanying documents into Georgia SHINES External Documentation within 72 hours of receipt.
3. During purposeful contacts with the parent, child and youth evaluate service provision:
 - a. Engage in a discussion regarding the service provisions:
 - i. How does he/she feel about the provider?
 - ii. How are the services helping meet their ILO and/or FLO?
 - iii. Are the services relevant to their situation?
 - iv. What is working well and what is not working well? Are there recommendations for a solution, if applicable?
 - v. What is their level of engagement in the services (i.e. attendance, preparedness, communication and response)?
 - vi. What was learned from the services and how it has been implemented into their everyday life?
 - b. Compare what was reported by the provider and the family's version and obtain clarification when incongruent.
 - c. Observe family interaction and look for skill implementation and utilization.
 - d. Celebrate positive behavioral changes.

4. During monthly supervisor staffing discuss the impact services has had on child safety, permanency and well-being in accordance with policy [19.6 Case Management: Supervisor Staffing](#).

The SSS will:

1. Ensure service providers are contacted as required or more frequently if necessary, to evaluate service provisions.
2. Review case records to verify:
 - a. Documentation supports that the provider is providing relevant information to evaluate service provision.
 - b. Service provider reports/notes are detailed and measurable or is further exploration of vague descriptions needed.
 - c. Service notes are reviewed, summarized, and uploaded in Georgia SHINES External Documentation.
3. During monthly supervisor staffings with the SSCM discuss service provisions including the effectiveness and how the services are being monitored in accordance with policy [19.6 Case Management: Supervisor Staffing](#).

Conclusion of Services

The SSCM will:

1. Celebrate positive behavioral changes the family has made since the implementation of services.
2. Prepare the family for services ending:
 - a. Discuss closure of services with the family prior to the last session.
 - b. Discuss any anxiety the family may be having around services ending.
 - c. Provide the family with resources or community service providers for any follow up needed now or in the future.
 - d. Discuss behavioral changes the caregiver has made, and strategies learned that can be utilized to manage challenges in their everyday life safely.
3. Ensure that the family has documentation of service completion (i.e. certificates).
4. Upload all service provider notes/reports in Georgia SHINES External Documentation.

The SSS will:

1. Ensure any behavioral changes have been acknowledged, celebrated and summarized in Georgia SHINES.
2. Ensure the family was prepared for services ending.
3. Ensure the family was provided with any resources or community service providers for any follow-up needs.
4. Verify all provider notes is uploaded in Georgia Shines External Documentation.

Overcoming Barriers to Service Provision

The SSCM will:

1. Determine the nature of the barrier to service provision, prior to making a decision, by:
 - a. Assessing what is currently preventing services from being provided or implemented.
 - b. Discussing any service issues with the family and service providers.
 - c. Gathering and assessing the information provided by all individuals.
2. Identify if the barrier is a resource issue or an implementation issue by determining:
 - a. Is this service available within the county or region?
 - b. Does the family have access to services?
 - c. Does the family qualify for services that local providers are offering?
 - d. Is the family willing to engage with the service provider?
 - i. Are they scheduling and keeping appointments?
 - ii. Are they providing adequate contact information to providers?
 - iii. Are they allowing providers access to the home?
 - e. Does the family's availability conflict with the availability of the provider?
 - f. Are there other providers in the county that may be able to provide the same services?
3. Meet with the family and service provider to address and resolve any service barriers.
4. Develop a consensus with the family and service provider on case outcomes and the path to address the family's needs.
5. Explore the possibility of court involvement if unable to engage the family to overcome the barriers to service provision.
6. Participate in a supervisory staffing for feedback and case direction.

The SSS will:

1. When a barrier to service provision has been identified, prior to making a decision, ensure information is gathered and assessed to determine the nature of the problem.
2. During supervisor staffing, in conjunction with the SSCM, using information gathered identify if the barrier is a resource or implementation issue and provide guidance to overcome the barriers.

Staff Changes During Service Provision

The receiving SSCM will:

1. Prior to DFCS staff changes, review service notes to evaluate services and progress towards case plan outcomes with the current assigned SSCM and initiate a staffing to discuss case progress, barriers, etc.
2. Conduct a joint visit with the family, current SCCM if available and service provider to discuss:
 - a. Current services being provided to the family and any barriers.

- b. Expected outcome and timeline of service completion.
- c. Timeline for staff change to occur.
- d. Current contact information for the family and newly assigned SCCM.

Prior to any changes in providers (formal/informal), the SSCM will:

1. Discuss changes with the provider and any impact on service provision.
2. Implement services using guidelines above.
3. Ensure that all service notes/reports have been received, reviewed and uploaded into Georgia SHINES External Documentation from the outgoing provider.
4. Schedule a meeting with the family, current provider and newly assigned provider, when possible to facilitate a smooth transition for the family.



Conducting meetings with informal providers when there is a staff change may be challenging but should be completed when possible.

5. Assist the family in processing any feelings they may have around changing providers and building rapport with the new provider by:
 - a. Listening to the family's concerns.
 - b. Explaining the need for the change in service providers (i.e. promotions, resignations, expertise).
 - c. Reassuring the family of DFCS role in ensuring the change does not negatively impact service provision and case outcome.

Practice Guidance

Services are family-centered, community-based, and culturally competent activities that help achieve case plan outcomes and should be built around the specific developmental tasks that a family is having difficulty managing. The goal of services is to maintain children safely in their homes, ensure timely reunification when children must be removed from their families, and prevent the need for future child welfare involvement by fostering sustained behavioral changes. Services should be tailored to the individual and/or family and should always be focused on the attainment of outcomes.

Case Manager Role in Service Provision

Service provision begins with preparing the family to manage the difficult situations they are facing in their lives by engaging the family in a discussion of available service options that include, possible providers, community resources the family would like to utilize, formal providers contracted with DFCS, and in-home or out-of-home providers. It is necessary to engage the service provider to ensure that services identified in the case plan are provided to assist the family in meeting case plan outcomes. Every effort should be made to transition the family into services as smoothly as possible. Best practice is to complete an initial visit with the provider and family to establish the partnership between the two and discuss outcomes and expectations for service completion. Once services have begun, periodic discussion with the family and the service providers regarding the effectiveness of provided services toward outcome achievement, should occur.

Warm Hand-off

A warm handoff is a handoff that is conducted in person, between DFCS staff and the provider, with the family present. Warm handoffs can help to minimize communication breakdowns which can interfere with the timely and appropriate provision of services. It can also help to engage families and encourage them to ask questions, allow them to clarify or correct the information exchanged, and ultimately build relationships through transparent partnership.

Formal and Informal Services

Formal services are those provided by professional or trained employees or contractors and may be paid or unpaid. Informal services are services and supports provided by individuals/entities, such as extended family, friends, church or other organizations, etc.

Trauma Informed Services

Trauma may adversely impact child development and should be effectively minimized in a manner that does not cause additional trauma. To recover from trauma, children and families often require treatment delivered by skilled professionals. Trauma informed services are services that understand, recognize and respond to the effects of all types of trauma. Trauma-informed services “incorporate knowledge about trauma prevalence, impact, and recovery, in all aspects of service delivery, minimize re-victimization, and facilitate recovery and empowerment. Traumatic stress impacts children and families, many behaviors and responses that may seem ineffective and unhealthy in the present, represent adaptive responses to past traumatic experiences. Every child that enters foster care receives a trauma assessment that helps to identify traumatic experiences in their lives that may impact their physical and emotional wellbeing. SSCMs should inquire about whether services being sought from providers are trauma informed and make every effort to secure such services for children and families served.

Cultural Competence in Service Provision

Cultural competence refers to the process by which individuals and systems respond respectfully and sensitive to people of all cultures, languages, classes, race, ethnic backgrounds, religions, spiritual traditions, immigration status and other diversity factors (gender, sexual orientation, disability, profession) in a matter that recognizes, affirms and values the worth of individuals and families and protects and preserves the dignity of each. To provide culturally competent services one must identify and understand a family’s culture. A person’s culture is a combination of the attitudes and practices that ultimately shape the behaviors of individuals and groups of people. When culture is considered in service provision, the SSCM is knowledgeable about and skillful in the use of services, resources, and institutions available to serve multi-cultural individuals and make cultural appropriate referrals within both formal and informal networks.

Barriers to Service Provision

When the provision of services hit a roadblock in implementation, participation and completion we commonly refer to it as a barrier to service provision. It is important to assess barriers in each individual circumstance as there could be varying reasons. Overcoming barriers requires the commitment of the case manager as well as the involvement of service providers and families. Included below is a list of common barriers and possible solutions:

1. Lack of consensus: building a consensus with the family around services at the beginning of the case, including have a discussion around service options.
2. Relation issues: meet with the family and service provider to resolve conflict and redirect the focus to case plan outcome achievement.
3. Scheduling issues: prior to selecting a provider verify the family's and the provider's schedules are not in conflict.
4. Lack of local providers: research service providers outside of the family's community that may be able meet the identified need.

Services to Address Family Needs

Can include, but are not limited to:

1. Children 1st and Babies Can't Wait to assess and meet the developmental delays, physical disability, physical impairment or diagnosed disability of children under age three.
2. Educational Programming Assessment & Consultation (EPAC) to address the educational needs/stability of Unaccompanied Homeless Youth and children in foster care.
3. Individual counseling or psychotherapy can help with:
 - a. Unresolved individual issues that are incapacitating;
 - b. Poorly developed interpersonal relationships;
 - c. Mental health disorders; and
 - d. Children who have been identified as victims (or suspected victims) of sex trafficking also known as the Commercial Sexual Exploitation of Children (CSEC)
4. Marital and family counseling can help with:
 - a. Families with destructive relationships;
 - b. Generational conflict;
 - c. Blended families;
 - d. Child development; and
 - e. Role conflicts, boundary issues, or scapegoating.
5. Substance use assessment and treatment to address:
 - a. Recovery;
 - b. Relapse prevention;
 - c. Child dependency issues related to parent/guardian/legal custodian substance and/or alcohol use. See policy [19.24 Case Management: Family Treatment Court](#).
6. Family Violence Intervention Programs to address intimate partner violence (IPV), domestic violence (DV), and family violence. See [Forms and Tools: Intimate Partner Violence \(Domestic Violence\) Guidelines & Protocol](#).
7. Support Services to Preserve or Reunify Families
 - a. Early Intervention to increase parent confidence and competence in their parenting abilities and enhance family functioning (see policy [18.1 Support Services to Preserve or Reunify](#)

[Families: Early Intervention](#)).

- b. Childcare Services to assist low income families and foster parents with the cost of childcare (see policy [18.7 Support Services to Preserve or Reunify Families: Childcare Services in Child Protective Services \(CPS\)](#) and [10.16 Foster Care: Childcare and Early Education](#)).
- c. Homestead to provide therapeutic intervention strategies and attempt to meet the immediate crisis-oriented needs of families (see policy [18.5 Support Services to Preserve or Reunify Families: Homestead](#)).
- d. Parent Aide Services to provide parenting education, training and support through in-home and group parenting education (see policy [18.4 Support Services to Preserve or Reunify Families: Parent Aide Services](#)).
- e. Prevention of Unnecessary Placement (PUP) to reduce risk factors contributing to child maltreatment in order to ensure the protection and safety of children (see policy [18.3 Support Services to Preserve or Reunify Families: Prevention of Unnecessary Placement \(PUP\)](#)).
- f. Promoting Safe and Stable Families (PSSF) services:
 - i. PSSF Family Support: Prevent and reduce the risk of child maltreatment.
 - ii. PSSF Family Preservation: Maintain children safely in their homes, prevent the unnecessary separation of families.
 - iii. PSSF Family Reunification: Ensure the strength and stability of family reunification.
 - iv. PSSF Adoption Promotion and Permanency Support: Encourage permanency for children through adoption, prevent disruption or dissolution of those relationships, and helps youth develop skills for independent living.

See policy [18.2 Support Services to Preserve or Reunify Families: Promoting Safe and Stable Families \(PSSF\)](#).

- g. Wrap-Around Services to address emergency placement, crisis intervention, In-Home Case Management and In-Home Intensive Clinical/Therapeutic Services (see policy [18.6 Support Services to Preserve or Reunify Families: Wrap-Around Services](#)).
- 8. Support Services for Post Adoptive Placement and Post Adoption to assist in the adjustment of the new family and/or to prevent post adoption disruptions (see policy [11.13 Adoption: Support Services: Post Adoptive Placement & Post Adoption](#)).

Women Treatment and Recovery Services (WTRS) – For Cases Involving Prenatal Abuse

Women Treatment and Recovery Services are services designed to view recovery as an ongoing process to improve health and wellness and live satisfying self-directed lives for pregnant and parenting women. Providers utilize evidenced based practices that address risk factors for relapse and empower individuals to achieve identified goals with a flexible range of options for treatment. WTRS helps to identify barriers to employment, education, housing, family roles and responsibilities, and to identify unique strengths, preferences, and natural supports in the community. The target population is women with substance use disorders who are pregnant and/or parenting children under the age of 13 years. With levels of care ranging from outpatient, residential, and transitional housing options, WTRS providers work with individuals who are at high risk for relapse, are pregnant, have Child Protective Services or Family Support Involvement, criminal justice involvement,

psychiatric disorders, and are sufficiently medically stable to participate in treatment. Services for women include but are not limited to: assessments, outreach services, nursing/doctor assessment, HIV/AIDS services, case management, group therapy, individual counseling sessions, Community Service Individual (CSI), support groups and outreach, job training, nurturing parenting, relapse prevention, trauma groups, drug screens (initial and random for participants involved with this specific program), and aftercare services.

Refer the mother of an infant identified as being prenatally exposed to WTRS for a substance use disorder assessment, within five business days of the receipt of the intake report or any subsequent notification by the healthcare provider that the infant was affected by prenatal drug exposure as follows.

1. Complete the WTRS Referral & Confirmation of Appointment of Substance Abuse Disorder Assessment form, include all the relevant psychosocial history related to substance use known by DFCS.
2. Provide a signed copy of the WTRS Referral & Confirmation of Appointment of Substance Abuse Disorder Assessment form to the mother to take to the assessment and to the WTRS provider.



WTRS has 14 calendar days to complete the assessment.

3. When WTRS cannot conduct the assessment, refer the mother to another substance use disorder treatment provider.

Unaccompanied Homeless Youth (UHY)

When an Unaccompanied Homeless Youth enters Foster Care:

1. Enter the youth's personal information and education status into Georgia SHINES on the Person Detail and Education Detail pages.



Once the Person Detail and Education Detail pages are complete an Education Stability Plan (ESP) will be populated.

2. Complete the ESP, in partnership with the child's caregiver, school support team representative(s) and the assigned EPAC Education Support Monitor and/or EPAC Education Specialist.
 - a. Consult with their regional Education Support Monitor regarding all educational issues including, but not limited to the Individualized Education Plans (IEPs), 504 Plans, Response to Interventions (RTI), Tribunals, Disciplinary Issues, etc.
 - i. Contact children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals.
 - b. Contact EPAC or their local county's Georgia Department of Education's Point of Contact (POC) immediately regarding any situation that could result in a disruption of the educational stability of a youth in foster care.
3. Unaccompanied Homeless Youth who are not in Foster Care:
 - a. Contact the youth's school district's McKinney Vento Liaison to ensure education needs are

met. View the Homeless Liaison Report for the current McKinney Vento Liaisons for the state.

Community Resource Directory Maintainer

Each county should maintain and update, at least annually, a directory of services available within the community, county and if needed, within commuting distance of the county office. Resource directories developed by other community groups (United Way, Chamber of Commerce, Family Connections, advocacy groups, etc.) may be incorporated into the agency's community resource directory. Minimally, the resource directory should include the following service needs:

1. Food pantries and sources of free, nutritious meals
2. Housing (public housing and Section 8)
3. Emergency assistance with financial needs (rent, utility bills, etc.)
4. Employment assistance (Goodwill, Department of Labor, etc.)
5. Transportation
6. No-cost or low-cost medical care (Health Department, etc.)
7. Developmental services (Children 1st, Babies Can't Wait)
8. Childcare (Head Start, Pre-K, Child and Parent Services (CAPS, etc.)
9. Education (public school, GED programs, technical schools, Job Corp, etc.)
10. Mental health and behavioral health services
11. Substance abuse treatment
12. Intimate Partner Violence/Domestic Violence services
13. Commercial Sexual Exploitation of Children (Georgia Care Connection, etc.)
14. Legal assistance (public defender, Georgia Legal Services, etc.)
15. Services for the elderly (Department of Aging, community ombudsman, grandparents raising grandchildren, etc.)
16. Support groups (AA, NA, diabetes support groups, groups for children with disabilities, HIV, etc.)
17. Foreign Embassy/Consulate contact information
18. Native American tribal contact information (Indian Child Welfare Act)
19. Limited English Proficient, Sensory Impaired Client Services (LEP/SI) resource information



Resource Maintainers shall have the responsibility of updating and maintaining community resources (paid and non-paid) in Georgia SHINES.

Services for at Risk Children/Youth

DFCS has a responsibility to assess a family for significant risk factors that may have a negative impact on a child/youth's safety and well-being. When recognized, specific individualized services must be provided to the caregivers, children and youth in the family in an attempt to eliminate or mitigate the negative influences that may impact family functioning. Some services that may be beneficial when serving the at-risk population include, but are not limited to:

1. Education opportunities (high school diploma, GED, and post-secondary education such as a college, university or technical school);
2. Coordination with McKinney-Vento Liaison;
3. Individual and group counseling;
4. Basic life skills (laundry, cooking shopping, making appointments, etc.);
5. Money management/budgeting;
6. Consumer education (including use of credit);
7. Parenting skills (as appropriate);
8. Interpersonal skill building;
9. Mentor programs;
10. Job attainment skills (building a resume, interviewing skills, conduct at work, etc.);
11. Mental and physical healthcare to homeless youth (nutrition, treatment services availability, clinics etc.); and/or
12. Family planning, abstinence education and pregnancy prevention services.

Forms and Tools

[Authorization for Release of Information](#)

[Authorization for Release of Information - Spanish](#)

[Commercial Sexual Exploitation of Children \(CSEC\) Referral Form](#)

[Homeless Liaison Report – Georgia Department of Education \(DOE\)](#)

[Human Trafficking Case Management Statewide Protocol](#)


[Intimate Partner Violence \(Domestic Violence\) Guidelines & Protocol](#)

[Women Treatment & Recovery Services Providers](#)

[WTRS/RFW Referral & Confirmation of Appointment of Substance Abuse Disorder](#)

[Assessment Form](#)

19.18 Targeted Case Management


	Georgia Division of Family and Children Services		
	Child Welfare Policy Manual		
	Chapter:	(19) Case Management	
	Policy Title:	Targeted Case Management	
	Policy Number:	19.18	Previous Policy Number(s):
Effective Date:	October 2015	Manual Transmittal:	2016-09

Codes/References

N/A




Requirements

The Division of Family and Children Services (DFCS) will:

1. Provide Targeted Case Management Services (TCM) to families during active Family Preservation Services and Permanency (Foster Care) cases.
2. Maintain the completed Consent to Receive Targeted Case Management Services Form (TCM) in each active case file.
3. Denote one entry in Georgia SHINES every month as a TCM contact.
 -  When applicable, TCM activities will be reported for the random moment time study.
4. Conduct TCM Reviews each month.
5. Document all TCM activities in Georgia SHINES within 72 hours of the occurrence.

Procedures

Social Services Case Manager

1. Obtain consent for TCM services from the caregiver in a Family Preservation Services case by documenting this consent via signature on the Consent to Receive Targeted Case Management Services Form.
2. Obtain consent from the caregiver from whom the child was removed for placement in out-of-home care (foster care) by documenting this consent via signature on the Consent to Receive Targeted Case Management Services Form.
 -  The SSCM may sign the form in lieu of the caregiver when DFCS has legal custody of the child.
3. When applicable, note on the form a caregiver's refusal to sign the Consent to Receive Targeted Case Management Services Form. In addition, ensure the date and reason for the refusal is noted.
 -  Regardless of refusal and subsequent lack of consent, TCM Services must still be provided in order to ensure child safety and well-being needs are met.
4. Identify and document the first date (beginning date) of TCM eligibility for a client on the Consent to Receive Targeted Case Management Services Form.
5. Provide TCM services (nutritional, behavioral, substance abuse needs and other medical needs) throughout the calendar month (see Practice Guidance for description of TCM services).
6. Each month, select only one documentation entry in Georgia SHINES as the TCM service activity each month.
 -  Each month, when both County A and County B are providing services, each county shall select one documentation entry in Georgia SHINES as a TCM service activity.

Social Services Supervisor

1. Review the Consent to Receive Targeted Case Management Services Form to determine the accuracy at the onset of a case and subsequently when changes need to be made to the form.
2. Review documentation each month to determine if case management activities meet the TCM requirements and assist in achieving case plan outcomes.
3. Conduct two TCM reviews per Social Services Case Manager (SSCM) assigned to the Supervisor each month using the TCM Review Guide - Permanency and Family Preservation Services.
4. Provide guidance to the SSCM regarding the provision of TCM services.

Practice Guidance

DFCS provides TCM services to all clients. TCM is defined as activities that will assist individuals in gaining access to services as well activities that assist in managing these services during a Family Preservation Services or Permanency (Foster Care) case. TCM services include nutritional interventions, behavioral interventions, substance abuse interventions and medical interventions. The direct medical services are defined as:

1. Nutritional Needs - discussion with WIC representatives; discussion with school and/or physician regarding child's special nutritional needs (i.e., child with diabetes, child diagnosed as failure to thrive, child with food allergies, etc.)
2. Behavioral Needs - discussion with psychiatrist regarding recommendations for medication management; discussion with psychologist/school counselor/provider regarding child's behavior.
3. Substance Abuse Needs - discussion with the substance abuse counselor regarding treatment of the child's or the parent's addiction; discussion with the provider regarding the child's or parent's compliance with the treatment plan.
4. Other Medical Needs - discussion with medical personnel regarding diagnoses, treatment and/or compliance with medication.



The direct medical services may be an identified need of a child and/or the family. The discussions above are examples of TCM services and are not all-inclusive.

TCM service delivery is synonymous with case management activities related to the identification of needs and case planning. Case plan goals should reflect TCM related goals. Case management activities and documentation should demonstrate a TCM client's referral and linkage to services. In addition, case management activities and documentation should reflect an assessment of the sufficiency of services and the progress related to enhancement of protective capacity to ensure the safety and well-being of a child.

TCM Documentation

TCM documentation should include the following:

1. Linkages to formal or informal supports such as a contracted service provider based on identified needs;
2. Monitoring and follow-up related to case plan goals/steps;

3. Case plan progress, including changes in caregiver protective capacity;
4. An assessment of the sufficiency of services being provided;
5. The provision of additional services, when applicable; and
6. An assessment of child safety and well-being.

Activities that are not TCM Services

The following activities cannot be performed or documented as TCM services:

1. Investigation, legislative advocacy or training;
2. Services provided while a child/youth is incarcerated, e.g., YDC (Youth Development Campus), etc.;
3. Activities related to determining IV-E Foster Care or Adoption Assistance eligibility or any action directed at gaining or collecting child support for the child;
4. Transportation of a caregiver, guardian, child or youth by a DHS/DFCS employee;
5. Any court related activity, including preparation of court reports or participating in the judicial proceedings (with the exception of developing the case plan with the client);
6. Administration of Foster Care, Adoptions or any type of preventive service (activities not pertaining to a specific client, such as education about child abuse prevention activities or recruitment of foster homes);
7. Providing employability services that enable clients to obtain employment through assessment, preparation, planning and job development;
8. Providing Family Support Services to a family;
9. Post-Adoption finalization services and family planning; and
10. Staffing of a case between DFCS staff.



TCM can only be indicated if the SSCM is staffing a case with an auxiliary service provider (e.g., mental health, daycare, teacher and family services worker).

11. Documentation or time spent completing paperwork.

TCM Client

A TCM client is defined as follows:

1. Family Preservation Services (FPS): The primary caregiver in the family who is receiving Family Preservation Services.
2. Permanency: The child who is receiving foster care services.



If a sibling group enters foster care, each child is identified as a separate TCM client. If part of a sibling group enters foster care and other siblings remain in the home in an active Family Preservation Services case, TCM services will be provided and captured during both Permanency and Family Preservation Services interventions.

3. Youth ages 18-21 participating in Extended Youth Supportive Services.



When a child in foster care reaches his/her 18th birthday and decides not to opt out of foster care, a new Consent to Receive Targeted Case Management Services Form must be signed by the youth as the TCM Client. The TCM eligibility date or beginning date for TCM services will be the date of the youth's 18th birthday.

TCM Eligibility

Clients receiving services in Family Preservation Services and Permanency (Foster Care) are eligible for TCM services. Clients are registered as TCM clients when the child is receiving CPS or Permanency (Foster Care) services necessary to protect them from abuse or neglect.

The first date of eligibility (the beginning date on the Consent to Receive Targeted Case Management Services Form) is determined as follows:

1. CPS - The date of the joint/transfer staffing from Investigations to Family Preservation Services.
2. Permanency (Foster Care) - The date placement authority was obtained (legal or voluntary).
3. Extended Youth Support Services - The date of the 18th birthday of youth ages 18-21.

Consent to Receive Targeted Case Management Services

Guidelines for Consent to Receive TCM Services:

1. A Consent to Receive Targeted Case Management Services form must be accurately completed, including signature by the caregiver, and maintained in a Family Preservation Services or Permanency case.



The SSCM shall sign the Consent to Receive Targeted Case Management Services Form if the caregiver consents but does not sign.


2. An accurate Consent to Receive Targeted Case Management Services Form is completed on each child in foster care. The child in foster care is identified as the client.
3. An accurately completed Consent to Receive Targeted Case Management Services Form must be uploaded in Georgia SHINES External Documentation.

Forms and Tools

[Consent to Receive Targeted Case Management Services](#)

[TCM Review Guide - Permanency and Family Preservation Services](#)

19.19 Genogram

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(19) Case Management		
	Policy Title:	Genogram		
	Policy Number:	19.19	Previous Policy Number(s):	N/A
	Effective Date:	March 2023	Manual Transmittal:	2023-01

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Utilize the genogram as an information-gathering tool to produce a visual representation of the family to:
 - a. Assess family functioning;
 - b. Understand family dynamics and history;
 - c. Help the family develop insight regarding their strengths and challenges;
 - d. Identify absent parents, relatives, fictive kin, and other committed individuals as part of the diligent search; and
 - e. Identify individuals in the family network who may be available to provide support to the family. This includes any natural helpers, friends, confidants, etc.
2. Develop the genogram in partnership with the family in the Child Protection Services assessment phase of a case (Family Support Services and Investigations). This includes Special Investigations when the alleged victim child is in the legal custody of the caregiver.



Genograms are not required in Special Investigations involving children in DFCS custody, residential or non-residential facilities, and public or private non-residential schools.

3. Engage the family face-to-face to construct the genogram, that:
 - a. Is hand-drawn;
 - b. Depicts at least three generations of the maternal and paternal family; and
 - c. Embraces cultural differences when considering who is family.
4. Review the genogram with the family in each subsequent program area (Family Preservation Services, Foster Care and Adoption):
 - a. Determine if there are any updates
 - b. Amend or update the genogram based on the review



Following the initial hand-drawn genogram updated or amended genograms can be computer-generated.

- c. Review the amended or updated genogram with the family to ensure it accurately reflects their family.
5. Document all genogram activities in Georgia SHINES within 72 hours of completion including uploading to External Documentation.

Procedures

Social Services Case Manager

1. Prepare for the development of the genogram:
 - a. Review the family history.
 - b. Familiarize with genogram symbols, which serve as a form of shorthand that supply additional insight into the family and support network (e.g., gender, family relationships, children, and death) (see [Forms and Tools: Genogram Symbol Sheet](#)).
 - c. Have a blank paper and pencil or pen accessible.
2. Conduct a face-to-face meeting with the parent, caregiver, or child as appropriate to develop the genogram:
 - a. Explain to the family:
 - i. A genogram is a visual representation of your family and extended family; and
 - ii. The purpose of the genogram is to provide a map or diagram of what your family looks like, an opportunity to map your family history, and identify your family support system.
 - b. Create the hand-drawn genogram depicting at least three generations of the maternal and paternal family. Use a question mark (?) to reflect any unknown detail. Embrace cultural differences when considering who is family.
 - i. Obtain information on the interviewee.
 1. Ask for the legal name, aliases, and date of birth.
 2. Utilize symbol to record gender and indicate age.
 - ii. Obtain information on the interviewee's parents.
 1. Ask for the legal names, dates of birth or age, and if still alive.
 2. Utilize symbols to record parents' gender, relationship status (i.e., married, divorced, separated) and indicate age or death.
 3. Ask who raised them if not the biological parents.
 - iii. Obtain information on the interviewee's parent's siblings.
 1. Ask for the legal names, dates of birth or age, and if still alive.
 2. Utilize symbols to record parents' siblings' gender and indicate age or death.
 - iv. Obtain information on the interviewee's siblings.
 1. Ask for the legal names, dates of birth or age, and if still alive.
 2. Utilize symbols to record siblings' gender and indicate age or death.
 - v. Obtain information on the interviewee's current spouse or partner.

1. Ask for the legal name, date of birth or age, relationship status (i.e., married, intimate/unmarried) and year of marriage (if applicable).
 2. Utilize symbols to record current spouse's/partner's gender and indicate age.
 3. Utilize symbols to record relationship status and year of marriage (if applicable).
- vi. Obtain information on the interviewee's former spouses or partners if there are children in common.
1. Ask for the legal names, dates of birth or age, relationship status (i.e., separated or divorced), and if still alive.
 2. Utilize symbols to record former spouse's/partner's gender and indicate age or death.
 3. Utilize symbols to record relationship status and year of separation or divorce.
- vii. Obtain information on the interviewee's children.
1. Ask for the legal names, dates of birth or age, and if still alive.
 2. Utilize symbols to record gender and indicate age or death.
 3. Align children with biological parents.
 4. Align children from left to right (oldest to youngest).
- viii. Obtain information on the interviewee's grandchildren.
1. Ask for the legal names, dates of birth or age, and if still alive.
 2. Utilize symbols to record gender and indicate age or death.
- ix. Obtain information on unrelated household members.
1. Ask for the legal names and dates of birth or age.
 2. Utilize symbols to record gender and indicate age.
 3. Capture their information on the bottom right of the genogram.
- x. Obtain information on natural helpers, friends, confidants, and unrelated committed individuals.
1. Ask for the legal names and dates of birth or age.
 2. Utilize symbols to record gender and indicate age.
 3. Capture their information on the bottom right of the genogram.
- xi. Ask the interviewee to identify everyone on the genogram who resides in the home.
1. Place a dotted line around identified household members.
 2. This will not include the unrelated household members or natural helpers, friends, confidants, and unrelated committed individuals located at the bottom right of the genogram.
- c. Explore whether there are other family members that may be helpful in obtaining information to complete the picture of the family over three generations.
- d. Review the genogram with the family members to ensure it accurately reflects their family tree. Make corrections as needed.
3. Document the development of the genogram with the family in Georgia SHINES. Upload the

hand-drawn genogram into External Documentation.

4. Review the genogram with the family when the case progresses to each subsequent program area:
 - a. Ask the interviewee if there are changes to the family (i.e., births or deaths).
 - b. Confirm whether relationship status with spouse or partner remain the same.
 - c. Verify the household members and if there are new household members.
 - d. Ask if there are changes to, or additional natural helpers, friends, confidants, and unrelated committed individuals.



For cases progressing to foster care, if an approved provider will complete the CCFA, compare the genogram submitted with the CCFA and genogram in the case record and resolve any discrepancies with the family. If the CCFA will be completed by the SSCM, the current genogram will be reviewed with the family in conjunction with the completion of the CCFA.

5. Amend or update the genogram based on the review with the family. Review the updated genogram with the family members to ensure it accurately reflects their family tree.



The updated or amended genograms can be computer-generated.

6. Document the review of the genogram with the family in Georgia SHINES. Upload the amended or updated genogram (hand-drawn or computer generated) into External Documentation, if applicable.

Social Services Supervisor

1. Ensure that a genogram is completed for each family in each program area.
2. Review genogram(s) uploaded in Georgia SHINES External Documentation to confirm completion and accuracy (i.e., hand-drawn, at least three generations of maternal and paternal family, identifies household members and natural helpers, etc.).
3. Ensure the SSCM reviews, updates, and amends the genogram with the family in each program area.
4. Assist the SSCM with using the genogram to support case assessment, case planning, identification of support network for the family, diligent search, etc.

Practice Guidance

The construction of a genogram with the family is an important component of Georgia's Practice Model. The genogram is a visual representation of a child's current and extended family which is a useful tool that can support child welfare practice in various ways including:

1. Family engagement
2. Clarifying family relationships
3. Identifying household composition safety and family functioning assessments as well as case planning

4. Determining the family stage
5. Facilitating diligent search efforts
6. Identifying a potential voluntary kinship caregiver, placement resource, permanency resource, visiting resource, and/or support network
7. Providing critical information regarding a child's life history

Construction of the genogram should begin early in the life of the case as it is invaluable in clarifying and documenting family relationships. Completing the genogram with the family is an effective strategy for engaging the family as it encourages a more inclusiveness and provides an opportunity to demonstrate the SSCM's interest in the family. Embrace cultural differences when considering who is family. Kinship relationships should be respected based on the family's cultural values and emotional ties.

The genogram may also be used as a conversation-starter to explore additional information about culture, religion, ethnicity, behavioral and emotional relationship patterns, strengths, supports and everyday tasks that present challenges for individuals within the family. As more information emerges so does the relationship context.


The construction of the genogram should make sense to the family, or it can appear intrusive. Therefore, the SSCM should provide a clear explanation of the purpose, process, and symbols to the family. The diagram should be hand-drawn during face-to-face contact to promote family engagement. The genogram construction should always clearly reflect the name, age, gender, and relationship of family members over three generations; and must identify family members who comprise the household; and non-relatives and fictive kin identified as "family". During construction, inquire about other family members that may provide additional information to include in the genogram. A review of the hand-drawn genogram with the family is required for completion and accuracy.

If the hand-drawn genogram is converted into a computer-generated version, it should be clearly explained to the family it was created from the hand-drawn version developed with the family. Updates or amendments to the genogram (hand-drawn or computer-generated) must be made in partnership with the family. A review of the updated or amended genogram with the family is required for completion and accuracy. It should also be clearly documented that the genogram was reviewed with the family.

Forms and Tools

[Genogram Symbol Sheet](#)

19.20 Diligent Search

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(19) Case Management		
	Policy Title:	Diligent Search		
	Policy Number:	19.20	Previous Policy Number(s):	N/A
	Effective Date:	November 2023	Manual Transmittal:	2023-03

Codes/References

O.C.G.A. § 15-11-2 Definitions

O.C.G.A. § 15-11-130 Emergency Care and Supervision of Child Without Order

O.C.G.A. § 15-11-211 Relative Search by DFCS

O.C.G.A. § 15-11-216 Periodic Review Hearing

O.C.G.A. § 15-11-241 Petition for Permanent Guardian

O.C.G.A. § 19-11-9 Location of Absent Parents; Putative Father Registry

O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records

Title IV-E of the Social Security Act §§ 471(a)(19), 471(a)(29), and 475(7)

45 CFR §1356.21(b)(5)

Public Law 110-351 Fostering Connections to Success and Increasing Adoptions Act of 2008

Requirements

The Division of Family and Children Services (DFCS) will:

1. Through diligent search, minimize child trauma, reduce the amount of time the child spends in foster care, maintain the child's familial and cultural connection, and support reasonable efforts to finalize the permanency plan of a child in foster care.
2. Complete a diligent search to identify and locate persons who may be considered as a placement or visiting resource for the child and/or a support for the family while the child is in foster care. Those persons include:
 - a. Absent/non-custodial parents
 - b. Maternal and paternal relatives
 - c. Fictive kin
 - d. The parents of the child's siblings
 - e. Family friends
 - f. Other individuals who have demonstrated an ongoing commitment to the child
3. Conduct a diligent search by at a minimum:
 - a. Interviewing the parent/legal custodian in the Child Protection Service (CPS) assessment phase of a case utilizing a genogram to document the information;
 - b. Interviewing the child;
 - c. Interviewing identified relatives and fictive kin;
 - d. Interviewing any other person who is likely to have information about the identity or loca-

tion of the person being sought;

- e. Conducting comprehensive searches of data bases available to DFCS including, but not limited to, searches of employment, residence, utilities, vehicle registration, child support enforcement, law enforcement, corrections records, and any other records likely to result in identifying and locating the person being sought;
 - f. *Seeking the services of the Federal Parent Locator Service through the Department of Child Support Services to search for absent parents at any point in order to facilitate a permanency plan.*
 - g. Making an inquiry during the court hearings that the parent/caregiver provide the names and contact information of absent parents, all relatives, and other persons who can be considered as a possible placement for the child; and
 - h. Conducting any other reasonable means that are likely to identify relatives or other persons who have demonstrated an ongoing commitment to the child.
4. Conduct a diligent search as follows:
- a. Prior to the initial placement of the child into foster care (see policy [10.4 Foster Care: Selecting a Placement Resource](#)).
 - b. *Within 30 calendar days after the removal of a child from the custody of the parent(s)/caregiver(s) of the child, exercise due diligence to identify and provide notice to the following relatives subject to exceptions due to family violence:*
 - i. *All adult grandparents;*
 - ii. *All parents of a sibling of the child, where such parent has legal custody of such sibling; and*
 - iii. *Other adult relatives of the child, including any other adult relatives suggested by the parents/caregivers; and*
 - iv. *Noncustodial parents.*
 - c. Prior to any subsequent placement change (see policy [10.3 Foster Care: Changes in Placement](#)).
 - d. Prior to a judicial review or judicial citizen review panel.
 - e. Throughout the life of the case until a kin or other committed individual has been identified for the placement or permanency of the child or until such child is placed for adoption unless the court excuses DFCS from continuing a diligent search.
5. Engage each absent or non-custodial parent, relatives, fictive kin, and other committed individuals identified through the diligent search process by phone or in person to discuss their interest and willingness to provide a temporary or permanent home for the child.
6. *Provide notice via the Diligent Search Notification Form by certified mail with return receipt requested or verified email, within three business days of identifying the relative or parent of a sibling of the child where the parent has legal custody of the sibling, that:*
- a. *Specifies that the child has been or is being removed from the custody of the parent(s)/caregiver(s) of the child;*
 - b. *Explains the options the relative has under Federal, State, and local law or Tribal law to participate in the care and placement of the child, including any options that may be lost by failing to*

respond to the notice;

- c. Describes the requirements to become an approved foster family home;*
- d. Identifies the additional services and supports that are available for the child in such a home;*
and



Georgia has opted out of the operation of a kinship guardianship assistance program.

- e. Explain that the court may excuse DFCS from considering a relative as a placement resource, if after receiving the required notice, the relative fails within six months of the notice date, to demonstrate their interest and willingness to provide a permanent home for the child.
- 7. Document diligent search efforts and results on the Diligent Search tab in Georgia SHINES within 72 hours of occurrence, including:
 - a. All individuals contacted, including dates contacted;
 - b. Individuals identified but was not contacted, and the reason for not contacting them;
 - c. Whether the Diligent Search Notification was provided to relatives;
 - d. The individual's interest or lack of interest in serving as a placement, visitation, permanency resource or other supports.
 - e. The reason for not selecting the individual as a placement resource.
 - f. Uploading a copy of the following:
 - i. Diligent Search Notification form and return receipt (if mailed);
 - ii. Any correspondence received via email or mail in response to the Diligent Search Notification form.
- 8. Submit to the court a diligent search report outlining efforts to locate absent parents, relatives, fictive kin, friends, or other committed individuals for the child's placement:
 - a. Within 30 calendar days of the child's removal from his/her home; and
 - b. At subsequent judicial review or judicial citizen review panel (see policy [17.2 Legal: Case Review/Permanency Plan Hearings](#)).
- 9. Refer to policy [10.4 Foster Care: Selecting a Placement Resource](#) when an identified individual has expressed an interest to become a placement resource for the child.
- 10. Initiate visitation and/or other contact (if appropriate) with relatives or fictive kin identified through the diligent search to establish, enhance or preserve connections with the child (see policy [10.19 Foster Care: Visitation](#)).

Procedures

Social Services Case Manager

- 1. Gather information about absent parents, relatives, fictive kin, and the family's support network during the CPS phase of the case utilizing a genogram in accordance with policy [19.19 Case Management: Genogram](#).
- 2. Within 30 days of a child entering foster care, conduct a comprehensive diligent search to iden-

tify absent parents, relatives, fictive kin, friends, and the parents of the child's siblings that could be a placement resource for the child and support for the family:

- a. Engage the parent/legal custodian:
 - i. Explain the diligent search, the importance of the diligent search, and how the child and family can benefit from the support of relatives and fictive kin;
 - ii. Obtain addresses, telephone numbers and email addresses of any identified individuals;
 - iii. Inquire about any tribal affiliation (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#));
 - iv. Obtain the child's current school information or the last school attended, if the child is not presently enrolled in school; and
 - v. Gather any other information that would be helpful in locating relatives or fictive kin as a resource and support for the child.
- b. Engage the child to identify his/her family members (including any siblings), other significant adults or relationships that are important to him/her, when age appropriate.
- c. Review the case record in Georgia SHINES to identify relatives, fictive kin, and other family supports in accordance with policy [19.10 Case Management: Analyzing DFCS History](#). This review includes but is not limited to the following:
 - i. Person List Pages
 - ii. Genograms
 - iii. Contacts
 - iv. Assessments (Family Functioning Assessment, Comprehensive Child and Family Assessment, Wraparound, psychological evaluations, etc.)
 - v. FTM documentation and interview notes
 - vi. Out-of-state child welfare history, if applicable.
- d. Participate in the case transfer staffing and discuss diligent search efforts including any person identified, contacted and the results (see policy [19.4 Case Management: Case Transfer](#)).
- e. Discuss the diligent search efforts during the FTM and obtain information from participants regarding additional individuals that may be included in the diligent search.
- f. Request the Special Assistant Attorney General (SAAG) make an inquiry during the adjudication hearing that the parent/caregiver provide under oath the identity of:
 - i. The absent parent(s) and provide his/her contact information;
 - ii. Any relatives or fictive kin who can be considered as a possible placement for the child and his/her contact information;
 - iii. The parents of any siblings of the child.
- g. Obtain and review the child's birth certificate for the mother's maiden name and any married name, identity of the father, and the state/county of the child's birth (see policy [11.2 Adoptions: Putative Father Registry & Birth Certificates](#));
- h. Contact the daycare or the school of school-aged children:
 - i. Interview the teacher to ask about relatives/fictive kin they are aware of, or the child

mentioned.

ii. Request the names and contact information for the emergency contacts and/or individuals allowed to pick up the child from school.

i. Search available databases which include but are not limited to the following:

i. CLEAR® - a family locator tool used to locate individuals. The CLEAR® search may include current/previous addresses, social security numbers, telephone numbers, email addresses, criminal history, relatives, associates, etc.

ii. Department of Child Support Services (DCSS) - to determine if there is a current case on the child and an address for the absent parent and the person seeking the financial support. The child support office also can provide information from other states to locate a parent using the Federal Parent Locator Service.

iii. Gateway - to identify parent(s), grandparents, adult relatives, or fictive kin and last known addresses;

iv. Putative Father Registry – to identify any possible biological fathers of the child (see policy [11.2 Adoptions: Putative Father Registry & Birth Certificates](#));

j. Search social media networks (Facebook®, Twitter®, Instagram®, etc.) to locate the parent’s and/or child’s social media page to gather information about absent parents, relatives, fictive kin, and other committed individuals.



SSCMs shall not use their personal social media account to conduct searches of social media. Never post messages on the parent’s or child’s social media network page.

k. Search internet online directories for telephone numbers or addresses of identified individuals.

l. Use internet search engines (Google®, Bing®, etc.) to search for contact information of identified individuals.

3. Make additional efforts to locate an absent parent utilizing resources provided in Practice Guidance and in policy [19.21 Case Management: Unable to Locate](#).

4. Contact absent parents, relatives, fictive kin, and other committed individuals within three business days of receiving the individual’s contact information.

a. Make an initial contact in person or by telephone when a number and/or address is available:

i. Be prepared to answer as many questions as possible. There may likely be a lot of emotions and questions that could be answered immediately when the contact is in person or by phone. DFCS is permitted to tell an adult relative that a child is in foster care and the role he/she can serve in the child’s life.



Information shared with the identified person must comply with confidentiality laws in accordance with policy [2.6 Information Management: Confidentiality/Safeguarding Information](#).

ii. Assess the individual’s willingness and ability to provide care or support for the child and family while the child is in foster care.

- iii. Gather or verify his/her demographic information (full name, address, telephone number(s) and email address).
- iv. Inform relatives and parents of the child's sibling where the parent has legal custody of the sibling that:

1. He/she may support the child and family by becoming a placement resource, permanency resource and providing other support.
2. He/she will receive a Diligent Search Notification via certified mail and/or email explaining ways he/she can support the child and family, the opportunity to express his/her interest and willingness to provide care for the child while in foster care or provide a permanent home for the child if reunification is not possible. In addition, the supports that may be available to him/her as a placement or permanency resource.



If the Diligent Search Notification is sent via email, request the relative verify receipt by responding to the email or confirming verbally that they have received it.

3. It is important he/she demonstrate an interest and willingness to provide a permanent home for the child within the requested timeframes, as the Court may excuse DFCS from considering them as a placement resource if they do not demonstrate their interest and willingness to provide a permanent home for the child within six months of receiving the required notification.
- v. Request information about absent parents, other relatives, and/or fictive kin that could be a support for the child.
 - vi. Update the genogram in accordance with policy [19.19 Case Management: Genogram](#).
 - vii. Explain the next steps.



Contact is not required with any absent parent(s), relative, fictive kin and/or other committed individuals when it may cause a significant safety issue for the child or parents. Each situation must be assessed with the Social Services Supervisor (SSS) to determine if contact is required.

- b. Document the contact on the Contact Detail page in Georgia SHINES and select diligent search as the purpose of the contact. Include in the contact detail whether the individual expressed an interest and willingness to provide a permanent home for the child, and any other supports they expressed a willingness to provide.
- c. Send identified relatives and the parent(s) of the child's sibling where the parent has legal custody of the sibling the Diligent Search Notification within three business days of initial contact or receiving their contact information. The Diligent Search Notification should be emailed or launched and printed from the Diligent Search Information Page in Georgia SHINES.
- d. Upload to Georgia SHINES External Documentation all correspondence regarding the diligent search notification received or sent outside of Georgia SHINES, including Diligent Search Notifications mailed or emailed, verification the individual received the notification, and notice of the individual's interest and willingness to be a support for the child (see

[Forms and Tools](#): Georgia SHINES Diligent Search Enhancement).

5. Consult with the SSS regarding diligent search efforts and solicit input on locating absent parent(s), relatives, and fictive kin.
6. Submit a diligent search report to the court within 30 calendar days of the child's removal from his/her home outlining efforts to locate relatives or other committed individuals for the placement of the child.
7. Continue diligent search efforts throughout the duration of the child remaining in foster care to obtain additional information about absent or non-custodial parents, relatives, fictive kin, and other committed individuals to serve as a placement resource or provide support to the family:
 - a. Re-engage the parent/legal custodian and the child during monthly purposeful contacts to discuss any additional family members, other significant adults or relationships that are important to him/her, when age appropriate.
 - b. Periodically re-engage previously contacted relatives and other committed individuals as circumstances change.
 - c. During subsequent FTMs engage attendees to gather information about absent parents, relatives, and fictive kin.
 - d. During court hearings and judicial citizen review panels engage the family's attendees to obtain additional information about absent parents, relatives, or fictive kin who may be considered as a possible placement and/or support for the child.
 - e. Ask the foster parent if the child has shared information about his/her parents, family members, or other individuals who are significant to the child.
 - f. Repeat searches of available databases. Databases are updated frequently, and new information may now be available (telephone number, address, etc.).
 - g. Contact absent parent(s), relatives, and fictive kin within three business days of receiving the individual's contact information following the process provided above for initiating contact and notifying committed persons in support of the child.
8. Continue to update the family's genogram as new persons are identified in accordance with policy [19.19 Case Management: Genogram](#).
9. Update Georgia SHINES Person Detail page, Contact Detail page and Diligent Search Information page as new persons are identified and/or contacted.
10. Submit to the court at subsequent case plan review hearings the Diligent Search Report outlining continued diligent search efforts.
11. Refer to policy [10.4 Foster Care: Selecting a Placement Resource](#) when identified relatives and fictive kin have expressed an interest to become a placement resource for the child.
12. Initiate visitation and/or other contact (if appropriate) with the relative or fictive kin to establish, enhance or preserve connections with the child (see policy [10.19 Foster Care: Visitation](#)).

Social Services Supervisor

1. Participate in the case transfer staffing with the SSCM and obtain information about absent parents, relatives, fictive kin, or other family supports that have been identified through completion of the genogram by the CPS SSCM.

2. Ensure the SSCM contact individuals timely once identified, including sending the Diligent Search Notification (when applicable).
3. After completion and prior to submission of the initial diligent search report to the court or a judicial or judicial citizen review panel (see policy [19.6 Case Management: Supervisor Staffing](#)):
 - a. Discuss diligent search efforts with the SSCM and provide guidance where required.
 - b. Review the Diligent Search Report to ensure accuracy and thoroughness.
4. In conjunction with the SSCM, determine if contact is required when contact with absent parent(s), relatives, fictive kin and/or other committed individuals may cause a safety concern for the child or parents:
 - a. Staff with the Social Services Administrator (SSA) if the person is an absent/noncustodial parent;
 - b. Consult with the SAAG;
 - c. Ensure the decision is clearly documented in Georgia SHINES.
5. Ensure Diligent Search is conducted as required:
 - a. Prior to initial placement in foster care
 - b. Within 30 calendar days of removal from the parents or guardian
 - c. Prior to subsequent changes in placement
 - d. Prior to a judicial citizen review panel
 - e. Ongoing throughout the life of the case
6. Ensure that the SSCM has informed relatives of the timeframes and follows up to facilitate a timely response regarding their interest and willingness to provide a permanent home for the child, including providing periodic reminders of the remaining time.
7. Review the case record in Georgia SHINES to verify:
 - a. Diligent search efforts, outcomes and responses of each person contacted is documented.
 - b. The Diligent Search Notification was emailed or printed and launched from the Diligent Search Information page.
 - c. Diligent search correspondence received or sent outside of Georgia SHINES are uploaded into External Documentation. This includes Diligent Search Notifications mailed or emailed, verification the individual received the notification, and notice of the individual's interest and willingness to be a support for the child. See [Forms and Tools: Georgia SHINES Diligent Search Enhancement](#).
8. Monitor ongoing diligent search efforts through monthly supervisory staffings and case record reviews to ensure efforts continue until an appropriate placement resource is located who meets the needs of the child and his/her siblings or until permanency is achieved.
9. Ensure efforts to develop/preserve the child's connections such as visitation (or other contact as appropriate) are initiated timely (see policy [10.19 Foster Care: Visitation](#)).

Practice Guidance

What is a Diligent Search?

Diligent search is efforts to identify and locate parents, relatives or other persons who have demonstrated an ongoing commitment to the child and may be considered as a placement resource and/or support while the child is in foster care. Whenever possible, children should be placed with relatives as it minimizes trauma for the child, maintains familial and cultural connections, and increases contact with parents and siblings. Additional benefits include decreasing the number of placement disruptions, reducing the amount of time the child spends in foster care and making reasonable efforts to finalize expediting permanency.

Information gathering about absent parents, relatives, and the family support network begins during the CPS phase of the case and continues if the child is placed in foster care and continues throughout the life of the case. Timely identification of relatives and fictive kin increases the likelihood of making sound placement decisions. Diligent search efforts should immediately begin when a child enters foster care. It requires pursuing every lead and responding rapidly to every indication of familial interest. Diligent search efforts are not complete when the report is submitted and approved by the Court. When a relative is identified through the diligent search process, it is important to immediately engage him/her to provide timely notification and emphasize the need for him/her to respond timely to DFCS regarding their interest and willingness to provide a permanent home for the child. If the relative does not demonstrate their interest and willingness to provide a permanent home for the child within six months of the Diligent Search Notification, the court has the option to excuse DFCS from considering the relative as a placement resource. When this occurs, it is essential that DFCS staff review all applicable court orders to determine whether the court used their discretion to excuse the consideration of a relative. See policy [10.4 Foster Care: Selecting a Placement Resources](#) Practice Guidance: Placement Selection for additional assistance regarding situations in which relatives come forward within the six months timeframe and period for completing an assessment will fall after the child has been placed with a foster parent for 12 months.

Who is a Relative of the Child?

Relative of the child is a person related to the child by blood, marriage, or adoption, including the spouse of any of those persons even if the marriage was terminated by death or dissolution. Relatives include:

1. Maternal and paternal grandparents
2. Great grandparents
3. Uncles and aunts
4. Nieces and nephews
5. Siblings, including siblings that are related through a putative father
6. First cousins and first cousins once removed (a parent's cousin)

Who is a Fictive Kin?

Fictive kin means a person who is not related to the child by blood, marriage, or adoption but who prior to his or her placement in foster care is known to the family, has a substantial and positive relationship with the child, and is willing and able to provide a suitable home for the child. There is no comprehensive list of such persons but may include the following.

1. Godparents
2. Neighbors
3. Close family friends
4. Spiritual advisors or congregation members
5. Person defined as a relative of a refugee child
6. Domestic partner or former domestic partner of the child's parent if the child had a relationship with the former domestic partner prior to coming into care
7. Adoptive parent of a child's sibling
8. Legal or biological parent of a child's half sibling
9. Person defined as a relative by the child's tribe if the child is an American Indian/Alaska Native child under the ICWA or is in the legal custody of the tribe
10. Others identified by the child or family

Who are Other Committed Persons?

Other persons are individuals identified by the child or the family that have an emotional significant relationship with the child includes but are not limited to:

1. Previous neighbors
2. Teachers
3. Scoutmasters
4. Previous foster parents
5. Parents of friends of the child, with whom such child has resided or had significant contact

Who is a Sibling of a Child?

A child's sibling is an individual with whom a child shares one or both parents in common by blood, adoption, or marriage, even if the marriage was terminated by death or dissolution. Such an individual shall still be considered a sibling of the child following termination of parental rights (TPR) up until a finalized adoption occurs. Such an individual shall also still be considered a sibling of the child following the death of their common parent(s).

Initiating a Diligent Search

The SSCM assigned to the child's foster care case has the primary responsibility for conducting the diligent search. Once the child is removed, the search intensifies. The CPS and Permanency SSCMs share in the responsibility of obtaining relevant information and documenting the search efforts in Georgia SHINES. Interviewing the parent and the child are key activities to beginning a diligent search. Diligent search is also required for a child who enters foster care as a result of Voluntary Placement Agreement (VPA).

Diligent Search and Significant Safety Issues

The contact requirement is waived with any non-custodial/absent parent, relative, fictive kin, and

other committed individuals when it may cause a significant safety issue for the child or parents. Each situation will be assessed with SSS to determine if there is reasonable evidence of domestic violence (intimate partner violence) or child abuse and reason to believe that contact will result in safety concerns for the child or family. When assessing whether contact with a non-custodial/absent parent will result in safety concern, the SSA will be included. Consult with the SAAG regarding the decision. Clearly document the decision in Georgia SHINES.

Parents/Legal Custodian Engagement

A child entering foster care is a traumatic event which impacts the lives of all involved. There may be times when the SSCM will need to engage the parent/legal custodian about diligent search during their first encounter. The parent/legal custodian may be emotionally overwhelmed and may not trust DFCS and is defensive in his/her response to DFCS' urgency in obtaining relative information. The parent/legal custodian may prefer not to involve their family for fear that relatives may not approve of their circumstances. This is an opportunity for the SSCM to build rapport by having an honest conversation with the parent/legal custodian explaining diligent search, the purpose of a diligent search, and the urgency is of conducting it timely. Also, explain that specific information about the circumstances that precipitated the child entering care cannot be disclosed to family and other individuals, however, family can be informed that the child is in foster care. Terms should be explained in a manner that the parent/legal custodian can understand and answer any questions he/she may have. Ask the parent/ legal custodian his/her placement preferences if reunification is no longer an option. The SSCM should be empathetic and nonjudgmental about the parent's/legal custodian's feelings. Inform the parent/legal custodian they will be asked to testify under oath about absent parent(s), relatives, fictive kin, and other committed individuals. Re-engage the parent(s)/legal custodian at each contact for additional information about relatives, friends, fictive kin, and other committed individuals that could support the child and family while their child is in foster care. Ongoing communication with the parent/legal custodian regarding who was located and contacted, and the next steps is also necessary to build a partnership and overcome any barriers.

Child Engagement

Children want their voices to be heard and input in the changes occurring around them. A child should be involved in the diligent search process and the decision-making when age and developmentally appropriate. The diligent search process should be explained to the child in a manner that he/she can understand and answer any of his/her questions. Engage the child in identifying relatives and other important people in his/her life and provide the benefits of finding family to support the child while in foster care. Keep the child informed on who was located and contacted and the next steps.

Contacting Identified Persons

All identified persons should be contacted whether in the state of Georgia or out of the state. When contacting identified persons, it is important to provide the reason for the communication. Take into consideration the person may be unaware of the family's child welfare involvement or the child is out of the home and may become emotional. The SSCM should discuss the different options that the person can play in the child's life while in foster care to demonstrate his/her interest and willingness to provide a permanent home if reunification is not possible, for example:

1. Providing care for the child while in foster care by becoming a kinship caregiver or foster par-

ent;

2. Visiting with the child (i.e., summer vacation, weekends, holidays); and
3. Providing additional support (i.e., transportation, maintaining regular contact with the child, participating in case planning activities).

Communication is important in managing expectations about the potential outcomes. The SSCM should be clear about his/her intentions, the six-month timeframe of being considered a permanent resource for the child, and not make promises he/she cannot keep. Always ask about additional relatives, friends, fictive kin, or other supportive persons in the parent or child lives. Be sure to provide the SSCM's contact information if he/she has additional questions or information. Following the initial contact, provide the Diligent Search Notification to relatives or parents of a sibling of the child where the parent has legal custody of the sibling outlining the services available to the individual if he/she decides to become a resource. The SSCM should encourage the persons timely response.

The SSCM should follow up on every potential lead and document the results. When individuals have been identified as a possible resource for the child or the family, it is important to maintain contact to provide updates even if there is no progress to report. A person may be ruled out due to CPS history or criminal history, he/she should be promptly notified of the determination and informed of any role he/she can play in the child's life while in foster care. Some persons may not be emotionally ready to become involved in the case and may need some additional time to consider his/her options. It is important to periodically revisit persons who at one point may have declined as feelings change over time.

Absent Parents

Parents help children understand who they are, their family, culture, and heritage. When a parent is absent or missing from a child's life, the child is in essence missing a piece of him/her self. It is important for a child to maintain contact with both parents. When a child is removed from the custody of either one parent or a legal custodian, diligent search efforts must include a search for the absent parent(s). This includes inquiring about the absent parent(s) with the parent/legal custodian from whom the child was removed, the child, relatives, and other persons contacted while conducting a diligent search. Sometimes a parent/legal custodian will not reveal the identity of the absent parent(s) or only identify the absent parent by first name or proclaim no knowledge about the absent parent's location. The parent/guardian may have a number of reasons he/she will not provide this information which may include fear that absent parent(s) may seek or be granted legal custody, they had a problematic relationship that he/she wishes to leave in the past, or the absent parent has not played a role in the child's life. The SSCM should acknowledge and normalize the parent's/legal custodian's feelings about the situation. However, it should not impact DFCS' due diligence to locate an absent parent, unless there is family violence, and it imposes a significant safety issue for the child or parent. Keep in mind an absent parent may not be aware of DFCS involvement or the circumstances that precipitated the involvement. Also, an absent parent may not be aware that he/she even has a child. Even vague information that you receive may help you locate the absent parent.

Other sources of information used to identify and locate absent parents are the following:

1. Child's birth certificate can provide the following:

- a. Mother's maiden name
 - b. Mother's marital status at the time of birth
 - c. The identity of the father.
2. Putative Father Registry is a list of names of men who have acknowledged paternity of a child by completing the Paternity Acknowledgement form or have indicated the possibility of paternity without acknowledging paternity of the child (see policy [11.2 Adoptions: Putative Father Registry & Birth Certificates](#)).
 3. Military branches of services can be contacted if the individual is believed to be in the military or recently discharged from the military.
 4. Federal Parent Locator service documents new hire information and can locate persons in the county where they are presently working.
www.acf.hhs.gov/programs/cse/newhire
 5. Federal Bureau of Prisons Inmate Locator website can be used if information indicates that an absent parent is currently incarcerated in a federal prison.
www.bop.gov/inmateloc
 6. U.S. Immigration and Customs Enforcement (ICE) public website can be used if the individual is reported as detained for deportation outside the United States. Information required to process an inquiry includes:
 - a. The detainee's first and last name; and
 - b. The country of birth; or
 - c. The detainee's A-Number (the nine-digit identifying number that is assigned to a person during immigration benefits or enforcement proceedings) and/or
 - d. A date of birth for the detainee, if available.
www.ice.gov/locator



CLEAR®

CLEAR® is a DFCS family locator tool used to find absent parents, relatives, fictive kin, and other committed persons with a significant relationship to the child. CLEAR® offers fast, efficient search technology that allows one to locate people and authenticate their identities. The CLEAR® search includes information from all three credit reporting agencies, Equifax®, Experian®, and Transunion® so the record is updated with a current address every time there is an application for credit. The CLEAR® search may provide the following:

1. Current or previous addresses and a timeframe for each address
2. Social Security Numbers
3. Telephone Numbers
4. Identity of Spouse
5. Criminal History
6. Marriages and/or divorces
7. Licenses held

8. E-mail addresses
9. Social Media accounts/pictures
10. Public wish lists (such as Amazon)
11. Vehicle Registrations
12. Description of Vehicles owned
13. Relatives
14. Associates (for all prior addresses)
15. Neighbors

CLEAR® searches can only be conducted by DFCS staff authorized who have completed the Introduction to CLEAR® training and have a CLEAR® User Agreement/Acknowledgement Statement on file.

-  CLEAR® reports contain personal identifiable information and should be kept confidential.
-  CLEAR® reports cannot be uploaded in Georgia SHINES External Documentation as they may contain other persons' information, who are not associated with the case.

Federal Parent Locator Services

Federal Parent Locator Services are beneficial to DFCS in locating absent parents and identifying extended family members of a child for whom DFCS is making placement and/or permanency plans. DCSS may share the following information with DFCS on a custodial parent, non-custodial parent, or putative father:

1. Person's name
2. Person's address
3. Social Security Number
4. Employer's name
5. Employer's address
6. Federal Employer Identification Number
7. Wages, income, and benefits of employment, including healthcare coverage
8. Type, status, location and amount of any assets or debts owed by or to, any such
9. individual

-  When locating a relative for title IV-E/IV-B program purposes, DCSS may only share the first six listed above.

Online Directories

Online directories can provide addresses and telephone numbers of searched persons. A reverse look-up usually allows the SSCM to obtain the name of the person from a telephone number, but some sites, also offer a reverse lookup by address. Some sources are:

1. www.whitepages.com

2. www.superpages.com
3. www.wayp.com (source for international White and Yellow Page search sites)
4. www.infobel.com (worldwide online telephone directory)

Internet Search Engines

1. Google® www.google.com
2. Bing® www.bing.com
3. Yahoo® www.yahoo.com

Social Media Networks

1. Facebook® www.facebook.com
2. Instagram® www.instagram.com
3. Twitter® www.twitter.com
4. Snapchat® www.snapchat.com

Documenting Diligent Search Efforts and Results in Georgia SHINES

Documenting diligent search provides a road of DFCS efforts to locate supports for the child while in foster care and leaves a clear picture for the next SSCM partnering with the family. All persons identified during the diligent search process must be added to the Person Detail page. A person can be added at any stage in Georgia SHINES.

The Contact Detail Page is used to document each contact made related to a diligent search. “Diligent search” should be selected as one of the purposes of the contact. Document the discussion and outcome of the discussion with each relative regarding the diligent search notification and their interest and willingness to become a placement resource, visitation resource and to provide a permanent home for the child. Also, document on the Contact Detail Page any barriers and reason that the individual was not selected as a placement resource. The contacted person and the date of the contact prepopulates onto the Diligent Search Report. Failure to select diligent search as a purpose of the contact, will result in the information not prepopulating onto the Diligent Search Report.

The Diligent Search Information page captures the responses from each contact with absent parents, relatives, fictive kin, and other committed persons, including their interest and willingness to become a placement or visitation resource and/or provide a permanent home for the child. The page should be completed for each contact entered on the Contact Detail page where “diligent search” was selected as the purpose of the contact. Decisions not to contact an absent parent, relative, fictive kin or other committed persons should also be recorded on the Diligent Search Information page. The Diligent Search Information page is where the Diligent Search Notification should be emailed or launched and printed to be physically mailed. Continuously update the Diligent Search Information page, as persons are identified and contacted, and as previously contacted persons are re-engaged. Information entered on the Diligent Search Information page is prepopulated to the Diligent Search Report.


The Diligent Search Report is comprised of all contacts entered on the Contact Detail page where “diligent search” was selected as the purpose of the contact and all information entered on the Dili-

gent Search Information page. Review the Diligent Search Report prior to submitting for court review to ensure accurateness and thoroughness.

Forms and Tools

N/A

19.21 Unable to Locate

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(19) Case Management		
	Policy Title:	Unable to Locate		
	Policy Number:	19.21	Previous Policy Number(s):	2104.40, 2104.41, 5.10, 13.12, 17.9
	Effective Date:	September 2018	Manual Transmittal:	2018-09

Codes/References

O.C.G.A. § 15-11-10 Juvenile Court Exclusive Original Jurisdiction

O.C.G.A. § 19-7-5 Reporting of Child Abuse and Neglect

O.C.G.A. § 19-11-9 Location of Absent Parents; Putative Father Registry

O.C.G.A. § 49-5-8 Powers and Duties of Department of Human Services

O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records

Public Law 105-89 Adoptions and Safe Families Act of 1997

Requirements

The Division of Children and Families Services (DFCS) will:

1. Conduct efforts to locate:

- a. A parent, or family when they cannot be located or has moved to an unknown location during an Initial Safety Assessment (ISA), Family Support Services (FSS), Investigations, Family Preservation Services (FPS), Foster Care, and Adoption.
- b. A youth (18-21 years of age) who is unable to be located receiving Independent Living Programs Services and/or Extended Youth Support Services and DFCS has been designated by the court to conduct a status review.



For youth 18 years of age and over, a valid Authorization for Release of Information (ROI) must be in place in order to obtain information on the youth from providers, educational institutions, etc.

- c. A child and/or custodian when they are unable to be located and DFCS has been designated by the court to conduct the review of a permanent custody order (see policy [17.9 Legal: Court Review of Custodial Orders](#)).
- d. A biological parent(s) when a biological parent(s) cannot be located and DFCS has been

appointed by the court to conduct an investigation to verify a petition for an independent adoption by a stepparent, relative or third party (see policy [11.23 Adoption: Independent Adoption Investigations - Appointed by the Court](#))

2. Document all efforts and information obtained to locate a parent, youth or family in Georgia SHINES within 72 hours.



For children who are missing during an open foster care or Child Protective Services case, continue to refer to policy [19.22 Case Management: Missing Children](#).

Procedures

Social Services Case Manager

1. Make unannounced visits to the last known address to verify whether the parent, family or youth has vacated this location.
2. Interview neighbors to determine if they are aware of the parent's, family's or youth's new address.
3. Contact the landlord or rental office to determine if the parent, family or youth has provided a change of address.
4. Speak with the child (if available) to determine if the family:
 - a. Has other residences;
 - b. Has a new residence; or
 - c. Has lived with other individuals in the past.
5. Activate a Protective Services Alert in Georgia SHINES:



Emails should not be used to activate Protective Service Alert.

6. Contact schools and child care centers to determine if the parent:
 - a. Has withdrawn the child from school/child care center;
 - b. Has informed them of the new address; and/or
 - c. Has requested the transfer of school records (if applicable).
7. Send a United States Postal Service Address Information Request to the United States Postal Service (USPS) to determine if the parent, family or youth has submitted a change of address.
8. Conduct a search of SUCCESS/Gateway to determine if the address or contact information for the parents, family or youth has been updated.
9. Review the case record in Georgia SHINES to identify relatives, family supports or any information that may be used to locate the parent, family, or youth. This review includes but is not limited to the following:
 - a. Person List Pages
 - b. Genograms
 - c. Assessments (Comprehensive Child and Family Assessment, Wraparound, psychological evaluations, etc.)

d. Family Team Meeting documentation and interview notes

10. Contact all known relatives and others identified from the review to determine if they have knowledge of a new address and/or contact information for the parent, family or youth.
11. Contact the child's medical provider or area health departments to determine if the parent, family or youth has provided a new address.
12. Contact all known providers to determine if the parent, family or youth has provided an updated address and/or contact information.
13. Advise individuals to notify DFCS at any time they become aware of the parent's, family's or youth's location.
14. Conduct an internet (i.e. Google®) and social media (Facebook®, Twitter®, Instagram®, etc.) search for updated contact information.



SSCMs shall not use their personal social media network to conduct social media searches. Never post messages on the parent's or youth's social media network page.

15. Conduct a CLEAR® search and review for an updated address, contact information and relatives.
16. Contact law enforcement to request assistance with locating the parent, family, or youth.



Law enforcement may be able to provide assistance when there is a commission of a crime, safety concerns, an open warrant, interference with DFCS custody, etc. They may also be able to provide assistance if information becomes known to them about a parent, family or youth.

17. Contact the Division of Child Support Services (DCSS) to determine whether the family has provided notification of a new address.
18. Document all efforts to locate a parent, family or youth including any information obtained in Georgia SHINES within 72 hours.
19. When DFCS has located the parent, family or youth who was previously unable to be located:
 - a. Notify the appropriate county or state child welfare office of their location, if applicable (see policy [19.4 Case Management: Case Transfer](#)).
 - b. Deactivate the Protective Services Alert in Georgia SHINES;



Emails should not be used to deactivate Protective Service Alerts.

- c. Screen-in and assign Intake Reports to ISA with an immediate or 24-hour response time when a new intake is received on a family with a protective service alert as outlined in policy [3.2 Intake: Making an Intake Decision](#).
- d. Assess both the current and previous allegations of maltreatment when a new Intake report is received on a family with an active Protective Service Alert and the previous case was an ISA, FSS, INV and the allegations were not assessed (see policy [5.1 Investigation: Conducting an Investigation](#)).

Social Services Supervisor

1. Conduct supervisory staffing to provide guidance to the SSCM when a parent, family or youth is unable to be located:
 - a. Discuss efforts required to locate a parent, family or youth;
 - b. Determine the need for additional search options;
 - c. Discuss both the current and previous allegations of maltreatment when the SSCM has been assigned an assessment on a family with an active Protective Service Alert and the previous allegations were not assessed.
 - d. Discuss actions needed when a parent, family or youth has been located.
2. Review the documentation to verify efforts to locate a parent, family or youth have been conducted and documented prior to closing a case or concluding a court review.
3. Ensure protective services alerts have been initiated when a parent, family or youth cannot be located.

Practice Guidance

Protective Service Alerts

A Protective Services Alert is a tool that DFCS uses to notify other staff when a parent, family or youth with an open case cannot be located. The goal of a Protective Services Alert is to immediately notify staff who may come in contact with a person/family with an active alert of the need to address unresolved safety concerns. A Protective Service Alert is activated via the Protective Service Alert page in Georgia SHINES. The Protective Service Alert Page is used to document and track any person that may have moved to an unknown location, cannot be located, absconded or run-away during the course of an ISA, FSS, INV, FPS, Foster Care, and Adoption. The Protective Service Alert will display in read-only format on the Person Detail page when there is an active alert on a person. Only users with the appropriate security profile are permitted to disable or modify an existing Protective Service Alert for a person. Reasonable efforts must be exhausted prior to the closure of a case involving a family that DFCS is unable to locate during any stage of involvement.

USPS Address Information Request

As soon as it is suspected that a parent, family or youth cannot be located or has moved to an unknown location, send the United States Postal Service Address Information Request form to the USPS to determine if a change of address was submitted. This information should be requested early in the process of conducting efforts to locate a parent, family or youth to prevent a delay in case disposition or a lapse in case management activities. For the quickest response from the USPS adhere to the following guidelines:

1. Complete and submit a United States Postal Service Address Information Request form for each adult you are attempting to locate.
2. Address the envelope to the POSTMASTER with the city, state and zip code of the last known address of the parent, family or youth.
3. Include a prepaid DFCS self-addressed envelope with the United States Postal Service Address Information Request form. Add to the DFCS self-addressed envelope the SSCM's name, title and


any other information needed to ensure proper routing of the returned letter to the SSCM. These envelopes should be available in the Office of Family Independence (OFI).

Upload to Georgia SHINES External Documentation a copy of the United States Postal Service Address Information Request form sent to the USPS and received from the USPS.

CLEAR®

CLEAR® offers fast, efficient search technology that allows one to locate people and authenticate their identities. The CLEAR® search includes information from all three credit reporting agencies, Equifax®, Experian®, and Transunion® so the record is updated with a current address every time there is an application for credit. The CLEAR® search may provide the following:

1. Current or previous addresses and a timeframe for each address
2. Social Security Numbers
3. Telephone Numbers
4. Identity of Spouse
5. Criminal History
6. Marriages and/or divorces
7. Licenses held
8. E-mail addresses
9. Social Media accounts/pictures
10. Public wish lists (such as Amazon)
11. Vehicle Registrations
12. Description of Vehicles owned
13. Relatives
14. Associates (for all prior addresses)
15. Neighbors

 CLEAR® reports contain personal identifiable information and should be kept confidential. CLEAR® reports cannot be uploaded in Georgia SHINES External Documentation as they may contain other persons' information, who are not associated with the case.

Additional Search Options


Based on case circumstances additional focused searches may be warranted. For example, if a parent or youth has a history of mental illness and hospitalizations, the search will include area mental health hospitals and facilities. If a parent or youth has a history of criminal behavior and repeated incarcerations, the search should include local city and county jails.

Forms and Tools

[Authorization for Release of Information](#)

[Authorization for Release of Information - Spanish](#)

19.22 Missing Children

	Georgia Division of Family and Children Services Child Welfare Policy Manual		
	Chapter:	(19) Case Management	
	Policy Title:	Missing Children	
	Policy Number:	19.22	Previous Policy Number(s):
Effective Date:	May 2024	Manual Transmittal:	2024-05

Codes/References

O.C.G.A. § 15-11-381 Definitions

O.C.G.A. § 35-3-83 Missing Child Reports

Title IV-E of the Social Security Act §§ 471(a)(9)(C)(i)(1), 471(a)(10), 471(a)(22), 471(a)(34)(A), 471(a)(35)(A), 471(a)(35)(B), and 472(c)(1)

34 USC § 41308 State Requirements for Reporting Missing Children

Public Law (PL) 113-183 Preventing Sex Trafficking and Strengthening Families Act of 2014

PL 117-348 Trafficking Victims Prevention and Protection Reauthorization Act of 2022

Requirements

The Division of Family and Children Services (DFCS) will:

1. Work in partnership with parents, caregivers, or legal custodians to expeditiously locate and assess the safety of:
 - a. Any child/youth missing from foster care (including extended foster care); and
 - b. Any missing child/youth in an active Child Protective Services (CPS) case.
2. *Have protocols for:*
 - a. *Expediently locating any child/youth missing from foster care;*
 - b. *Determining the primary factors that contributed to the child/youth's running away or otherwise being absent from care, and to the extent possible and appropriate, responding to those factors in current and subsequent placements;*
 - c. *Determining the child's/youth's experiences while absent from care, including screening the child/youth to determine if the child/youth is a possible sex trafficking victim; and*
 - d. *Reporting such related information as required by the Secretary of Health and Human Services.*
3. *Report immediately, and in no case later than 24 hours after receipt, information on missing or abducted children/youth to the law enforcement authorities for entry into the National Crime Information Center (NCIC) database of the Federal Bureau of Investigation, and to the National Center for Missing and Exploited Children (NCMEC). Include the following, where reasonably possible:*

- a. *A photo of the missing or abducted child/youth.*
- b. *A description of the child's/youth's physical features, such as height, weight, sex, ethnicity, race, hair color, and eye color.*
- c. *Endangerment information, such as the child's/youth's pregnancy status, prescription medications, suicidal tendencies, vulnerability to being sex trafficked, and other health or risk factors.*



This applies to any child/youth over whom DFCS has responsibility for placement, care, or supervision and who the agency has reasonable cause to believe is, or is at risk of being, a sex trafficking victim (including children/youth for whom an agency has an open case file but who have not been removed from the home, children/youth who have run away from foster care and who have not attained 18 years of age, youth receiving extended foster care, or youth who are not in foster care but are receiving Chafee Independent Living services).

4. *Maintain regular communication with law enforcement and NCMEC to provide a safe recovery of missing or abducted children/youth, including sharing information pertaining to their recovery and circumstances related to the recovery.*
5. Notify the DFCS Missing Children Team within 24 hours of determining that a child/youth in foster care is missing.
6. Notify the Revenue Maximization Specialist (RMS) within 24 hours of determining that a child/youth in foster care is missing and within 24 hours of when the child/youth is located.



The RMS will terminate title IV-E Reimbursability for title IV-E eligible child/youth.

7. File a runaway report in juvenile court within two business days of determining that a child/youth in foster care is missing. The motion shall include reasonable efforts made to locate the child/youth.
8. Maintain an open foster care case on any missing child/youth in the temporary or permanent custody of DFCS to continue efforts to locate the child/youth and address the concerns that brought the child/youth into foster care.
9. At a minimum of every 90 days (if the child/youth remains missing), conduct a staffing with the County Director/Designee to discuss ongoing efforts to locate the child/youth.
10. Make face-to-face contact with a previously missing child/youth within 24 hours of the child/youth being located to determine factors that contributed to the child/youth being missing, the child's/youth's experiences while absent from care, and to assess whether the child/youth is at risk or is a victim of sex trafficking^[19].



The child/youth is located out-of-state.

11. Arrange for or request the caregiver obtain a medical examination of the child/youth within 48 hours of the child/youth's return. In CPS cases, the parent is responsible for obtaining the medical examination.



The decision to take this action should be based on information revealed during the interview with the child/youth, and/or based on the length of time the child/youth was missing.

12. Develop or update the written Youth Runaway Prevention Plan to address circumstances and situations that may have led to a runaway episode within seven calendar days of a youth return

(see Practice Guidance: Youth Runaway Prevention Plan).

13. Adhere to the Health Insurance Portability and Accountability Act (HIPAA) and confidentiality provisions outlined in policies [2.5 Information Management: Health Insurance Portability and Accountability Act](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#).

Procedures

Social Services Case Manager

1. When the child is suspected to be missing, make efforts ascertain the youth's whereabouts:
 - a. Contact the caregiver and other household members to determine when and where the child was last seen, the child's state of mind, and whether any of the child's belongings are missing.
 - b. In conjunction with the caregiver, to include but not limited to the following:
 - i. Contacting the child on his/her cell phone or social media.
 - ii. Contacting the child's parent(s) and family members.
 - iii. Contacting the child's friends, and persons with whom the child associates.
 - iv. Visiting the location(s) where the child was last seen and where they frequent (e.g. school, park, and movie theatre).
2. Ask the parents/caregivers if they have filed a missing person report with law enforcement and request assistance with locating the missing child/youth, if appropriate.
3. Contact law enforcement to file a missing person report immediately, but no later than 24 hours of determining that a child/youth is missing (see Practice Guidance: Law Enforcement Reporting).
 - a. Provide the following information about the child/youth:
 - i. Name, date of birth (DOB), social security number (SSN), placement or home address, last known location.
 - ii. A photo of the missing or abducted child/youth.
 - iii. A description of the child's/youth's physical features, such as height, weight, sex, ethnicity, race, hair color, and eye color.
 - iv. Endangerment information, such as the child's/youth's pregnancy status, prescription medications, suicidal tendencies, vulnerability to being sex trafficked, and other health or risk factors.
 - b. Request the child's information be entered into the FBI's National Crime Information Center (NCIC).
 - c. Provide the contact information for the Social Services Case Manager (SSCM) including how to contact the appropriate DFCS staff after hours.
 - d. Obtain the missing person case report number, the officer's receiving the report's name, badge number, contact number, and precinct.
4. After filing a missing person report with law enforcement, report the missing child to the National Center for Missing & Exploited Children® (NCMEC) immediately but no later than 24

hours of determining a child/youth is missing.

- a. The report can be made by calling the hotline at 1-800-THE-LOST (1-800-843-5678) or on the website at www.missingkids.org/theissues/missingfromcare by completing the online form designed for Child Welfare caseworkers.
- b. There must be an active missing person police report.
- c. Advise NCMEC not to identify a child/youth as being in foster care during any of its activities.
- d. Provide the following information about the child/youth:
 - i. Name, DOB, SSN, placement or home address, last known location.
 - ii. A photo of the missing or abducted child/youth.
 - iii. A description of the child's/youth's physical features, such as height, weight, sex, ethnicity, race, hair color, and eye color.
 - iv. Endangerment information, such as the child's/youth's pregnancy status, prescription medications, suicidal tendencies, vulnerability to being sex trafficked, and other health or risk factors.
- e. Provide NCMEC with the contact information for the SSCM including how to contact the appropriate DFCS staff after hours.

5. Activate a Protective Services Alert in Georgia SHINES.

6. Update the Placement Information page in Georgia SHINES using the placement type "Run-away" to indicate that the child/youth is missing. This must be done within 24 hours of a child/youth in DFCS custody being determined to be missing.



The DFCS Missing Children Team will be automatically notified by Georgia SHINES when the Placement Information page is approved by the Social Services Supervisor (SSS).

7. Send a Notification of Change (NOC) via Georgia SHINES to the RMS indicating a child/youth is on runaway status or otherwise missing from the foster care placement.

8. Follow up with local law enforcement **within 24 hours** of filing the missing person report to confirm that the missing child/youth has been added to the FBI's NCIC.

- a. If the child/youth's information has not been added to the NCIC database, follow-up with law enforcement **daily** until confirmation is received. Escalate the issue up the law enforcement agency's chain of command until the appropriate action is taken.
- b. Obtain the name and title of the individual who provides confirmation.

9. Notify the Juvenile court within two business days of determining a child/youth in DFCS custody's is missing by filing a runaway report. The motion shall include efforts made (to date) to locate the child/youth.

10. In addition, notify the following:

- a. Child/youth's attorney, Guardian Ad Litem and Court Appointed Special Advocate (CASA).
- b. Any other Division/Department that also serves the child/youth, including the child/youth's school officials, probation officers, attorneys, service providers, etc.

 In CPS cases, obtain a signed release of information to facilitate such communication.

11. In conjunction with the caregiver(s), continue a comprehensive search to locate the child/youth in accordance with Practice Guidance: Searching for a Missing Child/Youth.
12. Address the following monthly with the SSS **and** every 90 days (at a minimum) with the County Director/Designee if a child/youth remains missing:
 - a. Efforts made to locate the child/youth.
 - b. Additional strategies that may be employed to locate the child/youth.
 - c. The child/youth's history of running away (if applicable) and whether the child/youth seems to be running to a specific place or person.
 - d. Whether it is known if the child/youth is at risk or a victim of human trafficking.
 - e. The communication with law enforcement and NCMEC regarding efforts and progress made to locate the child/youth.
 - f. Impact of the child being missing on the case plan outcomes.
 - g. The plan for providing ongoing support/services for the youth when located (e.g., changes in case plan, changes in permanency plan, services to address issues associated with sex trafficking, etc.).
13. Encourage the child/youth to return every time contact is made with the missing child/youth.
14. Document all case management activities including efforts to locate the child/youth in Georgia SHINES within 72 hours of occurrence.

Social Services Supervisor

1. Ensure the SSCM completes the following immediately, but no later than 24 hours of determining that a child is missing:
 - a. Reports to law enforcement and NCMEC that a child/youth is missing and that the required information has been provided.
 - b. Updates the Placement Information page in Georgia SHINES using the placement type "Run-away" to indicate that the child/youth is missing.
 - c. Activates a Protective Services Alert in Georgia SHINES.
 - d. Sends a NOC via Georgia SHINES to the RMS indicating that the child/youth is on runaway status or otherwise missing from the foster care placement.
2. Approve the Placement Information page in Georgia SHINES to facilitate the automatic notification to the DFCS Missing Children Team.
3. Verify the SSCM followed up with local law enforcement within 24 hours of filing the missing person report to confirm that the missing child/youth has been added to the FBI's NCIC database. Assist the SSCM with escalating the issue if the missing child/youth has not been added to the NCIC database timely.
4. Ensure the SSCM files a runaway report with the Juvenile court within two business days of the child/youth missing when the child/youth is in DFCS custody's. Assist the SSCM will detailing the efforts made (to date) to locate the child/youth for the motion.

5. Continuously monitor the ongoing efforts to locate the missing child/youth while the child remains missing (see policy [19.6 Case Management: Supervisor Staffing](#))
 - a. Coach the SSCM in conducting a comprehensive search to locate the child/youth (see Practice Guidance: Searching for a Missing Child/Youth).
 - b. Verify that regular communication is occurring with law enforcement and NCMEC.
 - c. Review the missing child's/youth's case record in Georgia SHINES to verify efforts to locate the child/youth have been documented.
6. Initiate staffings with the County Director/Designee at a minimum of every 90 days (if the child/youth remains missing) to discuss ongoing efforts to locate the child/youth.

When the Child/Youth is Located

The SSCM will:

1. Make face-to-face contact with the child/youth within 24 hours of their return to determine factors that contributed to the child/youth being missing, the child's/youth's experiences while absent from care, and to assess whether the child/youth is at risk or is a victim of sex trafficking (see Practice Guidance: Interview with a Child/Youth Previously Missing).
 - a. If the child/youth is in another county or state, request a courtesy contact be made by a state child welfare agency in the county or state where the child/youth is located.
 - b. Take or obtain a current picture of the child/youth to document the child/youth's appearance at the time of return and upload it into Georgia SHINES External Documentation.
 - c. If the results of the assessment suggest a child/youth is a victim of sex trafficking or at risk of being a victim of sex trafficking, follow the procedures outlined in the Human Trafficking Case Management Statewide Protocol (see [Forms and Tools](#)) to ensure that the youth receives appropriate screening and services.
2. Notify law enforcement immediately.
3. Notify NCMEC immediately via the Hotline Number, 800-THE-LOST (800-843-5678).
4. Notify the parent and the placement resource (if a child/youth is in foster care) within 24 hours.
5. Deactivate the Protective Services Alert in Georgia SHINES immediately, but no later than the following business day.
6. Notify the DFCS Missing Children Team within 24 hours.
 - a. Update the Placement Information page in Georgia SHINES by end dating the Runaway placement event.
 - b. When the SSS approves the change to the Placement Information page, Georgia SHINES will automatically send a notification to the DFCS Missing Children Team.
7. Notify the juvenile court, GAL, CASA, and any other entities actively assisting DFCS with the search for the previously missing child/youth no later than the following business day.
8. Arrange for or request the caregiver obtain a medical examination of the child/youth within 48 hours of the child/youth's return based on information revealed during the assessment of the child and/or duration of the child being missing. In CPS cases, the parent is responsible for obtaining the medical examination.

9. Submit a new IV-E application in Georgia SHINES when a missing child/youth returns to foster care.



New determinations of all eligibility factors, including judicial determinations of “contrary to the welfare” and “reasonable efforts”, are required if the child/youth returns to foster care after six months as this is considered a new placement episode for IV-E purposes.

10. Make every effort to place children/youth previously missing from foster care in the same placement they were in prior to becoming missing, when appropriate (see policy [10.4 Foster Care: Selecting a Placement Resource](#)).
11. Refer the child/youth and family for appropriate services to address identified issues related to the child being missing/runaway, other identified at-risk behaviors including but not limited to being at risk or a victim of human trafficking (see policy [19.17 Case Management: Service Provision](#)).
12. Develop or update the written Youth Runaway Prevention Plan (see Practice Guidance: Runaway Prevention Plan).
13. Visit the child/youth more frequently (weekly or more often as needed) to work with the child/youth and caregiver(s) to stabilize their relationship and to address the factors that led to the runaway episode and prevent further disruption. Make efforts to coordinate visits with service providers or child placing agencies/child caring institutions (CPA/CCI) staff, if applicable.
14. Document all case management activities and updates in Georgia SHINES within 72 hours of occurrence.

The SSS will:

1. Ensure face-to-face contact with the child/youth is made within 24 hours of their return.
2. Ensure the appropriate parties are notified that the child/youth has been located in accordance with the policy timeframes.
3. Ensure the following are completed in Georgia SHINES:
 - a. The Protective Services Alert is deactivated in accordance with the policy timeframe.
 - b. A new IV-E application is submitted (if the child/youth return to foster care).
4. Collaborate with SSCM to develop a Youth Runaway Prevention Plan for the located children/youth.

Practice Guidance

Missing Children/Youth

The term missing means that the whereabouts of the child/youth is unknown. The term “runaway” is used by DFCS to refer to youth whose whereabouts are unknown to their caregiver and there is a reasonable suspicion that the child/youth has absconded from their place of residence, and preliminary efforts to locate the child/youth have yielded no results. However, it is important to remember that just because a child/youth is missing does not mean the child/youth ran away. Children/youth may go missing for a number of reasons and it is important to determine why they are missing to improve efforts to locate them and prevent future episodes. In all instances, a comprehensive

search must be made by the caregiver and DFCS to locate missing children/youth.

Missing children/youth are at great risk of victimization and exploitation. They usually do not perceive the inherent risks or see themselves as potential victims. Because of the potential dangers to the child/youth, a runaway/missing child/youth episode is a major event that requires intensive intervention and safety planning. When children/youth in foster care are missing, the issues that brought the children/youth into care need to be adequately addressed with the parent/caregiver before DFCS intervention is concluded, regardless of the location of the child/youth. DFCS does not seek to be relieved of custody based on the child/youth being missing.

DFCS has formed a Missing Children Team to manage the tracking of missing children/youth in foster care. The Team is comprised of representatives from several sections within the State Office, field operations, and the Georgia Bureau of Investigations. Since the team is notified that a child/youth is missing or located via Georgia SHINES, it is extremely important that the Placement Information Page be completed timely whenever a child/youth is determined to be missing or has returned from being missing. Doing so will ensure accurate accountability for children/youth.

Interview with the Caregiver When a Child/Youth is Missing

If a child/youth is missing, the SSCM should explore the following issues with the caregiver:

1. Has the child/youth ever run away before, for how long, and where did the child/youth go?
2. Did the child/youth express a desire to run away, go to a specific place, or see a specific person?
3. Did the caregiver observe any cues that the child/youth was planning to run away?
4. Who is the child/youth permitted to visit? Where (neighborhood, home, school)? Are the parents of the child/youth's friends known by the placement provider?
5. What are the rules of the residence concerning allowable areas for the child/youth to be without first securing caregiver permission?
6. Has the child/youth started any new friendships, or "hanging out" with new people?
7. Have there been any changes in the child's/youth's behavior? What are the changes?
8. Are there issues being experienced by the caregiver that may have contributed to the child/youth running away?
9. Who are the child's/youth's friends? Is their contact information known to the caregiver?
10. What steps can be taken to avoid future occurrences of running away?

Endangerment Indicators for Runaway Youth

These are conditions or behaviors that, in conjunction with the child/youth's absence from an environment known to be safe, severely compromise the child/youth's safety. This includes one or more of the following:

1. The child/youth has been or is believed to have been abducted.
2. The child/youth is age 13 or younger.
3. The child/youth has one or more health/mental health conditions that will place the child/youth at serious harm without required treatment.

4. The child/youth is pregnant and/ or parenting, and the offspring is believed to be with the child/youth.
5. The child/youth has a physical or developmental disability/delay that impairs the child/youth's ability for self-care.
6. The child/youth has a substance abuse problem.
7. The child/youth was previously the victim of human trafficking or sexual exploitation.
8. The child/youth is in a potentially life-threatening situation.
9. The child/youth is believed to be with people who could endanger the child's/youth's welfare.

Law Enforcement Reporting

Some law enforcement jurisdictions may not be inclined to accept a missing person report for a specified number of hours or may not timely enter the report into the NCIC database. However, Federal law requires that law enforcement take a report on a missing child/youth and that there be **no wait time** to take the report. Furthermore, Federal law requires a report of a missing child/youth to be entered **within two hours** of receipt into the State law enforcement system and the NCIC computer networks. The report must also be made available to the Missing Children Information Clearinghouse within the State or other agency designated within the State to receive such reports. Therefore, if told there is a wait time, DFCS staff should reference 34 U.S.C. § 41308 (State requirements for reporting missing children). Seek assistance from the SSS and Special Assistant Attorney General (SAAG) if there is concern that a law enforcement agency is inappropriately handling reports of a missing child/youth.

When notifying law enforcement of a missing child/youth, the following information shall be provided:

1. The child's/youth's full name, aliases and nicknames, age, date of birth, social security number, and driver's license number (if applicable).
2. A description of the child/youth [i.e., height; weight; hair color; eye color; skin color; braces; clothes worn; book bag; hat; shoes; contact lenses; eyeglasses; dentures; gold or silver teeth; any impairments (physical, hearing, vision, speech); moles; scars; body piercings; or tattoos].
3. Physical or psychological conditions, developmental delays, or any condition that may affect the ability of the child/youth to respond to environmental dangers.
4. Other factors of endangerment, such as age, hazardous location, medical needs, disability, etc.
5. Medications or history of suspected substance abuse.
6. Recent photograph of the child/youth.
7. A copy of the most recent court order granting legal custody of the child/youth and other relevant facts about the child's/youth's custody status.
8. Type of missing episode (e.g., runaway, family abduction, non-family abduction, etc.).
9. Where, when, and with whom the child/youth was last seen.
10. Possible method of travel (e.g., car, bicycle, public transportation, or on foot).
11. Names and addresses of foster parents (if applicable), birthparents, relatives, former foster parents (if applicable), and friends; Locations and activities the child/youth is known to frequent.

12. Any suspected destinations; and any prior disappearances and outcomes.

National Center for Missing and Exploited Children (NCMEC)

As the national clearinghouse on missing and exploited children issues, NCMEC is uniquely positioned to provide significant and continuous support to state agencies that are searching for children missing from their care. NCMEC provides an array of resources, including case management, poster distribution, technical assistance to law enforcement, and analytical support. Every report of a missing child receives a prompt response from NCMEC's case management staff who coordinate directly with all case workers, social workers and/or law enforcement agencies involved to provide resources to help safely locate the missing child. Reporting all children missing from care to NCMEC is not just a best practice, but also a legal requirement.

Searching for a Missing Child/Youth

1. Physically look for the child/youth.
 - a. Search the last place the child/youth was seen and the immediate surrounding area.
 - b. Go to the child's last placement to interview/re-interview other children/youth at the child's/youth's placement to determine if the child/youth shared any plans or contact information for other friends. Inquire about the child's/youth's use of cell phones or social media.
 - c. Go to the homes of the child's/youth's friends and family, including extended family.
 - d. Check regular hang outs and any place frequented by the child/youth and leave messages at these places.
 - e. Go to emergency shelters and homeless youth programs.
 - f. Check food pantries.
 - g. Check with juvenile detention if it is a child/youth who is missing and jails if it is a young adult.
 - h. Check with hospitals.
 - i. If the child/youth is a victim of sex trafficking or at risk of being a victim of sex trafficking, check clubs.



Always keep worker safety in mind during any search. Supervisors should always be informed of where staff are going. Staff should not go alone to unfamiliar or potentially dangerous places. Ask for law enforcement assistance as needed.

2. Use the internet (subject to DHS/DFCS policies on use of the internet and social media).
 - a. Check Facebook, Twitter, and other social media sites. Facebook can be contacted for an IP address to assist in locating the child/youth.
 - b. Reach out to family and friends who have positive relationships with the missing child/youth to allow viewing of the content and consider asking these individuals to post messages.
 - c. If the missing child/youth is a victim of sex trafficking or at risk of being a victim of sex trafficking, check known escort sites, such as www.bedpage.com and www.onebackpage.com, and check ads.

- d. Google the child's/youth's phone number in case the number is in an ad.
3. Use the telephone.
 - a. Call the child's/youth's phone number or have someone he or she trusts call from their phone.
 - b. Utilize voicemail, text messaging and other messaging to communicate to the child/youth the need to return or go to a safe place (e.g., police station, fire department, hospital, etc.).
 - c. Use the phone's GPS system to try and determine a location.
4. Access others for assistance.
 - a. Reach out and maintain contact with those who know the child well (parents, other care-givers and friends). Ensure they understand the legal obligation to notify DFCS should the child/youth contact them (if the child/youth is in foster care).
 - b. Always consider confidentiality when determining who to contact and what information to share.
 - c. Maintain regular contact with law enforcement agencies and the NCMEC to provide any new information regarding the child's/youth's possible whereabouts and to receive updates on their efforts and progress made to locate the child/youth.
 - d. Contact the child's/youth's probation officer (if applicable) for any updated information.

Interview with a Child/Youth Previously Missing

In-person contact with a previously missing child/youth in foster is required within 24 hours of their return to determine factors that contributed to the child/youth being missing, the child's/youth's experiences while absent from care, and to assess whether the child/youth is at risk or is a victim of sex trafficking. The interview should be conducted in a manner which demonstrates empathy and concern, while also communicating to the child/youth that their safety is the primary concern. The SSCM will explore the following:

1. Why did the child/youth run away? (Explore what they expected to accomplish by running away)
2. What led up to the decision to run away?
3. Who was with the child/youth when the child/youth ran away?
4. Was he/she encouraged to run away? If so, by whom?
5. Where did the child/youth go? (List all the places)
6. What were all the places the child/youth visited while away?
7. Who were some of the people the child/youth visited or stayed with while away and what is the child's/youth's relationship with them?
8. How did the child/youth survive while away (e.g., food, clothing, shelter, hygiene, money)?
9. Did the child/youth engage in any risky behaviors (e.g., sexual activity, substance abuse)?
10. Was the child/youth the victim of a crime while away? If so, is a referral to law enforcement needed?
11. What was the best thing about being away?

12. What was the worst thing about being away?
13. What did the child/youth miss the most while away?
14. What would have stopped the child/youth from running away?
15. What services/supports did the child/youth need while being away?
16. What were some of the reasons the child/youth returned?
17. Has the child/youth thought about leaving again since being back?
18. What can be done to prevent the child/youth from running away again?
19. What advice would the child/youth give another youth who was thinking of running away?

Youth Runaway Prevention Plan

A runaway prevention plan is a method of addressing circumstances and situations that might lead to a runaway episode or a recurrence of runaway behavior. The plan is a written document which helps to promote clarity and accountability. To be more effective, the runaway prevention plan should be developed collaboratively with children/youth, their caregivers and others working with the children/youth. After all, if children/youth are not committed to the plan, the plan will not work. The plan needs to be realistic, positive, and based on a child's/youth's strengths which will increase the chances of success. While circumstances change, the plan should be reviewed regularly to determine if it remains applicable to current circumstances.


Helpful Websites for Serving the At-Risk Youth Population

1. Family and Youth Service Bureau (FYSB) for Runaway or Homeless Youth (RHY) Program www.acf.hhs.gov/fysb/programs/runaway-homeless-youth displays a map of the United States and Territories allowing the user to select a state to view a list of all the FYSB funded RHY programs in the state or territory.^[20]
2. Runaway and Homeless Youth Training and Technical Assistance Center (RHYTTAC) www.rhyttac.net. RHYTTAC serves as a centralized national resource for FYSB-funded Runaway and Homeless Youth grantees. Training and technical assistance services are directed at assisting RHY grantees to engage in continuous quality improvement of their services and to build their capacity to effectively serve runaway and homeless youth.
3. National Runaway Switchboard www.1800runaway.org or 1-800-Runaway (1-800-786-2929). This resource has a 24-hour crisis line and an experienced front-line team that can provide assistance.
4. National Center for Missing and Exploited Children (1-703-274-3900), Hotline: 1-800-843-5678, www.missingkids.org
5. Amber Alert, Georgia Bureau of Investigation, 404-244-2600

Forms and Tools

[Human Trafficking Case Management Statewide Protocol](#)
[NCEMC Report a Child Missing From Care](#)
[Runaway Prevention Plan](#)

19.23 Paternity Testing

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(19) Case Management		
	Policy Title:	Paternity Testing		
	Policy Number:	19.23	Previous Policy Number(s):	N/A
	Effective Date:	March 2023	Manual Transmittal:	2023-02

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Initiate deoxyribonucleic acid (DNA) paternity testing, when appropriate, to determine/ verify biological fathers and paternal relatives, to inform and/or support child welfare decision making regarding safety planning, case planning, placement, and permanency.



DNA paternity testing provides scientific evidence of paternity by comparing the genetic markers from the child’s DNA with those of the alleged father. DNA testing may be initiated whenever a biological father cannot be conclusively identified by other methods, and establishment of paternity is needed to support safety planning, case planning, placement, and permanency.

2. Refer individuals for DNA paternity testing:
 - a. When ordered by court;
 - b. To identify/verify biological relationships for placement and permanency for children in foster care, or termination of parental rights (TPR);
 - c. During family preservation services, if needed (e.g., to identify paternal relatives such as grandparents, or to identify biological fathers if paternity may be in doubt);
 - d. To prevent the placement of a child into foster care;
 - e. Other situations, as needed.
3. Complete a service authorization to initiate DNA paternity collection and testing.
4. Use only approved vendors for DNA paternity testing.
5. Obtain a court order to:
 - a. Conduct DNA paternity testing for incarcerated alleged parents.
 - b. Use available DNA samples from the medical examiner, funeral home, coroner, etc., if a DNA sample from an alleged parent is not available (e.g., due to them being deceased).
6. Determine, on a case-by-case basis, whether to initiate a family case study when a DNA sample

is not available from an alleged parent:

- a. Consult with the Contract Director and/or the Regional Webmaster before initiating a family case study as each family circumstances are unique.
- b. Family case studies are not recommended for uncooperative parties, such as a father refusing to have the DNA paternity test. In these situations, a petition to the court to order the DNA paternity test may be appropriate.



A family case study is done by testing two or more biological family members of the alleged parent, as well as the mother of the child.

7. Document all requests for DNA paternity testing and results in Georgia SHINES within 72 hours of occurrence.
8. Adhere to confidentiality and Health Insurance Information Portability and Accountability Act (HIPAA) provisions outlined in policies [2.6 Information Management: Confidentiality/Safeguarding Information](#) and [2.5 Information Management: Health Insurance Portability and Accountability Act](#).

Procedures

Social Services Case Manager

1. Initiate DNA paternity testing:
 - a. Complete a service authorization:
 - i. Date service authorizations to allow a minimum of 30 days if collection will be done by a DFCS staff.
 - ii. Date service authorizations to allow a minimum of 90 days if collection will be done through a vendor.
 - b. Email the request for DNA collection and testing to the DNA Collector. Attach a copy of the approved service authorization to the email.



All collections require a valid updated service authorization.

- iii. Use funding source PUP (see policy [18.3 Support Services to Prevent or Reunify Families: Prevention of Unnecessary Placement \(PUP\)](#) and the [COSTAR Manual](#)).
- iv. List all parties needing testing in the persons referred section; and
- v. Obtain approval from the Social Services Supervisor (SSS).



The DNA collection and testing request must be made directly to the Regional Webmaster rather than the DNA Collector for an incarcerated alleged parent, an alleged parent being deceased, or out-of-state requests.

- c. If the alleged parent is incarcerated, email the request for DNA collection and testing to the Regional Webmaster. Include the following:
 - i. An approved service authorization dated with a minimum of 90 days of coverage;
 - ii. A court order for paternity testing collection on the incarcerated alleged parent;

- iii. The Inmate Number and prison contact, if available.
- d. If the alleged parent is deceased and a DNA sample is needed from the medical examiner, funeral home, or coroner's office, etc., e-mail the request for DNA collection and testing to the Regional Webmaster. Include the following:
 - i. An approved service authorization dated with a minimum of 90 days of coverage;
 - ii. A court order authorizing the testing vendor to collect the sample from the named facility.



If a DNA sample for a deceased alleged parent is not available from above sources, consult with the Regional Webmaster or Contract Director to determine the appropriateness of initiating a family case study.

- e. If the alleged parent or family member lives in another state (out-of-state requests):
 - i. Email the request for DNA collection and testing to Regional Webmaster. Include an approved service authorization dated with a minimum of 90 days of coverage;
 - ii. The Regional Webmaster will arrange for the DNA Collector to conduct DNA collection and testing for the child in Georgia.



Consult with the Regional Webmaster for paternity testing from other countries.

- 2. Provide the child and parents timely notification of their DNA collection appointment(s).
- 3. Upon receipt of the DNA paternity test results from the Regional Webmaster:
 - a. In conjunction with the SSS, review the results to determine how the results impact case decision making.
 - b. Discuss the results to the alleged parent.
- 4. Document all requests for DNA paternity testing and results in Georgia SHINES:
 - a. Upload the results to External Documentation within 72 hours of receipt.
 - b. If paternity is established:
 - i. Select Paternity Established Checkbox in Person Detail;
 - ii. Change the relationship from Putative to Biological Father.



Establishing paternity through DNA paternity testing does not mean that the child has been legitimated. Refer to policy [17.15 Legal: Legitimation](#) for the legitimation process.

The DNA Collector will:

- 1. Collect DNA samples.



Samples may be collected at the DFCS office, the individual's home, or the court. Consider collector safety when determining location for sample collection.

- 2. Follow guidelines for submitting pictures, including:
 - a. On a blank sheet of paper:

- i. Write the individual's full name, date of birth, date, and obtain the signature of the individual being tested;
 - ii. Place DNA Collectors initials.
 - b. Have the individual hold the paper to take the picture;
 - c. Take a picture with an approved camera.
3. Update records of collection and shipment to the vendor on the Well-Being Paternity SharePoint website.
 4. Share DNA collection and testing information with the Regional Webmaster via Well-Being Paternity SharePoint site or email.



DNA collectors may be any DFCS staff identified by the county, including but not limited to SSCMs and Office Support staff. However, to avoid any perception of conflict of interest, the child's parent and/or guardian or assigned SSCM cannot serve as the DNA collector.

The Regional Webmaster will:

1. Schedule collections for incarcerated alleged parents, deceased alleged parents, out-of-state request with approved DNA vendors.
2. Order all DNA supplies.
3. Provide the SSCM and SSS the DNA paternity test results.
4. Process invoices.
5. Initiate family case studies with the Contract Manager, as needed.
6. Review and update the DFCS Well Being Support Services SharePoint site to reflect any changes to the DNA Collection process, such as changes to DNA Collectors.
7. Track DNA collector activity, including missing DNA specimens.
8. Serve as a resource for DNA Collectors and county staff on DNA paternity testing concerns.

Social Services Supervisor

1. Provide guidance to the SSCM regarding when and how to seek DNA paternity testing.
2. Review the service authorization to ensure it is accurate, completed timely and allows for the appropriate coverage time based on the case circumstances prior to approval.
3. Consult with other county/regional leadership where appropriate, or in accordance with any established county/regional protocols.
4. Ensure referrals to DNA Collectors and Regional Webmaster are completed timely and according to the established processes.
5. Ensure that the SSCM requests court orders when needed for DNA paternity testing.
6. Participate in family case study consultations.
7. Review paternity testing results with the SSCM, including discussing how the results impact case decision making.

Practice Guidance

DNA Paternity Testing

The most common DNA paternity sample type is a “buccal swab”. This sample is collected using a cotton swab that is gently rubbed on the inside of the cheek. Blood samples are also acceptable and are always done by the vendor.



At-home paternity tests, such as Ancestry.com, 23&Me, etc., are not considered legal evidence of paternity and are not used or accepted as evidence of paternity by DFCS.

Family Case Study

While a family case study is not as accurate as the traditional father-child DNA testing method, it can still be used to determine paternity with a high degree of accuracy. The more family members that are tested the more accurate the results will be.

DNA Collectors

Each county is expected to have a minimum of two staff trained as DNA collectors, though counties may have as many DNA collectors as needed. To identify the current DNA Collector, the SSCM may request a current DNA Collector Directory from their Regional Webmaster or the Contract Director. DNA collection is also conducted by a vendor when warranted by case circumstances and coordinated with Regional Webmaster.

Regional Webmasters

The Regional Webmasters work closely with the Contract Director to coordinate most aspects of DNA collection and testing. They serve as a resource for the DNA Collectors, as well as SSCMs and SSSs. The Regional Webmaster in conjunction with the Contract Director monitors and supervises the DNA collection and testing work of the DNA Collectors.


Well-being Paternity Testing SharePoint Site

The Contract Director manages a SharePoint site for DNA Collectors and Regional Webmasters to provide a resource for DNA collection and testing, and to be a central data point for use by DNA Collectors and Regional Webmasters to record and monitor all DFCS DNA collection and testing activities.

Forms and Tools

N/A

19.24 Family Treatment Court

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(19) Case Management		
	Policy Title:	Family Treatment Court		
	Policy Number:	19.24	Previous Policy Number(s):	N/A
	Effective Date:	November 2023	Manual Transmittal:	2023-03

Codes/References

O.C.G.A. § 15-11-2 Definitions

O.C.G.A. § 15-11-30 Rights and Duties of Legal Custodian

O.C.G.A. § 15-11-70 Family Treatment Court Division

O.C.G.A. § 15-11-101 Medical and Psychological Evaluation Orders When Investigating Child Abuse and Neglect

O.C.G.A. § 15-11-212(f) Disposition of Dependent Child

O.C.G.A. § 19-7-5 Reporting of Child Abuse

O.C.G.A. § 49-5-8 Powers and Duties of Department of Human Services

O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records

45 CFR Parts 1355.38(a)(5), 1356.21(b)(3)(i), 1356.21(d), 1356.21(k), and 1356.67

Title IV-E of the Social Security Act §§ 471(a)(15)(D), 472(a)(1), and 472(f)

Child Abuse Prevention and Treatment Act (CAPTA)

Public Law (PL) 104-191 Health Insurance Portability and Accountability Act (HIPAA) of 1996

J.J. v. Ledbetter-Release of Information of Confidential Records

Requirements


The Division of Family and Children Services (DFCS) will:

1. In accordance with the Family Treatment Court Standards by the Council of Accountability Court Judges of Georgia (see [Forms and Tools](#): Section XI Family Drug Court Standards):
 - a. Protect children’s health and safety;
 - b. Ensure the well-being of the children;
 - c. Ensure that children and their parents receive necessary services in addition to substance abuse treatment;
 - d. Assist in identifying potential participants and refer them to Family Treatment Court (FTC);
 - e. Inform the team immediately (within 24 hours) of any significant changes in the needs of children and parents as well as to attend and participate as an active, engaged member of the team in all staffings and required hearings.
 - f. Abide by the mission, goals, eligibility criteria, operating procedures, performance measures, orientation, drug testing, and program structure guidelines for the applicable FTC jurisdiction.



Each FTC jurisdiction establishes a Memorandum of Understanding (MOU) with the relevant agencies in their area outlining each agency’s role, responsibilities, duties, and tasks.

2. Provide case management services in partnership with legal jurisdictions that use the FTC model to address issues of child dependency related to parent/guardian/legal custodian substance and alcohol use.


 A Family Treatment Court is not available in every juvenile court jurisdiction. Refer to cacj.georgia.gov/family-treatment-courts to determine if your jurisdiction has a Family Treatment Court.

3. Conduct a comprehensive assessment to determine:


- a. Whether the parents/guardian/legal custodian and/or other adult household members' substance or alcohol use impacts family functioning and child safety throughout the life of the case (see policy [19.26 Case Management: Case Management Involving Substance Abuse or Use](#)).
- b. The appropriateness of filing a dependency complaint based on a comprehensive assessment of the family's functioning and child safety.

4. Identify whether parents/guardians/legal custodian with moderate to high risk substance or alcohol use needs meet the minimum eligibility criteria for FTC participation (refer to the MOU in the applicable FTC jurisdiction) including:

- a. A pending dependency petition or open Permanency case.
- b. Parent/guardian/legal custodian substance or alcohol use as a contributing factor to child maltreatment.
- c. Parent/guardian/legal custodian agreement to participate in FTC.

 No potential participant shall be excluded on the basis of sex, race, color, religion, creed, age, national origin, ancestry, pregnancy, marital status or parental status, sexual orientation, or disability.

5. File a dependency complaint/petition in the juvenile court within the appropriate jurisdiction in consultation with the Special Assistant Attorney General (SAAG) and recommend FTC services for families impacted by parent/guardian/legal custodian substance use and dependency concerns.

 If there is an existing dependency action before the court such as a protective order or open foster care case, it may not be necessary to file a new dependency complaint/petition for FTC. County staff should consult with their SAAG to determine whether to file an amendment to the existing dependency action, as appropriate.

6. Discuss with eligible parents/caregivers the benefits and requirements of FTC participation, including that it is voluntary.

7. Ensure, in partnership with the FTC team, the following occurs:

- a. A referral for a substance or alcohol use assessment for parents/caregivers or other adult household members is conducted by appropriately trained and qualified professional staff using standardized assessment tools.
- b. A referral for culturally and evidence-based substance or alcohol use treatment for parents/caregivers or other adult household members is conducted by appropriately trained

and qualified professional staff.

- c. A “warm hand-off” is used to connect the parent/guardian/legal custodian or other adult household members with service providers. When a warm hand-off is not possible, work with the parent/guardian/legal custodian to identify a responsible party to assist him/her with making and keeping appointments. Confirm that the responsible party has agreed to assist (see Practice Guidance: [Warm Hand-off](#)).
- d. The creation of coordinated substance and alcohol use disorder treatment plans and case plans for parents/guardians/legal custodians, children and/or other household members that is supported through court order which includes, as appropriate:
 - i. Clinical treatment when the assessment indicates the need for clinical treatment interventions (i.e. detoxification, crisis intervention, treatment planning, substance use counseling and education, prenatal care, medical care, mental health services and pharmacotherapy).
 - ii. Clinical supportive services (i.e. life skills training, parenting and child development education, employment readiness, housing support, legal services).
 - iii. Community supportive services (i.e. childcare, transportation, Temporary Assistance to Needy Families (TANF), vocational and education services, and connections to faith-based organizations).
- e. The development and implementation of a Plan of Safe Care for families with infants identified as being affected by substance use (illegal and/or legal); or withdrawal symptoms resulting from prenatal drug exposure; or a Fetal Alcohol Spectrum Disorder (FASD) in accordance with policy [19.27 Case Management: Developing the Plan of Safe Care for Infants Prenatally Exposed to Substances or a Fetal Alcohol Spectrum Disorder \(FASD\)](#).
- f. The coordination of drug screens to assess/monitor progress and recovery goals:
 - i. The drug screen can be used as a tool to initiate a discussion with parents/guardians/legal custodians regarding positive screens and how that fits in with their goals, retaining or regaining custody of their children, and re-evaluating the treatment and case plans to make adjustments to enable the caregiver to overcome a lapse or relapse. Also refer to Practice Guidance: [Obtaining Drug Screens for Parents/Caregivers in Treatment](#) in policy [19.25 Case Management: Drug Screens](#).
 - ii. Parents/guardians/legal custodians in Medication Assisted Treatment (MAT) programs will have positive drug screens for the medications used to treat the alcohol or substance use disorder (see Practice Guidance: [Commonly Used Medications for Medication Assisted Treatment](#) and [Forms and Tools: Know Your Rights: Rights for Individuals on Medication Assisted Treatment](#)).
- g. The commencement of treatment services occurs within 30 days of a parent/guardian/legal custodian being determined eligible for the program unless documentation includes a compelling reason that treatment could not begin (i.e., incarceration, illness, lack of a provider, etc.) and the plan to ensure family safety and well-being.



DFCS staff must initiate any services needed to address child safety and well-being concerns until the commencement of services through FTC.

- h. A celebration of the parents/guardians/legal custodians’ progress towards their recovery

goals.

8. Refer infants prenatally exposed and other children in the home under the age of three to Children 1st/Babies Can't Wait for a developmental screening in accordance with policy [19.28 Case Management: Children 1st and Babies Can't Wait](#).
9. Provide to the FTC, upon request, access to all records relevant to the treatment of the parent/guardian/legal custodian participating in the FTC as authorized by state and federal law (see policies [2.6 Information Management: Confidentiality/Safeguarding Information](#) and [2.5 Information Management: Health Insurance Portability and Accountability Act](#)).
10. Obtain and review copies of the following and upload to Georgia SHINES External Documentation within 72 hours of receipt:
 - a. The standard FTC Agreement form signed by the parent/guardian/legal custodian
 - b. The court order from each hearing
 - c. Screening, assessment and diagnosis of substance/alcohol use disorder records
 - d. Treatment records
11. Support parent(s)/caregivers in their recovery efforts and monitor their FTC participation, including follow up with service providers to verify the parent's/caregiver's progress or lack of progress towards recovery goals.
12. Incorporate applicable assessments and court orders into the case plan.
13. Provide all case management activities needed to mitigate child safety concerns and make reasonable efforts to prevent removal, reunify the child or finalize the permanency plan throughout the oversight of the FTC (see policy [9.5 Eligibility: Reasonable Efforts](#) and Practice Guidance: [Reasonable Efforts](#)).
14. Adhere to confidentiality and HIPAA provisions outlined in policies [2.6 Information Management: Confidentiality/Safeguarding Information](#) and [2.5 Information Management: Health Insurance Portability and Accountability Act](#). Obtain a signed Authorization for Release of Information (ROI) to facilitate sharing of information with others, when applicable.

Procedures

Social Services Case Manager

1. Initiate a staffing with the Social Services Supervisor (SSS) to:
 - a. Discuss the dependency issues in the case assessment due to parent/guardian/legal custodian substance or alcohol use.
 - b. Discuss the eligibility for referral to the FTC within the appropriate jurisdiction. Consult with other DFCS county offices when providing case management services across county lines.
 - c. Complete the DFCS internal Family Treatment Court (FTC) Screening Form in Georgia SHINES (see Job Aid in Georgia SHINES).
2. In consultation with the SAAG, initiate the dependency action recommending FTC for the parent/guardian/legal custodian in accordance with policy [17.1 Legal: The Juvenile Court Process](#).
3. Engage the parent/guardian/legal custodian to build consensus regarding participation in FTC:

- a. Discuss that DFCS filed a petition for dependency due to child safety concerns related to alcohol and substance abuse and that FTC was recommended.
 - b. Inform him/her of the behavioral and environmental indicators that support FTC participation (see Practice Guidance: Observing and Documenting Behavioral and Environmental Indicators of Substance Abuse in policy [19.26 Case Management: Case Management Involving Substance Abuse or Use](#)).
 - c. Explain the purpose and process of FTC.
 - d. Explain that the FTC team makes the final decision for acceptance into the program.
 - e. Provide full disclosure regarding FTC participation (see Practice Guidance: [Full Disclosure / Informed Consent](#)), including:
 - i. The parent's/caregiver's right to receive counsel from an attorney prior to admittance to the FTC and signing the standard FTC agreement form.
 - ii. The requirement for judicial monitoring, weekly or bi-weekly court hearings, drug screens, etc.;
 - iii. Participation is voluntary;
 - iv. The implications of not participating; and
 - v. The benefits of participation in supporting their treatment and recovery (i.e., wrap-around services, retaining or regaining of child custody).
 - f. If consensus cannot be reached with the parent/guardian/legal custodian regarding the need for and benefits of FTC:
 - i. Explore the reason for declining participation.
 - ii. Explore any fears and anxiety regarding the FTC (i.e. fear of the child being removed, etc.). Refer to Practice Guidance: Enhancing Caregiver Motivation and Responding to Parent/Caregiver Resistance in policy [19.26 Case Management: Case Management Involving Substance Abuse or Use](#) for strategies to engage the parent/guardian/legal custodian.
4. Consult with the FTC team after the dependency complaint/petition has been filed with the court regarding the next steps for screening, assessments, and referrals for the parent/guardian/legal custodian and other household members, in accordance with the FTC MOU or policies for the FTC jurisdiction.
5. If the parent/guardian/legal custodian is accepted into the FTC:
- a. Discuss with the parent/guardian/legal custodian what he/she feel is needed to successfully achieve long-term recovery and how services through FTC can support their goals.
 - b. Coordinate service provision with the FTC team.
 - c. Participate in court hearings and FTC Team meetings.
 - d. Update the case plan to incorporate outcomes and tasks related to the services being provided through FTC that address parent/guardian/legal custodian recovery, child safety, permanency and wellbeing.



Parents/caregivers may request a formal hearing if terminated from FTC.

6. If the parent/guardian/legal custodian is not accepted or declines participation:

- a. Engage him/her to explore fears, ambivalence, etc., if the parent/guardian/legal custodian declines treatment.
 - b. Discuss with him/her the benefits of participation in the FTC and other related services to mitigate safety threats to the child(ren) and to promote a lifestyle in recovery for the entire family.
 - c. Consult with the SSS regarding the impact on case assessment, case planning, assessing progress in treatment and recovery, and/or legal requirements.
 - d. Refer to another substance use disorder program and any other services needed in accordance with policy [19.26 Case Management: Case Management Involving Substance Abuse or Use](#) and [19.17: Case Management: Service Provision](#).
7. Obtain and review the following:
- a. The standard FTC agreement form signed by the parent/guardian/legal custodian;
 - b. The court order from each hearing;
 - c. The screening and assessment of alcohol use disorder/substance use disorder records;
 - d. Drug screens in accordance with policy [19.25 Case Management: Drug Screens](#);
 - e. Treatment records;
8. Support the parent/guardian/legal custodian and family in their recovery efforts and monitor participation and progress:
- a. Participate in all court hearings and FTC team meetings.
 - b. Observe for behavioral and environmental changes during purposeful contacts (see policies [5.2 Investigation: Purposeful Contacts During an Investigation](#), [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#), [8.2 Family Preservation Services: Purposeful Contacts with Families Receiving Family Preservation Services](#), and [10.18 Foster Care: Purposeful Contacts in Foster Care](#)).
 - c. Gather and assess information from collateral contacts regarding behavioral changes in accordance with policy [19.16 Case Management: Collateral Contacts](#).
 - d. Verify the parent's/caregiver's progress or lack of progress towards recovery goals with service providers (see policy [19.17 Case Management: Service Provision](#)).
 - e. Discuss with the parent/guardian/legal custodian the progress made towards recovery goals.
 - f. Address any barriers to successful completions of the FTC with the parent/guardian/legal custodian as well as with the FTC program staff.
9. Conduct a supervisory staffing to discuss next steps when a parent/guardian/legal custodian fails to complete FTC and dependency issues remain.
10. Document case management activities in Georgia SHINES within 72 hours of occurrence, including uploading documents into External Documentation.
11. Follow provisions for case closing outlined in policy [19.26 Case Management: Case Management Involving Substance Abuse or Use](#) prior to closing the case.

Social Services Supervisor

1. Conduct a staffing with the SSCM to:
 - a. Discuss the dependency issues in the case assessment due to parent/guardian/legal custodian substance or alcohol use.
 - b. Discuss the eligibility for referral to the FTC within the appropriate jurisdiction. Consult with other DFCS county offices when providing case management services across county lines.
 - c. Complete the DFCS internal FTC Screening Form in Georgia SHINES to determine if the parent/guardian/legal custodian meets the criteria for FTC.
2. In conjunction with the SSCM, consult with the SAAG to file the dependency complaint, ensuring to review the complaint and that it is filed timely.
3. Ensure the SSCM conduct reasonable efforts to prevent removal, reunify families, and finalize permanency occurs throughout the parent's/caregiver's participation in FTC.
4. Discuss with the SSCM strategies to motivate parents'/caregivers' FTC participation.
5. Discuss with the SSCM the impact on case assessment, case planning, assessing progress in treatment and recovery, and/or legal requirements, when parents/caregivers decline to participate in the FTC process or do not complete the process.
6. Ensure DFCS participation in all court hearings and FTC team meetings.
7. Review all screening and assessment forms related to the parent's/caregiver's substance or alcohol use and ensure that recommendations and modifications are incorporated into the case plan.
8. Review all court orders.
9. Ensure that all FTC related activities are documented in Georgia SHINES within 72 hours of receipt, including uploading documents received into External Documentation.
10. Ensure the SSCM adheres to policy [19.26 Case Management: Case Management Involving Substance Abuse or Use](#) prior to approval to close the case.

Practice Guidance

FTCs^[21] are a collaborative effort of the court, child welfare, substance use disorder treatment systems, and community partners. No single system or set of workers has the authority, capacity, resources, or skills to respond to the array of challenges faced by families affected by substance use disorders, but collectively, multiple systems and agencies do have those capacities and skills. To formalize the family treatment court partnership, a MOU with each partner is developed that outlines each agency's role, responsibilities, duties, and tasks. Agencies participating in the FTC must maintain ongoing communication with the FTC. Depending upon the FTC jurisdiction, SSCMs may be required to provide weekly reports and/or attend court hearings weekly or every two weeks. Additionally, agencies are required to participate in continuing interdisciplinary education to promote effective planning, implementation, and operations.

Family Treatment Court Division (O.C.G.A. §15-11-15)

The goal of a family treatment court division is to:

1. Reduce alcohol or drug abuse and addiction for respondents in dependency proceedings;
2. Improve permanency outcomes for families when dependency is based in part on alcohol or drug use and addiction;
3. Increase the personal, familial, and societal accountability of respondents in dependency proceedings; and
4. Promote effective intervention and use of resources among child welfare personnel, law enforcement agencies, treatment providers, community agencies, and the courts.


Family Treatment Court Services

FTC's provide access to a continuum of alcohol, drug and other related treatment and recovery services using evidence-based treatment and practice.

1. FTC shall provide confidentiality for both parents and children in accordance with the law.
2. Participant involvement in FTC programs should last a minimum of 18 to 24 months.
3. FTC's will provide a validated assessment normed to the target population, including substance abuse and risk of recidivism/criminogenic needs.
4. Programming shall include services for addiction and criminal risk or recidivism. These services will be Evidence-Based/Evidence-Informed and include:
 - a. Group counseling
 - b. Individual counseling
 - c. Drug testing
5. FTC programs should ideally provide:
 - a. Family counseling
 - b. Gender specific counseling
 - c. Domestic violence counseling
 - d. Health screening
 - e. Behavioral health services
 - f. Trauma-informed care and counseling
 - g. Individual case management and treatment planning
 - h. Parenting services
 - i. Services for children
6. Ancillary services are available to meet the needs of participants, and may include but are not limited to:
 - a. Employment counseling and assistance
 - b. Educational components
 - c. Medical and dental care referrals and assistance
 - d. Transportation
 - e. Housing assistance

- f. Mentoring
- g. Alumni groups
- h. Relationship counseling

Roles of FTC Team Members^[22]

TEAM MEMBER	ROLE
Judge	<ul style="list-style-type: none"> • Ensure the safety, permanency and well-being of children • Provide leadership and lead the team in development of protocols and procedures • Serve as the public face of the FTC • Ensure children and participants receive appropriate services • Oversee the progress of family members in treatment • Encourage continuous education for all staff • Make appropriate court orders at hearings • Reward successes • Sanction noncompliance and facilitate team discussions <p> The judge’s role is paramount to the success of the program. He/she must possess recognizable leadership skills as well as the capability to motivate team members and elicit buy-in from stakeholders.</p>
Coordinator	<ul style="list-style-type: none"> • Serve as the chief administrator and jointly serve as the public face of the FTC • Coordinate the referral process • Coordinate drug testing and results • Develop and communicate agendas and provide notification of special meetings and dates • Schedule and facilitate clinical staffing and pre-court staffing • Participate with all team members in the development of the forms for cases in the FTC • Act as liaison between parents, attorneys, treatment providers and others • Monitor the provision of services (including adherence to best and Evidence-Based Practices (EBP) in the delivery of case management services, behavioral modification [sanctions and incentives], treatment dosage and responsiveness, and model fidelity) • Maintain case files and keep appropriate and current case files • Collect weekly progress information/prepare a consolidated weekly progress update on participants reporting for court • Assist in identification and enrollment of potential participants • Report on state and federal grants • Coordinate additional services for participants
SAAG	<ul style="list-style-type: none"> • Represent DFCS at staffings and hearings • Prepare and file necessary pleadings • Participate as an active, engaged member of the team
Child Attorney	<ul style="list-style-type: none"> • Represent children served by FTC at staffings and required hearings • Prepare for and file necessary pleadings • Participate as an active, engaged member of the team

TEAM MEMBER	ROLE
Parent Attorney	<ul style="list-style-type: none"> • Represent parent participants at staffing and required hearings • Prepare and file necessary pleadings • Participate as an active, engaged member of the team
CASA / Child Advocate	<ul style="list-style-type: none"> • Advocate for the best interests of the children served by FTC at staffings and hearings • Participate as an active, engaged member of the team
DFCS Representative (SSCM)	<ul style="list-style-type: none"> • Protect children’s health and safety and ensure their well-being • Ensure that children and their parents receive necessary services in addition to SATP • Assist in identifying potential participants and refer them to FTC • Inform the team immediately of any significant changes in the needs of children and parents • Attend and participate as an active, engaged member of the team in all staffings and required hearings
Treatment Provider	<ul style="list-style-type: none"> • Provide the parent with the appropriate level of treatment to address their substance abuse and criminogenic needs (determined by evaluation and assessment) • Bring the parents’ treatment needs to the attention of the team • Provide the services to address the needs of parents or make appropriate referrals • Provide weekly progress notes to the FTC in a timely manner • Provide random, observed drug and alcohol testing • Provide a discharge plan for the parent and all parties involved • Ensure adequate supervision, coaching and oversight practices to ensure model fidelity for EBP’s • Provide regular feedback to the team regarding program integrity elements.
Community Policing Representative / Surveillance Officer	<ul style="list-style-type: none"> • Report observations made during random home visits • Report observations regarding the children and the home environment • Conduct random, observed drug screens • Report results of drug tests and any information deemed relevant to the family’s continued success
FTC Case Manager (When available and funded)	<ul style="list-style-type: none"> • Serve as the mandated official that ensures the parent is following the court order and program rules • Conduct case management reviews as deemed appropriate by the team • Correspond with DFCS regarding case plans and parent’s progress • Attend court hearings and reviews • Maintain client files • Coordinate drug testing and results • Correspond with any pertinent community resources related to the parents’ case

Warm Hand-off

Alcohol and substances cause significant changes in brain chemistry, which can affect a person’s mood, thinking, behavior and perception, making it difficult for them to **follow through on** scheduling and keeping appointments. Therefore, it is essential that the SSCM assist or identify a responsible party to assist the caregiver with making and keeping appointments.

Full Disclosure / Informed Consent

The SSCM is responsible for disclosing all significant information about FTC to parents/caregivers including the implications of participation. The SSCM should also explain that the benefits of participating are to assist him/her with evaluating their physical, psychological and social well-being, as well as, evaluating progress in substance use treatment and recovery services. When discussing FTC participation, the SSCM should avoid using statements that can be perceived as coercive or punitive. Individuals have the right to choose whether to participate in FTC. Three conditions must be met before a decision can be considered fully informed:

1. Capacity: The parent/guardian/legal custodian can make rational decisions.
2. Comprehension: Information must be provided in a way that the parent/guardian/legal custodian understands, including language and words the parent/guardian/legal custodian understands. The parent/guardian/legal custodian should be asked to repeat her/his understanding of the information, so it is assured things were fully understood and fill in whatever gaps exist.
3. Voluntariness: Implies that the parent/guardian/legal custodian is free to make this choice and is acting without any coercion.

Reasonable Efforts

A parent's/caregiver's enrollment and participation in the FTC does not relieve DFCS of its legal responsibility to make reasonable efforts throughout case management to prevent removal, reunify families, and to finalize permanency. Due diligence in the provision of individualized services goes beyond referral and requires support of the parent/guardian/legal custodian and family, monitoring engagement, adjustment of services as needed, and constant communication between provider and SSCM. At each dependency hearing, the SSCM will be required to testify to reasonable efforts made. It is essential that case management activities continue throughout the oversight of the treatment court. The parent/guardian/legal custodian and family should only benefit from the collaboration of systems designed to connect accountability with treatment. Refer to policy [9.5 Eligibility: Reasonable Efforts](#) for additional information.

Commonly Used Medications for Medication Assisted Treatment

MAT^[23] encompasses treatment for drug and alcohol addiction with other medications and psychotherapies.

Medications for Alcohol Dependence	Medications for Opioid Dependence
1. Naltrexone: (ReVia®, Vivitrol®, Depade®)	1. Methadone: Methadose®, Dolophine® ^[24]
2. Disulfiram: (Antabuse®)	2. Buprenorphine: (Suboxone® and Subutex®)
3. Acamprosate: (Campral®)	3. Naltrexone: (ReVia®, Vivitrol®, Depade®)


Forms and Tools

[Know Your Rights: Rights for Individuals on Medication Assisted Treatment](#)

[Section XI Family Drug Court Standards](#)

[The Effects of Substance Abuse on Behavior and Parenting](#)

19.25 Drug Screens

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	19 Case Management		
	Policy Title:	Drug Screens		
	Policy Number:	19.25	Previous Policy Number(s):	N/A
	Effective Date:	June 2023	Manual Transmittal:	2023-04

Codes/References

O.C.G.A. § 15-11-212

42 CFR § 8.12(f)

Public Law 105-89 Adoption and Safe Families Act of 1997

Requirements

The Division of Family and Children Services (DFCS) will:

1. Use drug screens as one component of a comprehensive family assessment to:
 - a. Evaluate family functioning (see policy [19.13 Case Management: Family Functioning Assessment](#)).
 - b. Motivate parents/guardians/legal custodians to engage in treatment.
 - c. Evaluate the progress of parents/guardians/legal custodians during the early stages of recovery.
 - d. Support the progress of parents/guardians/legal custodians in treatment and recovery.
2. Conduct drug screens to support case assessment, case planning, assessing progress in treatment and recovery, and/or legal requirements when:
 - a. Substance or alcohol use by a caregiver or other adult household member is alleged as a contributing factor to child maltreatment.
 - b. Substance or alcohol use by a caregiver or other adult household member is assessed to be a contributing factor to child maltreatment. This includes a disclosure by a caregiver that substance or alcohol use is a concern or impacts their ability to care for their child.
 - c. The court orders the drug screens or drug screens are part of the court approved case plan.
3. Use drug screens as part of the evaluation process for prospective caregivers:
 - a. Conduct drug screens when:
 - i. Evaluating the prospective primary and secondary kinship caregiver (relative or fictive kin), prior to approval of the Kinship Assessment for the placement of a child in foster care.
 - ii. Evaluating the prospective primary and secondary foster or adoptive caregivers (including kinship).



The drug screening must be conducted within 12 months prior to the approval of the Initial Family Evaluation.

- iii. Evaluating prospective adoptive families including their adult household members (18 years and older) prior to the placement of a child for an independent adoption by a third party.
 - iv. There is reasonable suspicion of illegal drug use or prescription drug abuse by the primary and secondary foster, adoptive and kinship caregivers.
- b. Disqualify prospective caregivers who decline to consent to a drug screen.
 - c. Disqualify prospective caregivers with positive drug screens for any illegal drug. If the drug screen is positive for prescribed medication, the prescribing physician must provide a statement that prescribed medication would cause a drug screen result to be positive for the substance indicated on the screen; and the levels indicated on the drug screen result is in accordance with administering the medication as prescribed.
4. Request parents/guardians/legal custodians in active cases to complete a minimum of two random drug screens per month to provide evidence of success, monitor recovery goals and evaluate progress in treatment.



Drug screens can be obtained through coordination with Family Treatment Courts (FTC), Department of Community Supervision (DCS), Department of Behavioral Health and Developmental Disabilities (DBHDD), other government entities, medical facilities, health-care providers or substance use treatment facilities/providers. Obtain written informed consent via a valid Authorization for Release of Information.

5. Determine the drug screen panel type based on the individual circumstance.
6. Ensure drug screens:
 - a. Are conducted and signed by a qualified professional.
 - b. Include confirmation testing for positive results.
7. Adhere to provisions regarding the disclosure of drug screen results (protected health information) as outlined in policy [2.5 Information Management: Health Insurance Portability and Accountability Act](#), and any other confidentiality requirements outlined in policy [2.6 Information Management: Confidentiality and Safeguarding Information](#).

Procedures

Drug Screens in Active Cases

The Social Services Case Manager (SSCM) will:

1. Consult with the Social Services Supervisor (SSS) to:
 - a. Discuss how the drug screen fits into the overall case assessment, case planning or for court related requirements (see policy [19.24 Case Management: Family Treatment Court](#)).
 - b. Determine the drug screen method based on the case circumstances, i.e., hair follicle, urinalysis, breath (see the [Forms and Tools: Pros and Cons of Different Specimen Sources](#)).

- c. Determine the type of drug screen panel based on case circumstances, allegations, and purpose.
- d. Identify the most appropriate vendor or facility to perform the drug screen.



Whenever possible, appropriate and with a valid Authorization for Release of Information, the results of random drug screens should be requested and/or shared across systems (i.e. Family Treatment Court, Department of Behavioral Health and Developmental Disabilities, Department of Community Supervision, Department of Public Health, other government entities, medical facilities, healthcare providers or substance use treatment facilities/providers, etc.) to avoid duplication of services while promoting a more integrated and effective approach to recovery services for the parent/guardian/legal custodian or other household members.

2. Complete and obtain supervisory approval for the service authorizations in Georgia SHINES when using DFCS contracted drug screen providers.



Prevention of Unnecessary Placement (PUP) funds may be authorized to pay for drug screens when no other payment sources are identified i.e., private health insurance, Medicaid etc. (see policy [18.3 Support Services to Preserve or Reunify Families: Prevention of Unnecessary Placement \(PUP\)](#)).

3. Engage the parent/guardian/legal custodian or other individual to build consensus regarding the need for a drug screen:

- a. Explain the purpose of the drug screen including case assessment, case planning, assessing progress in treatment and recovery, and/or ordered by the court.
- b. Inform him/her of the behavioral and environmental indicators that support the drug screen request (see Practice Guidance: Observing and Documenting Behavioral and Environmental Indicators of Substance Abuse in policy [19.26 Case Management: Case Management Involving Substance Abuse or Use](#)).
- c. Provide full disclosure regarding drug screens (see Practice Guidance: [Full Disclosure / Informed Consent](#)), including:
 - i. Drug screens are only one part of a comprehensive family assessment;
 - ii. Drug screens are voluntary unless ordered by the court;



Drug screens ordered by the court or included in a court approved case plan are not considered voluntary.

- iii. They have the right to refuse the drug screen;
- iv. The implications of not submitting to the drug screen; and
- v. The benefits of the drug screen in supporting their treatment and recovery.
- d. Explore what the drug screen is likely to reveal to allow the opportunity for self-disclosure and engage in the discussion around further assessment and/or treatment, as applicable.
- e. Gather information about any prescription medication and over the counter drug use.
- f. Provide information about the drug screen procedures (i.e. vendor, location, date, time, method, etc.).

- g. Obtain the individual's signature on:
 - i. The drug and/or alcohol screen referral form, if applicable.
 - ii. The Authorization for Release of Information form to obtain the results of the drug screen and to share with other agencies working in partnership with the caregiver and DFCS, as applicable.
 - h. If consensus cannot be reached regarding the need for and benefits of the drug screen:
 - i. Explore the reason for declining the drug screens.
 - ii. Explore any fears and anxiety regarding the drug screen. (i.e., fear of the child being removed, etc.)
 - iii. Consult with the Social Services Supervisor (SSS) regarding the impact on case assessment, case planning, assessing progress in treatment and recovery, and/or legal requirements.
4. Obtain a copy of the drug screen results from the provider/facility.
- a. Review the results of the drug screen with the SSS and discuss how the results of the drug screen fits within the comprehensive family assessment, case planning and/or court ordered requirements.
 - b. Review the results of the drug screen with the parent/guardian/legal custodian or other individual tested within 48 hours of receipt and discuss how the results impact the comprehensive family assessment, case planning and/or court ordered requirements.



To maintain partnership and open communication with caregivers or other individuals screened, avoid using judgmental terms such as “clean” or “dirty” when discussing the results of the drug screen. The professional and appropriate terminology is “positive” or “negative”.

- c. If the drug screen is positive:
 - i. Provide an opportunity for the parent/guardian/legal custodian or other individual to explain the results.
- ii. Use consensus building techniques to encourage the parent/guardian/legal custodian or other individual to continue working on their individual level outcomes (ILO) as part of the action plan.
 - iii. If not reached previously, build consensus regarding the opportunity for intervention; or the need to update the treatment plan if the caregiver is already receiving treatment.
 - iv. Consult with the substance abuse treatment provider to review the relapse prevention plan to reassess the array of services and interventions for parents/caregivers or other individuals currently in treatment.



It is important to determine if the positive drug screen and other behavioral indi-

icators represent a lapse or a relapse to ensure the appropriate modification to the relapse prevention plan (see Practice Guidance: [Lapse vs. Relapse](#)).

- v. Consider a modification of the frequency of the drug screens.
 - vi. Assess the need for an alcohol and/or drug assessment for parent's/caregiver's not receiving treatment in accordance with policy [19.26 Case Management: Case Management Involving Substance Abuse or Use](#).
- d. If the drug screen is negative:
- i. Acknowledge and celebrate the parent's/guardian's/legal custodian's or other individual's accomplishment when the negative screen and other indicators support behavioral changes.
 - ii. Offer continued support and encouragement for their continued work on their individual level outcomes (ILO) as part of the action plan.
5. Provide notification to the court when drug screens are court ordered or are part of a court approved case plan.
 6. Document all activities in Georgia SHINES within 72 hours of occurrence, including the discussion with the parent/guardian/legal custodian and/or other individuals regarding the need for the drug screen, his or her decision, and the results of each drug screen. Upload a copy of the drug screen results and any other relevant forms (referral, ROI, etc.) into Georgia SHINES External Documentation.

The Social Services Supervisor (SSS) will:

1. Discuss with the SSCM how the drug screen fits within the comprehensive family assessment, case planning, etc.
2. Conduct a supervisor staffing with the SSCM to:
 - a. Determine the drug screen method base on the case circumstance, i.e. urinalysis, hair follicle, breath (see the [Forms and Tools: Pros and Cons of Different Specimen Sources](#)).
 - b. Determine the type of drug screen panel based on circumstances, allegations and purpose.
3. Assist the SSCM in identifying the most appropriate vendor or facility to perform the drug screen.
4. Approve service authorizations in Georgia SHINES prior to referring the parent/guardian/legal custodian or other individual for a drug screen for DFCS contracted drug screen providers.
5. Provide guidance to the SSCM to determine next steps when consensus cannot be reached regarding the need for drug screens.
6. Discuss the results of the drug screen and how next steps for case management interventions based on the overall assessment.
7. Ensure that the SSCM has document all activities into Georgia SHINES within 72 hours of occurrence.

Drug Screens for Prospective Caregivers (Foster, Adoptive, Kinship)

The SSCM will:

1. Consult with the SSS to:

- a. Ensure that all primary and secondary prospective caregivers undergo drug screening within the 12 consecutive months prior to final approval of the Initial Family Evaluation (IFE).
- b. Determine the type of drug screen panel and identify the most appropriate vendor or facility to perform the drug screen.



At a minimum, prospective caregivers are to be screened for marijuana/cannabinoids (THC), cocaine, amphetamines/methamphetamines, opiates, ecstasy, and phencyclidine (PCP). The drug screen must be conducted and signed by a qualified health professional or laboratory.

2. Engage the prospective caregiver regarding the purpose and process of the drug screen:

- a. Discuss with him/her that the drug screen is needed as a part of the caregiver evaluation process to support approval decision-making related to the care and/or placement of a child.
- b. Provide information about the drug screen procedure (i.e. vendor, location, date, time, method, etc.).
- c. Explore and document prescribed and over-the-counter medications.
- d. Obtain the individual's signature on:
 - i. The drug and/or alcohol screen referral form, if applicable.
 - ii. The Authorization for Release of Information form to obtain the results of the
 - iii. drug screen and to share with other agencies working in partnership with the caregiver and DFCS, as applicable. Obtain a copy of the drug screen results from the provider/facility.

3. Consult with the SSS regarding the drug screen results and how it fits within the evaluation of the prospective caregiver.

- a. Disqualify prospective caregivers who decline to consent to a drug screen, this includes any household member required to submit to drug screen as part of the evaluation.
- b. Disqualify prospective caregivers with positive drug screens for any illegal drug or misuse or abuse of legal drugs.
- c. If the drug screen is positive for legal drug (medication), the healthcare provider must provide a statement indicating:
 - i. The healthcare provider has prescribed medication to the prospective caregiver that would result in a positive screen for the substance indicated on the drug screen results; and
 - ii. The levels indicated on the drug screen result is in accordance with administering the medication as prescribed.

4. Document all activities in Georgia SHINES within 72 hours of occurrence, including the discussion with the caregiver or their household member regarding the need for the drug screen, his/her decision, and the results of each drug screen. Upload a copy of the drug screen results and any other relevant forms (referral, ROI, etc.) into Georgia SHINES External Documentation.

Practice Guidance

Drug Screens

Drug screening refers to the use of various biologic sources, such as urine, saliva, sweat, hair, breath, blood, and meconium to determine the presence of specific substances or their metabolites in an individual's system. Timing is a crucial factor in drug and alcohol screening. The amount of time a drug remains in the body is dependent on a variety of factors including the amount of drug taken and the metabolism of the individual. A negative drug screen result does not always mean there are no drugs present in the person being tested, it means there are not drugs present in the sample tested above the cut off limit. There is no form of screening that can absolutely guarantee that an individual is not using drugs. A provider or facility's drug screening procedures should differentiate between legitimate therapeutic drug use and illegal drug use or misuse. The screens should rule out legal medications that individuals use for legitimate medical reasons before declaring a drug screen result to be positive. A Medical Review Officer (a licensed physician who reviews and interprets lab results) can assist with interpreting the results.^[25] For a list of commonly abused drugs and their effects see [Forms and Tools: Commonly Abused Drugs & Their Effects](#).

Covered entities [under federal disability rights laws] are not prohibited from drug testing designed to ensure that a person who formerly engaged in the illegal use of drugs is no longer currently engaged in the illegal use of drugs. In other words, federal disability rights laws do not prohibit a covered entity from conducting drug testing.^[26]

Using Drugs Screens in Case Assessment and Case Planning

Social Services Case Managers have the opportunity to collect relevant information about family functioning, make informed decisions, and take timely and appropriate action to safeguard children, when a caregiver is unable to do so. Drug and alcohol use may impair a parent/guardian/legal custodian's judgment and therefore interfere with their ability to provide proper care and control of their child. Drug screens should not be approached with a focus on trying to "catch" a parent/guardian/legal custodian using drugs or alcohol. Rather, it should be used as part of the comprehensive assessment process to help the parent/guardian/legal custodian identify whether he/she is developing or has an alcohol or substance use problem, and whether they need treatment or how are progressing in treatment. This approach will encourage parents/caregivers to be honest about their substance or alcohol use including lapses or relapses in their recovery and seek assistance. Further, the use of the drug screen may help staff to identify the condition(s) that may be impacting the caregiver's parental functioning. However, drug screens alone do not provide sufficient information for making decisions about the disposition of a case (i.e. substantiating allegations of child abuse or neglect, child removal, family reunification or termination of parental rights).

When determining whether a child is in present or impending danger due to the parent's/guardian's/legal custodian's substance abuse it is important to use a combination of screening and assessment processes that include a family functioning assessment, collaboration with substance abuse treatment providers and medical professionals, clinical instruments, random drug screens, self-reports, and observations of behavioral indicators^[27] (see policy [19.26 Case Management: Case Management Involving Substance Abuse or Use](#)).

Appropriate Uses for Drug and Alcohol Screens^[28] include:

1. As one component of a case assessment when there are indicators that substance and alcohol use is a contributing factor to maltreatment;
2. To assist a parent/guardian/legal custodian in their readiness for treatment interventions;
3. When substance and alcohol use is a contributing factor in maltreatment and the parent is not participating in a substance abuse treatment program;
4. To provide positive reinforcement and to monitor parents, particularly in early recovery.

Obtaining Drug Screens for Parents/Caregivers in Treatment

When a parent/guardian/legal custodian is actively participating in a substance or alcohol treatment program and in compliance with their treatment plan that includes random drug screening, the SSCM should coordinate with the substance or alcohol treatment provider to obtain the drug screen results.

Lapse vs. Relapse

There is a difference between having one slip and having a relapse.^[29] A lapse represents a temporary slip or return to a previous behavior that one is trying to control or quit (usually a onetime occurrence). A relapse represents a full-blown return to a pattern of behavior that one has been trying to moderate or quit altogether. The SSCM should assess the positive drug screen along with other indicators (such as a change in behavior or appearance, missed appointments, failure to through, etc.) to determine the potential impact on the child's safety (see policy [19.26 Case Management: Case Management Involving Substance Abuse or Use](#)).

Full Disclosure / Informed Consent

The SSCM has the responsibility to disclose all significant information^[30] about drug screens to parents/caregivers including the implications of completing drug screens such as the drug screen may be presented as evidence if legal action is necessary. Also, the SSCM should explain the benefits of completing drug screens such as to assist with evaluating their physical, psychological and social well-being and evaluating progress in substance abuse treatment and recovery. When requesting a drug screen, avoid using statements that can be perceived as coercive or punitive. Statements to avoid include: "If you don't agree to testing, I'll have no choice but to remove your children", or "I'll limit your visitation with your children".

Unless drug screens are mandated by court order or other legal requirements, individuals have the right to choose whether to participate in the drug screens. Three conditions must be met before a decision can be considered fully informed:

1. Capacity: The individual can make rational decisions.
2. Comprehension: Information must be provided in a way that the individual understands, including language and words the individual understands. The individual should be asked to repeat her/his understanding of the information, so it is assured things were fully understood and fill in whatever gaps exist.
3. Voluntariness: Implies that the individual is free to make this choice and is acting without any coercion.

Drug Screen Panel Types

Drug Screen Panel Types^[31]

	Tetrahydrocannabinol (THC)	Cocaine	Opiates	Phencyclidine (PCP)	Amphetamines	Benzodiazepines	Barbiturates	Methadone	Propoxyphene	Ethyl Glucuronide (EtG)	Oxycodone	3,4-methylenedioxymphetamine (MDA)
6 Panel (Oral Fluid)	ü	ü	ü	ü	ü	ü						
7 Panel (Urine)	ü	ü	ü	ü	ü	ü	ü					
7 Panel (Hair)	ü	ü	ü	ü	ü	ü						ü
12 Panel (Urine)	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü

Urine Synthetic Cannabinoids – A urine panel comprised of over 40 synthetic cannabinoid metabolites, including substances such as Spice, K2, etc. (must be court ordered)

Urine Synthetic Stimulants – A urine panel comprised of over 60 synthetic stimulant metabolites, including substances such as Bath Salts, Flakka, etc. (must be court ordered)

Urine Kratom – A urine panel comprised of Mitragynine and 7 Hydroxymitragynine (must be court ordered)

NOTES

- Always verify with the vendor or facility the substances included in the drug panel.
- THC mind-altering (psychoactive) commonly known as marijuana and cannabis.
- Cocaine is a euphoria-producing stimulant drug. Commonly known as Coca, Coke, Crack, Flake and Snow.
- Opiates is a narcotic, commonly known as Heroin, Big H, Black Tar, Chiva, Hell Dust, Horse, Negra and Smack.
- Phencyclidine (PCP) is a mind-altering drug. PCP is in a class of drugs called hallucinogens (substances that cause hallucinations).
- Amphetamines are stimulants and many are legally prescribed and used to treat attention-deficit hyperactivity disorder (ADHD). Commonly known as crank, ice, speed, uppers, meth, bennies, black beauties.
- Benzodiazepines are psychoactive drugs used to treat panic attacks, generalized anxiety, seizures, and alcohol withdrawal. Commonly known as Valium, Xanax
- Barbiturates are a sedative-hypnotic drug, used to decrease anxiety and fight insomnia. Known commonly as ‘downers’.
- Methadone can be abused as a pain reliever and can cause extreme exhaustion and numbness.
- Propoxyphene, also known as Darvon, is a narcotic pain reliever and is highly addictive.
- EtG test is used to detect the presence of ethyl glucuronide, breakdown of ethanol (alcohol).
- MDA acts as both a stimulant and psychedelic commonly used by adolescents and young adults. Commonly known as Sally, Sass. MDA is the parent drug of MDMA (commonly known as E, Ecstasy, X, Molly).

Urine Toxicology Detection Periods for Different Substances

Most substances of abuse can be detected for approximately 2 to 4 days, the higher the dose taken and the more frequently the substance has been used over an extended time, the more likely that it will be detected.^[32] Although substances are excreted at various rates, they accumulate in the body with continued use. Whereas a single use of cocaine may be detectable in urine for only a day or less, continued daily use is likely to be detectable for 2 to 3 days following its discontinuation. Chronic use of such drugs as marijuana, PCP, and benzodiazepines may be detectable for up to 30 days, whereas alcohol remains in the system for 24 hours or less. Realistically, it may be difficult to detect illicit substances in most clients who stop all use for several days before a drug screen. An accurate profile of a client's substance use over more than a few days requires both urine test results and a good retrospective history.

Substance	Typical Urine Detection Period
Amphetamine or methamphetamine	2–4 days
Barbiturates	
Short-acting—Secobarbital	1–2 days
Long-acting—Pentobarbital	2–4 days
Phenobarbital	10–20 days
Benzodiazepines	
Therapeutic dose	3–7 days
Chronic dosing	Up to 30 days
Cocaine	1–3 days
Cannabinoids/THC	
Casual use	1–3 days
Daily use	5–10 days
Chronic use	Up to 30 days
Ethanol (alcohol)	12–24 hours
Opioids (e.g., codeine, morphine)	1–3 days
Methadone	2–4 days
Propoxyphene	6–48 hours
MDMA	1–5 days
PCP	
Acute use	2–7 days
Chronic use	Up to 30 days

Commonly Used Medication for Medication Assisted Treatment

MAT^[33] encompasses treatment for drug and alcohol addiction with other medications and psychotherapies.

Medications for Alcohol Dependence	Medications for Opioid Dependence
1. Naltrexone: (ReVia®, Vivitrol®, Depade®)	1. Methadone: Methadose®, Dolophine® ^[34]
2. Disulfiram: (Antabuse®)	2. Buprenorphine: (Suboxone® and Subutex®)
3. Acamprosate: (Campral®)	3. Naltrexone: (ReVia®, Vivitrol®, Depade®)

Forms and Tools

[Commonly Abused Drugs](#)


[Common Drug Testing Topics](#)

[Know Your Rights: Rights for Individuals on Medication-Assisted Treatment](#)

[Pros and Cons of Different Specimen Sources](#)

[The Effects of Substance of Abuse on Behavior and Parenting](#)

19.26 Case Management Involving Substance Abuse or Use

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(19) Case Management		
	Policy Title:	Case Management Involving Substance Abuse or Use		
	Policy Number:	19.26	Previous Policy Number(s):	N/A
	Effective Date:	June 2023	Manual Transmittal:	2023-04

Codes/References

O.C.G.A. § 15-11-2 Definitions

O.C.G.A. § 15-11-30 Rights and Duties of Legal Custodian

O.C.G.A. § 15-11-70 Establishment of Family Treatment Court Division

O.C.G.A. § 15-11-101 Medical and Psychological Evaluation Orders When Investigating Child Abuse and Neglect

O.C.G.A. § 15-11-181 Adjudication Hearing

O.C.G.A. § 15-11-212(f) Disposition of Dependent Child

O.C.G.A. § 19-7-5 Reporting of Child Abuse and Neglect

O.C.G.A. § 49-5-8 Powers and Duties of Department of Human Services

O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records

45 CFR Parts 1355.38(a)(5), 1356.21(b)(3)(i), 1356.21(d), 1356.21(k), and 1356.67

Title IV-E of the Social Security Act §§ 471(a)(15)(D), 472(a)(1), and 472(f)

Title II of the Americans with Disabilities Act of 1990, as amended (ADA) Section 504 of the Rehabilitation Act of 1973

Section 1557 of the Affordable Care Act

Child Abuse and Treatment Prevention Act (CAPTA)

Public Law 104-191 Health Insurance Portability and Accountability Act (HIPAA) of 1996

J.J. v. Ledbetter-Release of Information of Confidential Records


Requirements

The Division of Family and Children Services (DFCS) will:

1. Assess whether parent/guardian/legal custodians' and other adult household members' substance or alcohol use impacts family functioning and child safety throughout the life of DFCS involvement with a family (see policy [19.13 Case Management: Family Functioning Assessment](#)).
 - a. Screen all parent/guardian/legal custodian(s) and other household members when substance and/or alcohol use is alleged, suspected or confirmed to adversely impact family functioning (see Practice Guidance: [CAGE Questionnaire](#)).
 - b. Conduct drug screens to assess and monitor substance use.
 - c. Refer the parent/guardian/legal custodian(s) and other adult household members for a substance use disorder assessment when substance or alcohol use is suspected or confirmed.
 - d. Engage collateral contacts to assess the impact of substance and alcohol use on the parent/guardian/legal custodian(s) protective capacities and child safety and monitor participation in the recovery supported services.
2. Seek guidance from the DFCS Child Welfare Regional ADA Coordinator when needed, to determine whether parent(s), guardian(s), or legal custodian(s) with a history of alcohol and/or substance use disorders may qualify as individuals with a disability under the Americans with Disabilities Act (ADA) and other federal and state laws. The DFCS Statewide ADA Coordinator is also available as needed.



Refer to the following policies for further information: MAN3600: [ROOT:ada-section-504.pdf](#); MAN3700: [ROOT:civil-rights.pdf](#); [1.4 Administration: Non-Discriminatory Child Welfare Practices](#); [1.5 Administration: Americans with Disabilities Act \(ADA\)/Section 504 and Reasonable Modifications](#). Refer also to Practice Guidance: Considerations for Substance Abuse and Specific Populations: ADA and Substance Use Disorders.

3. Assess and address the health and substance use disorder needs of infants, parent/guardian/legal custodian(s) and family members when prenatal abuse has been alleged or confirmed to develop a plan of safe care:
 - a. Conduct a purposeful contact with the mother and infant at the hospital (if the infant has not been discharged) or at the family's home (if the infant has been discharged) in conjunction with the timeframe assigned for the Initial Safety Assessment (see policy [4.2 Initial Safety Assessment: Conducting the Initial Safety Assessment](#) and [4.3 Initial Safety Assessment: Purposeful Contacts During the Initial Safety Assessment](#)).
-  If the initial contact was at the hospital, make an additional purposeful contact at the family's home within 72 hours of the infant's discharge.
- b. Discuss with the hospital and other medical providers the health care needs of the mother and infant. Obtain the mother's and infant's medical records.
 - c. Assess the needs of the other children and family members in the home.
 - d. Refer the mother and any other adult household members as applicable, for a substance use disorder assessment.
 - e. Discuss and address infant safe to sleep in accordance with the Infant Safe to Sleep Guide-

lines and Protocol in [Forms and Tools](#).

- f. Refer the infant and other children in the home under the age of three to Children 1st/Babies Can't Wait for a developmental screening.
 - g. Develop a Plan of Safe Care to address the health and substance use disorder needs of the infant and affected family or parent/guardian/legal custodian in accordance with policy [19.27 Case Management: Plan of Safe Care for Infants Prenatally Exposed to Substances or a Fetal Alcohol Spectrum Disorder \(FASD\)](#).
4. Work collaboratively with providers to support the parent/guardian/legal custodian(s) in accessing clinical treatment and supportive services based on the recommendations from the substance and/or alcohol use assessment. Coordinate and maintain regular contact with providers to ensure timely access to services and a continuum of services.
 5. Refer and coordinate services with family treatment courts (see policy [19.24 Case Management: Family Treatment Court](#)) or dependency drug courts, as applicable to the standards of the jurisdiction.
 6. Develop a relapse plan collaboratively with the family, substance and/or alcohol use providers, medical providers, and other providers.
 7. Seek court intervention when there is parent/guardian/legal custodian substance or alcohol use, and child safety cannot be assured.
 8. Review court orders to determine if there are specified case plan requirements related to the parent/guardian/legal custodian's substance use.



If a child is adjudicated as a dependent child and the dependency is found by the court to have been the result of substance abuse by his or her parent, guardian, or legal custodian and the court orders transfer of temporary legal custody of such child, the court shall be authorized to further order that legal custody of such child may not be transferred back to his or her parent, guardian, or legal custodian unless such parent, guardian, or legal custodian undergoes substance abuse treatment and random substance abuse screenings and those screenings remain negative for a period of no less than 12 consecutive months; or, successfully completes programming through a family treatment court division (see policy [19.24 Case Management: Family Treatment Court](#) and [17.7 Legal: Dependency Resulting from Substance Abuse](#) for specific requirements and procedures to follow in such cases).

9. Ensure any substance use disorder treatment recommendations related to child safety, permanency or wellbeing, are incorporated into the family plan or case plan in accordance with policy [10.23 Foster Care: Case Planning](#) and [8.3 Family Preservation Services: Case Planning](#).
10. Ensure that prior to closure of any case that involves parent/guardian/legal custodian substance abuse:
 - a. Collateral contacts and direct observations of the parent/guardian/legal custodian behavioral changes indicate enhanced parent/guardian/legal custodian protective capacity and his/her ability to provide care and protection of the child.
 - b. The parent/guardian/legal custodian completes a substance abuse assessment and treatment recommendation(s) to mitigate any safety concerns identified; and a relapse plan that addresses child safety is in place.
 - c. Document justification of the following if the parent/guardian/legal custodian does not com-

plete recommended substance abuse assessment and/or treatment recommended:

- i. Confirmation from multiple sources (formal and informal) that:
 1. The parent/guardian/legal custodian's substance use does not have an impact on child safety and parent/guardian/legal custodian protective capacities;
 2. The parent/guardian/legal custodian can meet the needs of the child(ren) on an ongoing basis.
 - ii. A relapse plan is in place that address child safety.
 - iii. Juvenile Court intervention is sought when it is determined that the parent/guardian/legal custodian is continuing to abuse substances and cannot ensure the safety of the child(ren);
 - iv. The Social Services Administrator or County Director/Designee has provided approval for case closure.
11. Adhere to confidentiality and HIPAA provisions outlined in policies [2.6 Information Management: Confidentiality/Safeguarding Information](#) and [2.5 Information Management: Health Insurance Portability and Accountability Act](#). Obtain a signed Authorization for Release of Information (ROI) to facilitate sharing of information, when applicable.
12. Document all case activities in Georgia SHINES within 72 hours of occurrence.

Procedures

Social Services Case Manager

1. Conduct purposeful contacts to assess the needs of the child, parent/guardian/legal custodian and other household members:
 - a. When prenatal abuse is alleged or confirmed:
 - i. Conduct the initial contact in conjunction with the timeframe assigned for the Initial Safety Assessment to assess the health, developmental and substance use disorder needs of the infant and the mother and to plan for the infant's discharge (see policy [4.2 Initial Safety Assessment: Conducting the Initial Safety Assessment](#)). If the infant is in the hospital at the time of assignment, every effort must be made to visit the child at the hospital.
 - ii. Conduct a home visit within 72 hours of the infant's hospital discharge from the hospital to assess the safety and wellbeing of the infant, including whether the family is prepared for the child.
 - b. Observe for physical indications of substance or alcohol use (see Practice Guidance: [Substance Use Screening and Assessment - Observing/Documenting Behavioral and Environmental Indicators of Substance Abuse](#)).
 - c. Observe the home environment for indicators of substance or alcohol use (see Practice Guidance: [Substance Use Screening and Assessment - Observing/Documenting Behavioral and Environmental Indicators of Substance Abuse](#)).
 - d. Engage the parent/guardian/legal custodian and other adult household members regarding current and past substance and/or alcohol use (see Practice Guidance: [Substance Use Disorders](#)). Also, see [Forms and Tools: Factors Influencing Potential for Substance Use and Helpful](#)

Questions when Assessing for Substance or Alcohol Use).

- i. Use the CAGE Questionnaire to screen for substance and/or alcohol use (see Practice Guidance: [CAGE Questionnaire](#)).
 - ii. Determine if he/she acknowledge problems with substance or alcohol use (see Practice Guidance: [Considerations for Substance Abuse and Specific Populations](#)).
 - iii. Obtain information regarding the type(s) of substance or alcohol used duration and frequency of use.
 - iv. Determine if he/she has a current or previous diagnosis of a substance or alcohol use disorder and if he/she is participating or has participated in substance and/or alcohol use treatment. Obtain information regarding:
 1. The current or previous treatment program (i.e., individual and group counseling, inpatient and residential treatment, intensive outpatient treatment, medication, 12-step fellowship, etc.).
 2. The type of treatment modality (i.e., Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Eye Movement Desensitization and Reprocessing (EMDR), Seeking Safety (trauma informed, etc.).
 3. The outcomes of the treatment.
 4. What worked and did not work.
 - v. Explore his/her concerns and willingness to complete a substance use disorder assessment, if not already in treatment (see Practice Guidance: [Trauma and Substance Use Disorders](#)).
 - vi. Build consensus regarding:
 1. How his/her substance use impacts child safety and family functioning;
 2. The impact of prenatal substance use on the health and development of the infant, if prenatal abuse is alleged or confirmed;
 3. The benefits of completing an alcohol or substance use disorder assessment, if applicable.
 - vii. Determine whether the parent/guardian/legal custodian and other family members can protect and meet the needs of the children in the home.
 - viii. Obtain a signed Authorization for Release of Information (ROI) to facilitate sharing of information with providers, when applicable.
2. Engage children in an age appropriate manner regarding parent/guardian/legal custodian or other adult household member substance and alcohol use (see Practice Guidance: [Talking to Children about Parental Substance Use](#)).
 3. Engage substance use treatment providers regarding the treatment if the parent/guardian/legal custodian or other adult household members is/was in treatment. Obtain substance use disorder assessments, treatment information, relevant medical records, etc.
 4. Engage the family treatment court in accordance with policy [19.24 Case Management: Family Treatment Court](#), to coordinate:
 - a. Access to trauma-informed, culturally appropriate and evidenced-based clinical treatment

- services (i.e., psychotherapy, psychopharmacology, appropriate level of care, etc.) for the parent/guardian/legal custodian
- b. Integrated services for co-occurring disorders (see Practice Guidance: [Co-occurring Disorders](#))
 - c. Drug screening
 - d. Recovery support services
 - e. Neurological, physical, social-emotional, behavioral, cognitive and trauma assessments and treatment services for children
 - f. Placement of children with parent/guardian/legal custodian in substance use disorder treatment programs, when appropriate
 - g. Connection to community-based support programs (i.e., housing, employment, childcare, etc.)
 - h. Development of the Plan of Safe Care
 - i. Child welfare family plans and family treatment plans
 - j. Sharing relevant family information
 - k. Addressing of concerns and celebrating parent/guardian/legal custodian progress or lack of progress
5. Engage collateral contacts regarding their observations of physical and behavioral indications of substance and alcohol use (see policy [19.16 Case Management: Collateral Contacts](#)).
6. Refer the parent/guardian/legal custodian and other adult household members for a drug screen as part of the comprehensive assessment in accordance with policy [19.25 Case Management: Drug Screens](#).
7. In conjunction with the Social Services Supervisor (SSS), analyze the information gathered to determine the need for a referral for a substance and/or alcohol use assessment and make applicable referrals in accordance with policy [19.17 Case Management: Service Provision](#). (Also see Practice Guidance: Warm Hand-off in policy [19.17 Case Management: Service Provision](#)).
8. Assess the health and substance use disorder needs of infants and other children in the household, when prenatal abuse is alleged or confirmed:
- a. Determine whether the parent/guardian/legal custodian has selected a pediatrician or healthcare provider for the infant and request the date of the first health check for the infant.
 - b. Contact the infant's medical provider(s) to obtain information regarding any diagnosis, prognosis and medical care needs to assist in determining the specific care needs of the infant.
 - c. Contact the medical providers of the other children in the home to obtain information regarding any diagnosis, prognosis and medical care needs to assist in determining the specific care needs.
 - d. Obtain the medical records and any other pertinent information from medical providers e.g., hospital records, occupational therapy, pediatrician, neonatologist, discharge plan, growth chart.

- e. Submit the Children 1st Referral and Screening Form in Georgia SHINES for the infant and other children under the age of three to have a developmental screening and assessment in accordance with policy [19.28 Case Management: Children 1st and Babies Can't Wait](#).
9. Obtain a copy of the substance/alcohol use assessments from the provider:
- a. Review the assessment findings and recommendations to determine whether additional clarification is needed and determine whether services are needed.
 - b. Contact the provider to discuss the findings, recommendations, clarify any concerns, etc. If the recommendations do not include substance or alcohol use treatment services when collaterals or relevant evidence (i.e., DUIs, drug paraphernalia, etc.) suggests a substance or alcohol use disorder, discuss the reason for not recommending services to ensure that all relevant information has been shared.
 - c. Review the findings with the SSS and obtain input regarding strategies to motivate and build consensus with the parent/guardian/legal custodian regarding adhering to the recommendations.
 - d. Discuss the findings and recommendations with the parent/guardian/legal custodian or other adult household member, in conjunction with the assessment provider.
 - i. If the recommendations include substance use treatment services discuss:
 1. The benefits of participation in treatment or other related services recommended to mitigate safety threats to the child(ren) and to promote a lifestyle in recovery for the entire family.
 2. The recommended and available treatment providers, type and modality, if he/she is not already in a treatment program (see Practice Guidance: [Substance Use Treatment Services](#)).
 3. Any parent/guardian/legal custodian's concerns and ambivalence regarding seeking treatment (see [Forms and Tools: Responding to Parent/Guardian/Legal Custodian Resistance](#)).
 4. The support that the SSCM can provide in selecting a treatment resource (see Practice Guidance: [Detoxification](#), [Substance Use Treatment Services](#), [Substance Use Screening and Assessment - Medication Assisted Treatment](#), [Women Treatment and Recovery Services \(WTRS\) – For Cases Involving Prenatal Abuse](#), and [Forms and Tools: Self Help, Peer Support and Consumer Groups](#)).
 - ii. If there are no recommendations for substance use treatment, discuss:
 1. Referring the parent/guardian/legal custodian(s) to other clinical treatment, as applicable (i.e., substance use education, medical care, mental health services).
 2. Providing and/or referring the parent/guardian/legal custodian(s) for clinical supportive services (i.e., life skills training, parenting and child development education, employment readiness, housing support, legal services).
 3. Referring the parent/guardian/legal custodian(s) to community supportive services (i.e., child care, transportation, TANF, vocational and education services, and connections to faith-based organizations).
 - iii. Discuss the need for the development of a Plan of Safe Care to address the needs of the infant, parent/guardian/legal custodian and other family members, when prenatal abuse

has been alleged or confirmed.

10. Refer the parent/guardian/legal custodian and other family members for substance use disorder treatment and/or other recommended services outlined in the substance use disorder assessment, in accordance with policy [19.17 Case Management: Service Provision](#). This may also include clinical treatment (i.e., detoxification, crisis intervention, treatment planning, substance use counseling and education, medical care, mental health services and pharmacotherapy); clinical supportive services; and community supportive services.
11. Develop a Plan of Safe Care to address the health and substance use disorder needs of the infant, parent/guardian/legal custodian and affected family in accordance with policy [19.27 Case Management: Developing the Plan of Safe Care for Infants Prenatally Exposed to Substances of a Fetal Alcohol Spectrum Disorder \(FASD\)](#).
12. Support and evaluate the parent/guardian/legal custodian's progress towards recovery goals (see Practice Guidance: [Evaluating Progress Towards Recovery and Case Plan Outcomes](#)):
 - a. Engage treatment providers to evaluate parent/guardian/legal custodian participation and progress in accordance with policy [19.17 Case Management: Service Provision](#).
 - b. Engage the parent(s)/guardian(s)/legal custodian(s), children and other household members during ongoing purposeful contacts to provide support and determine if the parent/guardian/legal custodian has demonstrated specific behavioral, emotional and cognitive changes that supports progress in recovery. This includes assessing behavioral and environmental indicators (see Practice Guidance: [Substance Use Screening and Assessment - Observing/Documenting Behavioral and Environmental Indicators of Substance Abuse](#)).
 - c. Conduct collateral contacts in accordance with policy [19.16 Case Management: Collateral Contacts](#).
 - d. Refer/obtain random drug screens in accordance with policy [19.25 Case Management: Drug Screens](#).
 - e. Engage the parent/guardian/legal custodian and his/her support system to ensure they remain committed to the recovery goals and the relapse plan (see Practice Guidance: [Lapse vs. Relapse](#) and [Relapse and Relapse Planning](#)).
 - f. Participate in joint meetings with the parent/guardian/legal custodian, treatment providers and medical providers (as applicable) to address:
 - i. The continuity of services;
 - ii. The parent/guardian/legal custodian's progress in achieving and demonstrating the recovery goals;
 - iii. The development or modification of the relapse plan to ensure the safety of the child should a relapse occur;
 - iv. The lack of progress or failure to participate in treatment;
 - v. Additional supports needed to sustain and support the parent/guardian/legal custodian as he/she continues his/her recovery.
13. When the parent/guardian/legal custodian is not willing to submit to substance and alcohol use assessments and/or comply with treatment recommendations.
 - a. Explore the reasons for him/her not wanting to participate in services including any

ambivalence (see [Forms and Tools: Motivation Through the Stages of Change and Responding to Parent/Guardian/Legal Custodian Resistance](#)).

- b. Make every effort to build consensus regarding:
 - i. How the parent/guardian/legal custodian's substance use impacts child safety and family functioning;
 - ii. The benefits of treatment and any other recommended services, if applicable.
 - c. Determine the capacity of the parent/guardian/legal custodians and other family members to protect and meet the needs of the children in the home.
 - d. In conjunction with the SSS, make a child safety determination in accordance with policy [19.11 Case Management: Safety Assessment](#) and take the necessary steps to ensure child safety (see policy [19.12 Case Management: Safety Plan & Management](#)), including seeking court intervention, when appropriate (see policy [17.1 Legal: The Juvenile Court Process](#)).
14. During monthly supervisor staffings discuss the parent/guardian/legal custodian's progress on their recovery goals and any changes in family functioning and child safety (see Practice Guidance: [Recovery](#), [Recovery Supports](#), and [Cultural Awareness and Competency](#)).
15. Consider case closure when:
- a. The parent/guardian/legal custodian demonstrates:
 - i. He/she can remain substance free evidenced by the successful completion of the substance and alcohol treatment plan and negative drug screens.
 - ii. Psychosocial behaviors associated with the recovery process; and
 - iii. Behaviors that indicate his/her ability to ensure the safety of the children.
 - b. Collaterals confirm that the parent/guardian/legal custodian exhibits protective capacities that can mitigate safety threats to the children.
16. Ensure that prior to case closure the family is connected to services to support recovery and that a viable relapse plan is in place (see Practice Guidance: [Transition Planning, Aftercare and Recovery Services](#)).
17. Ensure that prior to closure of any case that involves parent/guardian/legal custodian substance use, and the parent/guardian/legal custodian(s) does not complete a recommended substance use disorder assessment and/or the treatment (see Practice Guidance: [Closing a Case When SUD Treatment Recommendations Are Not Followed](#)).
- a. Thoroughly evaluate the family conditions to ensure that the parent/guardian/legal custodian is able to adequately meet his/her child(ren)'s basic needs.
 - b. Discuss the following with the substance abuse assessor and/or substance abuse treatment provider:
 - i. Individual areas of the assessment recommendations or treatment that the parent/guardian/legal custodian did not successfully complete;
 - ii. Results of any recent drug screens, if applicable;
 - iii. What impact not completing the assessment or treatment recommendations have on the parent/guardian/legal custodian's protective capacities and his/her ability to provide for the safety and well-being needs for the child(ren);

- iv. The potential for relapse; and whether a relapse plan was developed;
 - v. Any other specific concerns related to the parent/guardian/legal custodian and their ability to care for his/her child(ren).
- c. Contact professional and personal collaterals to gather information related to the parent/guardian/legal custodian's ability to provide adequate care and protection for the child(ren). Confirm any behavioral or psychological changes observed.
 - d. Interview the child(ren) (as age and developmentally appropriate) and other household members to discuss the parent/guardian/legal custodian's behavior when in the home;
 - e. Observe the interactions between the parent/guardian/legal custodian and the child(ren) and other household members, and observe home conditions to evaluate indication of ongoing substance use/abuse;
 - f. Discuss and evaluate the relapse plan with the parent/guardian/legal custodian and his/her support system that is identified in the plan to confirm willingness to participate and the viability of the relapse plan.
 - g. Determine if the children are safe in accordance with policy [19.11 Case Management: Safety Assessment](#).
 - h. Staff with the SSS to discuss next steps based on the assessment of the parent/guardian/legal custodian in accordance with policy [19.6 Case Management: Supervisor Staffing](#).
 - i. Staff with the SSA/CD if the SSS and SSCM determine that case can be closed based on resolution of all safety concerns. Document the results of the staffing in Georgia SHINES to include:
 - i. The basis for determination that all safety issues have been addressed including justification of the decision to close the case without the parent/guardian/legal custodian completion of the substance abuse assessment or treatment recommendations in Georgia SHINES.
 - ii. The SSA/CD approval of the decision to close the case.
 - iii. Actions needed if the case cannot be closed due to child safety concerns.
 - j. Complete a Legal Action Request as necessary to obtain Juvenile Court assistance and oversight, if the information obtained from collateral contacts, interviews and observations of family members indicate that substance use/abuse issues still exist, and the parent/guardian/legal custodian is unwilling to cooperate with substance abuse assessment/treatment.
18. Document all activities in Georgia SHINES within 72 hours of occurrence including:
- a. Any observed or reported behavioral changes that indicate enhanced parent/guardian/legal custodian protective capacities and family functioning, or lack thereof;
 - b. The parent/guardian/legal custodian's protective capacities related to their recovery goals and family functioning;
 - c. Upload to External Documentation, signed ROIs, referral forms, substance use disorder assessment, treatment reports, Plans of Safe Care, etc.

Social Services Supervisor

1. Analyze and discuss with the SSCM the assessment of family functioning to determine how to

proceed. This includes review the assessment to ensure that it is consistent with the discussions with the SSCM. Provide guidance regarding the assessment findings and strategies the SSCM can use to motivate the parent/guardian/legal custodian to participate in treatment.

2. Discuss recommendations by the parent/guardian/legal custodian, SSCM, substance use treatment provider, and applicable medical provider, to reassess or modify the treatment plan.
3. Ensure that the health and substance use disorder needs of infants, parent/guardian/legal custodian(s) and family are assessed and addressed in the Plan of Safe Care when prenatal abuse is identified.
4. Discuss during the monthly staffing case progress, barriers to progress, case management tasks and progress, collaborative service delivery, and client response to targeted interventions (see policy [19.6 Case Management: Supervisor Staffing](#)). Review Georgia SHINES case documentation and External Documentation to evaluate progress.
5. Discuss strategies to motivate parent/guardian/legal custodian(s) who are resistant to complete a substance use assessment or participate in treatment.
6. Provide guidance when intervention by Juvenile Court is needed to assure child safety.
7. Ensure that prior to case closure the following occurs:
 - a. A comprehensive staffing with the SSCM.
 - b. The case record documentation indicates that the parent/guardian/legal custodian has made behavioral changes that support child safety.
 - c. The parent/guardian/legal custodian has completed the recommendations of the substance use assessment.
 - d. Approval for case closure from the SSA or County Director/Designee when the parent/guardian/legal custodian did not complete a substance use disorder assessment or the treatment.
8. Review and ensure all documentation completed and assessments/reports received from providers, ROIs, referral forms and plans of safe care are uploaded to External Documentation in Georgia SHINES within 72 hours of receipt.

Practice Guidance

Substance Use Disorders

Substance use disorders (SUDs)^[35] affect the family unit and all individual members. Parent/guardian/legal custodian substance use increases the likelihood that a family will experience^[36] financial problems, shifting of adult roles onto children, child abuse and neglect, inconsistent parenting, violence and disrupted environments. Children of parents with SUDs have a significantly higher likelihood of developing substance use problems themselves. The *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5), defines SUD as mild, moderate, or severe to indicate the level of severity, determined by the number of diagnostic criteria met by an individual. SUD occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. A diagnosis of SUD is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria. SUD can be applied to nine classes of drugs^[37]: tobacco, cannabis, inhalant, stimulants, opioids, alcohol, hallucinogens, sedatives, (includ-

ing hypnotics, and anxiolytics), and other/unknown substances.

Trauma and SUDs

Trauma is a common experience for adults and children and is especially common in the lives of people with mental and SUDs.^[38] The Substance Abuse and Mental Health Services Administration (SAMHSA) describes individual trauma as resulting from "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being." For this reason, the need to address trauma is an increasingly important part of the healing and recovery process for individuals with SUD. Seeking substance abuse treatment programs that are sensitive and responsive to the needs of trauma survivors and offer trauma-specific intervention is critical.

Cultural Awareness and Competency

Cultural competence describes the ability of an individual or organization to interact effectively with people of different cultures.^[39] This means drawing on community-based values, traditions, and customs, and working with knowledgeable people from the community to plan and, implement services and activities. Individuals, families, and communities that have experienced social and economic disadvantages are more likely to face greater obstacles to overall health. Supporting recovery involves working with the individual to be responsive and respectful to the health beliefs, practices, and cultural and linguistic needs of diverse people and actively address diversity in the delivery of services.

Substance Use Screening and Assessment

1. **CAGE Questionnaire:** Best practice dictates asking parents/guardians/legal custodian(s) about their substance use to screen for alcohol or other substance abuse. The screening can indicate whether a full SUD assessment/evaluation is necessary. Screens should be brief and include questions about unintended use and/or desire to end use, as well as regarding consequences of use or concerns about consequences. One well-known screening tool is the four-questions:

C – Have you ever felt the need to cut down on your drinking or drug use?

A – Have you ever felt annoyed by people criticizing your drinking or drug use?

G – Have you ever felt bad or guilty about your drinking or drug use?

E – Have you ever had a drink or used a drug first thing in the morning to steady your nerves or get rid of a hangover (eye-opener)?

Scoring: If the answer is "yes" to one or more questions, the parent/guardian/legal custodian should receive a formal SUD assessment.

"Yes" to one or two questions may indicate alcohol and drug-related problems.

"Yes" to three or four questions may indicate alcohol and drug dependence.



This is a quick screening tool that should be used in conjunction with other information and observations. Answering "no" to all questions does not rule out the possibility of an alcohol or drug-related problem.

2. Helpful Questions when Assessing for Substance or Alcohol Use:

- a. What is the type of substance used, addicted to or abused?

- b. Is the drug prescribed or non-prescribed?
 - c. Did the parent/guardian/legal custodian use/abuse the substances during pregnancy;
 - d. What drugs were administered to the mother during labor and delivery if the case involves an infant alleged to have been prenatally exposed to substance abuse?
 - e. If prescribed, was the level within normal limits of prescribed use?
 - f. What was the level of the substance in the parent/guardian/legal custodian's and/or child's blood or urine? (Review medical reports/test results, if applicable.)
 - g. Are there any withdrawal symptoms an infant may be experiencing related to prenatal drug exposure or a diagnosis of a FASD?
 - h. Describe any facial abnormalities, growth deficiencies, skeletal deformities, organ deformities, or central nervous system handicaps that may accompany a diagnosis of a FASD.
 - i. What is the frequency of use?
 - j. What is the location(s) of the parent/guardian/legal custodian during substance use/abuse?
 - k. Are there drugs (legal or illegal) in the home? If so, where are they located?
 - l. How does the parent/guardian/legal custodian's use, or addiction impact his/her ability to protect a child and to ensure the safety, permanency and well-being needs of a child are being met?
 - m. What is the parent/guardian/legal custodian's level of functioning when using substances?
 - n. Has the parent/guardian/legal custodian ever experienced black outs?
 - o. What is the parent/guardian/legal custodian's plan to address the substance use/abuse/addiction, including plans to ensure the child's safety, permanency and well-being?
 - p. Does the parent/guardian/legal custodian make impulsive decisions that place the children in unsafe situations due to substance use, abuse or addiction?
 - q. Is the parent/guardian/legal custodian currently intoxicated and unable to perform basic parent/guardian/legal custodian duties?
 - r. Do the children have access to the drugs?
 - s. Are the children aware of the substance use/abuse, and if so, are they impacted by the substance use, abuse or addiction?
 - t. Were the children present when/where the parent/guardian/legal custodian was using the substances?
 - u. How well are the children supervised? Are they left alone for extended periods of time?
 - v. Are there any medical or mental health diagnoses for the caretaker that may be impacted by the substance abuse, use, or addiction?
 - w. Is there a relapse plan in place?
3. **Observe Behavioral and Environmental Indicators of Substance Abuse:** Observing and documenting behavioral and environmental indicators (red flags, warning signs) of substance use as part of the assessment of family functioning and child safety is important in all child welfare program areas. These indicators provide critical information that can support case assessment

and findings, as well as consensus building with parent/guardian/legal custodian(s) regarding the need for or continuation treatment or other services. The indicators include, but is not limited to (also refer to [Forms and Tools: The Effects of Substance of Abuse on Behavior and Parenting](#)):

- a. Slurred speech, dilated pupils, glassy or red eyes, weight loss;
- b. Shaking/tremors, deterioration of general physical health or appearance (e.g., significant weight loss, lack of concern for physical hygiene), impaired motor coordination;
- c. Changes in behavior, secretive behavior, inconsistent or erratic behavior (e.g., missed appointments, missed work), unusual behavior (e.g., restlessness, aggressiveness);
- d. Changes in sleep patterns, sleeplessness;
- e. A significant loss of interest in daily living responsibilities, demonstrated by significant changes in the condition of the home or condition of the child e.g., cleanliness, organization);
- f. Problems with relationships, becoming distant from loved ones;
- g. Unexplained or sudden financial problems;
- h. Unusual smells, such as alcohol or marijuana;
- i. Unusual marks on the arms, legs, or lips such as skin lesions or bruises from needle injections;
- j. Drug paraphernalia observed in the home.

4. **Documenting Behavioral and Environmental Indicators of Substance Abuse:** The SSCM should clearly document the specific indicators observed and how the indicators demonstrate the parent/guardian/legal custodian's ability to protect his/her child(ren). The SSCM should also make every effort to get other corroborating evidence of substance use, including, but are not limited to:

- a. Statements from collaterals who believe that alcohol and/or other substance use or abuse is present in the home (preferably mandated reporters when possible);
- b. Statements from the child(ren);
- c. Observations made by family members; or
- d. Police reports documenting arrests or calls to a home.

5. **Assessing Neonatal Abstinence Syndrome^[40]:** Neonatal abstinence syndrome (NAS), formerly known as "withdrawal symptoms, may occur when a pregnant woman takes drugs such as heroin, codeine, oxycodone (OxyContin), methadone or buprenorphine. Because the baby is no longer getting the drug after birth, the withdrawal may occur as the drug is slowly cleared from the baby's system. Symptoms may appear within a few hours of birth to 14 days after birth, and depend on the type of substance used, length of time used, etc. Symptoms generally include blotchy skin coloring (mottling), diarrhea, excessive crying or high-pitched crying, excessive sucking, fever, hyperactive reflexes, increased muscle tone, irritability, poor feeding, rapid breathing, seizures, sleep problems, slow weight gain, stuffy nose, sneezing, sweating, trembling (tremors), vomiting.

6. **Drug Screens:** See policy [19.25 Case Management: Drug Screens](#)

7. **SUD Assessment^[41]:** The assessment defines the nature of the SUD, determine a diagnosis, and

develop specific treatment recommendations. SUD assessments may be administered by a physician or clinician. Essentially, it involves a series of questions which help identify warning signs of substance abuse, frequency of use (i.e., daily, monthly, or yearly) or duration of use (i.e. how long abuse may have occurred). It may also involve an exploration of person's personal history of substance abuse, health history, family history of substance abuse, age, and mental health disorders.

8. Assessing Levels of Drinking:

- a. **Moderate Drinking:** According to the Dietary Guidelines for Americans, moderate drinking is up to 1 drink per day for women and up to 2 drinks per day for men.
- b. **Binge Drinking:** SAMHSA defines binge drinking as drinking 5 or more alcoholic drinks on the same occasion on at least 1 day in the past 30 days. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines binge drinking as a pattern of drinking that produces blood alcohol concentrations (BAC) of greater than 0.08 g/dL. This usually occurs after 4 drinks for women and 5 drinks for men over a 2-hour period.
- c. **Heavy Drinking:** SAMHSA defines heavy drinking as drinking 5 or more drinks on the same occasion on each of 5 or more days in the past 30 days.

Recovery

SAMHSA's working definition of recovery is *a process of change* through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery is built on access to evidence-based clinical treatment and recovery support services for all populations. The following major dimensions support a life in recovery:

1. **Health:** overcoming or managing one's disease(s) or symptoms, such as abstaining from use of alcohol, illicit drugs, and non-prescribed medications (if an addiction) and, for everyone in recovery, making informed, healthy choices that support physical and emotional well-being.
2. **Home:** having a stable and safe place to live.
3. **Purpose:** conducting meaningful daily activities, i.e., a job, school volunteerism, family caretaking, creative endeavors, and the independence, income, and resources to participate in society.
4. **Community:** having relationships and social networks that provide support, friendship, love, and hope.

Other factors that impact recovery are:

1. **Hope:** the belief that these challenges and conditions can be overcome is the foundation of recovery. A person's recovery is built on his or her strengths, talents, coping abilities, resources, and inherent values. The SSCM can encourage recovery by through services addresses the whole person, including community, peers, friends, and family members.
2. **Resilience:** an individual's ability to cope with adversity and adapt to challenges or change. Resilience develops over time and gives an individual the capacity not only to cope with life's challenges but also to be better prepared for the next stressful situation. The process of recovery is highly personal and occurs via many pathways including clinical treatment, medications, faith-based approaches, peer support, family support, self-care, and other approaches. Recovery is characterized by continual growth and improvement in one's health and wellness that may involve setbacks. Because setbacks are a natural part of life, resilience becomes a key compo-

ment of recovery.

Recovery Supports

Recovery support is provided through treatment, services, and community-based programs by behavioral health care providers, peer providers, family members, friends and social networks, the faith community, and people with experience in recovery. Recovery support services help people enter and navigate systems of care, remove barriers to recovery, stay engaged in the recovery process, and live full lives in communities of their choice. Recovery support services also include access to evidence-based practices such as supported employment, education, and housing; assertive community treatment; illness management; and peer-operated services. Recovery support services may be provided before, during, or after clinical treatment or may be provided to individuals who are not in treatment but seek support services.

Detoxification

The process by which the body clears itself of drugs, is designed to manage the acute and potentially dangerous physiological effects of stopping drug use. Detoxification alone does not address the psychological, social, and behavioral problems associated with addiction and therefore does not typically produce lasting behavioral changes necessary for recovery.

Substance Use Treatment Services

1. **Outpatient Treatment** programs vary in the types and intensity of services offered.^[42] Such treatment is more suitable for people with jobs or extensive social supports. Other outpatient models, such as intensive day treatment, can be comparable to residential programs in services and effectiveness, depending on the individual patient's characteristics and needs. Some outpatient programs are also designed to treat patients with medical or other mental health problems in addition to their drug disorders. The levels of outpatient treatment are as follows:
 - a. **Early Intervention Services:** A precursor to treatment. They are designed for adults or adolescents who are at risk of developing a SUD but do not display any diagnostic criteria to be admitted to rehabilitation. During early intervention, treatment focuses on the risk factors that predispose the person to addiction and educates them about the negative repercussions of drug misuse.
 - b. **Level I:** Requires attendance to regularly scheduled meetings and allows individuals to carry on with their routine while receiving face-to-face services with addiction or mental health professionals. It is ideal for people who have jobs or a strong support system at home. Level I care includes evaluation, treatment and recovery follow-up services. It addresses the severity of the individual's addiction, helps implement behavioral changes and ameliorates mental functioning.
 - c. **Level II.1:** Intensive outpatient treatment can accommodate medical, psychiatric and psychopharmacological consultation, medication management and 24-hour crisis services. The program provides support services such as counseling and education on mental health, substance use, childcare, vocational training and transportation.
 - d. **Level II.2:** Partial hospitalization is like Level II.1 however psychiatric and medical services are provided directly along with laboratory services.
2. **Residential Treatment (Level III and IV):** Level III provides intensive 24 hours a day, generally

in non-hospital settings. Treatment is highly structured with activities designed to help residents examine damaging beliefs, self-concepts, and destructive patterns of behavior and adopt new, more harmonious and constructive ways to interact with others. Level IV offers 24-hour medically directed evaluation, care and treatment, including daily meetings with a physician. The facilities are usually equipped with the resources of general acute care or psychiatric hospitals and offer substance abuse treatment that addresses co-occurring disorders. Treatment focuses on stabilization and preparation for transfer to a less robust level of care for continued monitoring.

3. **Individualized Drug Counseling** focuses on reducing or stopping illicit drug or alcohol use and addressing related areas of impaired functioning, such as employment status, illegal activity, and family/social relations, as well as the content and structure of the patient’s recovery program. Through its emphasis on short-term behavioral goals, individualized counseling helps the individual develop coping strategies and tools to abstain from drug use and maintain abstinence.
4. **Group Counseling** capitalizes on the social reinforcement offered by peer discussion to help promote drug-free lifestyles. When group therapy either is provided with individualized counseling or is formatted to reflect the principles of cognitive-behavioral therapy or contingency management, positive outcomes are achieved.
5. **Treating Criminal Justice-Involved Drug Users and Addicted Individuals:** Individuals who abuse drugs are under legal mandate to stay in participate in intervention and treatment prior to, during, after, or in lieu of incarceration.
6. **Family Treatment Court Common Characteristics:** From Family Dependency Treatment Court: Addressing Child Abuse and Neglect Cases Using the Drug Court Model
 - a. Focus on the permanency, safety, and wellbeing of children and the needs of the parents.
 - b. Provide early intervention, assessment, and facilitated access to services for parents and children in a holistic approach.
 - c. Develop comprehensive case plans that address the needs of the entire family system.
 - d. Provide enhanced case management services and monitor progress.
 - e. Schedule regular meetings to facilitate the exchange of information and coordinate services for the family.
 - f. Increase judicial supervision of children and families.
 - g. Promote individual and systems accountability.
 - h. Ensure legal rights, advocacy, and confidentiality for parents and children.
7. **Self-Help, Peer Support, and Consumer Groups:** See [Forms and Tools](#)
8. **Medication Assisted Treatment (MAT):** MAT is the use of medications to treat alcohol or opioid dependence, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of SUDs.^[43] In the treatment of addiction to opioids such as heroin and prescription pain relievers that contain opiates, the prescribed MAT medication operates to normalize brain chemistry, block the euphoric effects of alcohol and opioids, relieve physiological cravings, and normalize body functions without the negative and euphoric effects of the substance used.^[43] (See below for information on ADA and Substance Use Disorders).

Commonly Used Medications for MAT^[44]

Medications for Alcohol Dependence	Medications for Opioid Dependence
1. Naltrexone: (ReVia®, Vivitrol®, Depade®)	1. Methadone: Methadose®, Dolophine®
2. Disulfiram: (Antabuse®)	2. Buprenorphine: (Subutex®)
3. Acamprosate: (Campral®)	3. Buprenorphine/naloxone: (Suboxone®)
	4. Naltrexone: (ReVia®, Vivitrol®, Depade®)

Talking to Children about Parental Substance Use

The SSCM’s role may include talking with a child about his or her parent’s substance use. The discussion will depend on the individual circumstances and when appropriate will include:

1. That addiction is a disease. Your parent is not a bad person; he or she has a disease. Parents may do things that are mean or stupid when they drink too much or use drugs.
2. You are not the reason your parent drinks or uses drugs; you did not cause this disease and you cannot stop it.
3. You are not alone. In fact, there are millions of kids whose parents are addicted to substances; some are in your school.
4. You can talk about the problem. You don’t have to feel scared or ashamed or embarrassed. Find someone you can trust. Most towns have groups of kids that meet and talk, such as “Alateen.” A counselor, teacher, foster parent or other adult you trust may be able to help you find one of these groups. (The child welfare worker can provide support as well.)
5. Use the 7Cs^[45] of addiction developed by the National Association for Children of Alcoholics to help children understand that addiction is not their fault.
 - a. I didn’t **Cause** it
 - b. I can’t **Cure** it
 - c. I can’t **Control** it
 - d. I can **Care** for myself
 - e. By **Communicating** my feelings
 - f. Making healthy **Choices**
 - g. By **Celebrating** myself

Enhancing Motivation of Parents/Guardians/Legal Custodians

Motivation to change and motivational interventions go hand-in-hand with readiness to change and the change process.^[46] During the process of recovery, it is helpful for parent/guardian/legal custodian(s) with substance and alcohol use to know that relapse is part of the process and is not viewed as treatment failure. The SSCM, substance abuse counselor, and significant persons in the life of a substance-abusing parent can promote and support motivation to change (see [Forms and Tools: Motivation Through the Stages of Change](#)).

Considerations for Substance Abuse and Specific Populations

1. **Co-Occurring Disorders (COD)**^[37]: People with CODs have at least one diagnosable mental illness along with one or more SUD (SAMHSA/CSAT, 2013; TNCODC, 2013). They typically have

more episodes of relapse, inpatient hospital visits, emergency room visits, and higher rates of chronic diseases. People with a mental health issue are more likely to experience SUD than those without a mental illness. People with COD are best served when screening, assessment, and treatment planning are integrated, i.e., both substance use and mental health disorders, each in the context of the other, are addressed. It is important to:

- a. Show acceptance and understanding.
 - b. Assist him/her in clarifying the nature of the problem.
 - c. Indicate to him/her that they will be working collaboratively with him/her, the family, the medical providers, and substance treatment providers.
 - d. Demonstrate empathy and willingness to listen to how him/her defines the problem.
 - e. When necessary, help to solve some external problems immediately and directly.
 - f. Genuinely foster hope for positive change (SAMHSA/CSAT, 2013b).
2. **Men:** Men have unique needs that impact their engagement in SUD treatment and the child welfare system. Men tend to use alcohol and drugs more frequently and in greater quantities than women. It is important that treatment takes into special consideration the unique treatment needs of men and understanding of male psychological development and trauma. Substance abuse treatment programs for men should be both gender-responsive and trauma-informed. To reduce resistance to entering treatment^[47]:
- a. Establish rapport and trust from the start.
 - b. Initially discuss neutral subjects (i.e., hobbies, work) to reduce feelings of anxiety with the help-seeking process.
 - c. Understand as much as possible what circumstances prompted help-seeking.
 - d. Creatively engage in a discussion of his life and situation.
 - e. Acknowledge common fears related to relationships, health, abandonment, career, and financial issues.
 - f. End each interaction with a clear plan of what will happen next.
 - g. Discuss any concerns related to their privacy.
3. **Women:** Women may respond to substances differently, e.g., they may have more drug cravings and are more likely to relapse after treatment. Women who are victims of domestic violence are at increased risk of substance use. Women with SUDs are more likely to have partners that have a SUD. Getting or retaining women in treatment is often arduous because women are usually the primary caregiver for their children and/or other family members, they are fearful they will lose their partner or custody of their children and/or be perceived as a bad parent. Cultural issues may also interfere in a woman's help-seeking behavior. It is important to explore cultural issues to gain an understanding and work within the context of the individual and family to engage them in services. Services that need to be available for women include: medical services, health promotion, psychoeducation, gender-specific needs, cultural/language needs, life skills, family/child-related services, comprehensive case management, mental health services, disability services, and staff/program development (SAMHSA, 2013).
4. **Pregnant Women and Post-Partum**^[36]: Substance use during pregnancy can result in health concerns and risks for the woman, unborn fetus and newborn. Pregnant women with SUDs

have priority admission status for SUD services in Substance Abuse Prevention and Treatment block-grant funded programs. Intervention and treatment considerations for pregnant and post-partum women include:

- a. Developing a plan of safe care for families with infants affected by prenatal exposure
- b. Ask about and listen to her fears
- c. Explore options to access treatment and recovery, including MAT (see Practice Guidance: Additional Considerations for MAT)
- d. Linkage to the appropriate medical services, nutrition and other supports
- e. Screening for intimate partner violence
- f. HIV testing and early intervention/prevention
- g. Mental health screening including pregnancy-related mood and anxiety disorders
- h. Feelings regarding pregnancy, possible grief and loss counseling
- i. Preparation for parenting (or alternatives), concerns with other children/family/ fathers
- j. Addressing economic needs
- k. Supports to address discrimination/ stigma related to pregnancy and substance use.
- l. Screening for post-partum depression



The American College of Obstetricians and Gynecologists (ACOG) recommends "agonist pharmacotherapy" or MAT as the gold-standard therapy for pregnant women with opioid use disorders (ACOG, 2017). Abrupt discontinuation of opioid use during pregnancy can result in premature labor, fetal distress, and miscarriage. Additionally, pregnant women who stop using opioids and subsequently relapse are at a greater risk of overdose and death. Because NAS is treatable, MAT is typically recommended by treatment providers over abstinence or withdrawal. To minimize the stigma of infants that are born prenatally exposed, the International Drug Policy Consortium reports that "Newborn babies are NOT born 'addicted' and referring to newborns with NAS as 'addicted' is inaccurate, incorrect, and highly stigmatizing. Using pejorative labels places these children at substantial risk of stigma and discrimination and can lead to inappropriate child welfare interventions. Mischaracterizing MAT as harmful and unethical contradicts the efficacy of MAT and discourages the appropriate and federally recommended treatment for opioid use disorders." MAT has been positively associated with parents regaining custody of their children.^[48]

5. **Older Adults/Elderly^[49]**: Due to an increase in the number of grandparents caring for their grandchildren, SSCMs may encounter older parent/guardian/legal custodian(s) with substance and/or alcohol use disorders frequently. While the current proportion of older adults with SUDs is low compared with the general population, a growing number of older adults are at risk for hazardous drinking, prescription drug misuse, and illicit substance use and abuse. When assessing older adults about substance use consider:
 - a. A more supportive, nonconfrontational approach than more assertive styles of assessment and intervention.
 - b. Many older adults, and even their families, view alcohol use as being their "one last pleasure," creating a complex picture of substance use in late life.

- c. The identification of problematic substance use with older adults can be difficult because of overlapping symptoms with medical disorders.
 - d. A non-stigmatizing approach along with direct questions about drinking, prescription medication, and illicit drug use.
6. **Veterans**^[50]: Veterans often encounter challenging experiences during their service and some turn to substance use to cope with those experiences (SAMHSA/CBHSQ, 2015). In addition, many veterans have a co-occurring mental health disorder. Post-traumatic stress disorder (PTSD) and SUD tend to co-occur very frequently in veterans. One of the most prevalent substance use problems for military personnel is alcohol use. Strategies for promoting positive outcomes with veterans should include educating them about their substance(s) of choice and how it affects the body. It may also be necessary to educate the veteran about the impact of substance use on treatment and the ability to achieve treatment goals.
7. **ADA and Substance Use Disorders**^{[51] [52] [53] [54]}
- a. **Individuals with a History of Substance and/or Alcohol Use Disorders:** Individuals with a history of alcohol and/or SUDs may qualify as individuals with a disability under the Americans with Disabilities Act and other federal and state laws. Casual substance use is not protected if it does not substantially limit one or more of an individual's "major life activities".
 - b. **Rehabilitation:** Federal disability rights laws protect individuals who "have successfully completed a supervised drug rehabilitation program and are no longer engaging in the illegal use of drugs," or "have otherwise been rehabilitated successfully and are no longer engaging in such use," or "are participating in a supervised rehabilitation program and are no longer engaging in such use," or "are erroneously regarded as engaging in such use but are not engaging in such use." For example: A father seeking reunification with his children has successfully completed a SUD treatment program, and random screens indicate he is no longer engaged in the illegal use of drugs. The father, under these circumstances, may be protected under federal disability rights law.
 - c. **Current Use of Drugs:** Current drug use means the illegal use of drugs occurred recently enough to justify a reasonable belief that a person's drug use is current or that continuing use is a real and ongoing problem. Whether someone is currently using drugs illegally is decided on a case-by-case basis. Federal disability rights laws do not protect someone who is currently engaged in the illegal use of drugs when the covered entity acts on the basis of that use. For example: A newborn exhibiting withdrawal symptoms resulting from prenatal exposure to cocaine is removed from his mother based on the mother's recent use of the drug. The mother, under these circumstances, may not be protected under federal disability rights laws because of her use of an illegal drug. The illegal use of drugs means:
 - The use of drugs;
 - The possession or distribution, of which is unlawful under the Controlled Substances Act;
 - The illegal use of drugs may include using a controlled substance which is not prescribed to the individual;
 - Misuse of a controlled substance; or
 - Using a controlled substance obtained by a fraudulent prescription.

- d. **MAT and ADA:** An individual's receipt of MAT taken under the supervision of a licensed healthcare professional is not the illegal use of drugs. A parent/guardian/legal custodian use of MAT should not be discouraged in assessment and case planning activities unless otherwise recommended by a SUD treatment professional (see the [Forms and Tools: Know Your Rights: Rights for Individuals on Medication-Assisted Treatment](#) for the applicable federal laws that prevent discrimination against individuals in recovery using MAT. Information related to child welfare systems can be found on page 12).^[44]

It should not be assumed that a parent receiving MAT poses a threat to a child based on assumptions that the MAT participants are likely to relapse, are unable to care for themselves, or are likely to be associated with crime. Decisions related to child safety should be based on:

1. An individualized assessment of the individual with a disability based on reasonable judgment that relies on current medical knowledge or the best available objective evidence to ascertain the nature, duration, and severity of the risks to the child;
2. The probability that the potential injury to the child will actually occur; and
3. Whether reasonable modifications of policies, practices, or procedures, or the provision of auxiliary aids and services will mitigate the risk.

If an individual receives MAT for an opioid use disorder and is also currently engaged in the illegal use of drugs, the individual is not protected by Section 504, or the ADA, in most circumstances. Also, if the individual misuses their MAT prescription, the illegal use of drugs may have occurred.

Lapse vs. Relapse

There is a major difference between having one slip and having a relapse. A lapse represents a temporary slip or return to a previous behavior that one is trying to control or quit (usually a onetime occurrence), whereas a relapse represents a full-blown return to a pattern of behavior that one has been trying to moderate or quit altogether (Marlatt & Donovan, 2005).

Relapse and Relapse Planning

Within the context of substance abuse, relapse is marked by a subsequent occurrence of drug use following a period of abstinence/sobriety. Relapse is an expected part of the recovery process and occurs in varying degrees ranging from a single instance of drug use to an extended episode of binging. Relapse is most often triggered by physical, emotional and/or psychological cues in the environment (e.g., the smell and/or sight of the drug, a former hangout where the person used drugs, interaction with people with whom the person commonly used drugs, etc.). Signs of relapse include, but are not limited to:

1. Increasing lack of cooperation/avoiding behavior;
2. Deterioration in daily living activities;
3. Unexplained financial hardship;
4. Mood swings;
5. Depression, anger, anxiety, or paranoia;
6. Setting expectations that are too numerous or unrealistic;

7. Distancing from friends who are clean and sober; and
8. Re-establishing old relationships with drug-using acquaintances.

The best predictor of whether a person will recover from an instance of relapse is the correct treatment intervention matched to the person's stage of change (see [Forms and Tools: Stages of Change](#)). When there is no progress in other life areas (e.g., improved parent/guardian/legal custodian protective capacities or competency, financial stability, positive relationships, etc.), there is also a lack of necessary motivation to regain control over the addiction. A relapse plan should be in place to address these factors as a part of case management activities. Relapse planning involves the identification and development of a plan of action that the family agrees to follow in the event a relapse occurs, and may include but is not limited to:

1. Outlining who will contact the SSCM
2. Participation in AA or NA
3. Weekly telephone contact with an identified family member or friend
4. A temporary caregiving resource for the children

It is essential to discuss these plans with family members so that roles and responsibilities are clearly defined to ensure the safety of the child should relapse occur. Relapse planning should occur during DFCS involvement and prior to closing the case. Families should be engaged in relapse planning so they may continue to adjust the relapse plan as necessary when DFCS is no longer involved with the family.

Each occurrence of relapse should be evaluated individually, in partnership with the parent/guardian/legal custodian, substance and alcohol treatment providers and medical providers. It may be necessary to request a SUD assessment with a service recommendation. There are also times when it will be necessary to file a dependency complaint in juvenile court or use other safety interventions if the safety of a child cannot be assured in the home. If a child is not at imminent risk and/or safety is controlled through other means, it is important to evaluate the existing evidence of impending danger safety threats to determine whether court-ordered intervention is necessary. If the court is already involved, notification to the court of a relapse or of any significant changes to the case plan resulting from the relapse must occur.

Evaluating Progress Towards Recovery and Case Plan Outcomes

While recovery is a long process, child welfare involvement with a family is time limited, therefore, the SSCM and treatment providers must work collaboratively to provide timely services, while continuously supporting and evaluating parent/guardian/legal custodian progress towards recovery goals.^[55] Some indicators of progress are:

1. Attends and stays engaged in a substance abuse treatment program or aftercare.
2. Participates in community recovery support groups.
3. Achieves a period of abstinence.
4. Has established a pattern of negative results from drug tests.
5. Complies with the safety plan and case plan.
6. Has a relapse plan in place.

7. Is achieving parenting goals and demonstrating behaviors indicative of enhanced protective capacity.
8. Visits their children consistently and displays increased parental responsibility and bonding with children (if applicable).
9. Has changed past substance-abusing behaviors and has developed a network of sober, abstinent family members and friends.
10. Demonstrate financial self-sufficiency, if applicable.
11. Has no new reports of abuse/neglect or criminal activity, if applicable.
12. Takes prescribed psychotropic medications correctly (if applicable).

Transition Planning, Aftercare and Recovery Services

When a parent/guardian/legal custodian has demonstrated progress in meeting treatment objectives, it is important that the SSCM, parent/guardian/legal custodian, and treatment provider examine whether the family is ready for transition. Transition planning involves an assessment of the individual's ongoing recovery plan. It includes defining when and under what circumstances the child may be safely reunited with the parent/guardian/legal custodian. The transition plan for the return of the child parallels the substance abuse treatment provider's plan for continuing care. Continuing care services are essential to sustaining treatment success, child safety and family well-being. They give the family an opportunity to anchor new behaviors and practice drug-free living and relapse prevention techniques. Without aftercare services and community supports, relapse rates can be high, even after periods of long sobriety during treatment. Continuing care includes clinical treatment and community support for both the parent/guardian/legal custodian and the children who have been separated from the parent/guardian/legal custodian. These supports can address individual needs identified in the parent/guardian/legal custodian's relapse prevention plan and treat any issues related to trauma, loss, separation and reunification.^[56] The development and implementation of the prevention plan helps build a supportive net around the parent/guardian/legal custodian and his or her family to encourage sustainable recovery.

Closing a Case When SUD Treatment Recommendations Are Not Followed

When a parent/guardian/legal custodian is non-compliant with a SUD assessment or treatment recommendations during DFCS involvement, there must be a thorough examination of the circumstances surrounding the non-compliance prior to case closure. Substance abuse professionals are ethically bound to inform a client of all treatment options and the nature and extent of the services as well as the client's right to refuse these services. However, DFCS must also ensure that the parent/guardian/legal custodian understands that his or her right to refuse services may have an impact on how DFCS manages their case.

If a parent/guardian/legal custodian does not disclose a problem or is unwilling to change, treatment is unlikely to succeed. However, keep in mind that a parent/guardian/legal custodian's initial unwillingness to cooperate with treatment recommendations may stem from feelings of guilt about the substance abuse and defensiveness about the SUD assessment process itself. It's important not to confuse a parent/guardian/legal custodian's attitude toward intervention as a complete refusal to cooperate with SUD treatment and attempt to re-engage the parent/guardian/legal custodian differently to build a consensus around how his or her substance use, or abuse has an impact on the child. If consensus cannot be achieved with complying with SUD assessment or treatment recom-

recommendations, initiate a staffing with the SUD assessor and/or treatment provider to discuss the recommendations that the parent/guardian/legal custodian is unwilling to follow. If any of these recommendations impact child safety, or a parent/guardian/legal custodian's ability to care for or protect the child in any way, then juvenile court intervention must be sought and the DFCS case may not be closed.

In cases where the SUD assessment recommendations are individually related to the parent/guardian/legal custodian and it is demonstrated that there is no impact on child safety, DFCS may consider closing a case. The closure decision can only occur however after a careful and thorough review of the circumstances surrounding the assessor's recommendations and a formal staffing to discuss what has not been followed by the parent/guardian/legal custodian. Additionally, administrative oversight and approval must be completed and documented regarding the decision to close the case without a SUD assessment and treatment recommendations being followed by the parent/guardian/legal custodian.

Situations in which DFCS closes a case without a parent/guardian/legal custodian completing a SUD assessment or treatment recommendations should be extremely rare. In most cases in which treatment recommendations have not been followed Juvenile Court intervention should be sought prior to a recommendation for case closure.

Forms and Tools

[Authorization for Release of Information](#)

[Authorization for Release of Information \(Spanish\)](#)

[Child Welfare Case Staffing: Social Worker and Supervisor \(video: 11 minutes\)](#)

[Child Welfare Case Staffing: Child Welfare Court Case \(video: 10 minutes\)](#)

[Civil Rights Protections for Individuals with a Disability: The Basics \(Part 1\) \(Webinar - 24 minutes\)](#)

[Civil Rights Protections for Individuals with an Opioid Use Disorder \(Part 2\) \(Webinar - 19 minutes\)](#)

[Commonly Abused Drugs](#)

[Components of a Client Centered Treatment Plan](#)

[Fact Sheet: Drug Addiction and Federal Disability Rights Laws](#)

[Factors Influencing Potential for Substance Use](#)

[Know Your Rights: Rights for Individuals on Medication-Assisted Treatment](#)

[Motivation through the Stages of Change](#)

[Nondiscrimination and Opioid Use Disorders Fact Sheet](#)

[Office for Civil Rights Child Welfare Page](#)

[Principles of Drug Addiction Treatment](#)


[Responding to Parent/Caregiver Resistance](#)

[Self-Help, Peer Support and Consumer Groups](#)

[The Effects of Substance of Abuse on Behavior and Parenting](#)

[Your Rights as a Person with a Disability in the Child Welfare System](#)

19.27 Plan of Safe Care for Infants Prenatally Exposed to Substances or a Fetal Alcohol Spectrum Disorder (FASD)

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(19) Case Management		
	Policy Title:	Plan of Safe Care for Infants Prenatally Exposed to Substances or a Fetal Alcohol Spectrum Disorder (FASD)		
	Policy Number:	19.27	Previous Policy Number(s):	N/A
	Effective Date:	November 2020	Manual Transmittal:	2020-09

Codes/References

O.C.G.A. § 15-11-30 Rights and Duties of Legal Custodian

O.C.G.A. § 15-11-101 Medical and Psychological Evaluation Orders When Investigating Child Abuse and Neglect

O.C.G.A. § 19-7-5 Reporting of Child Abuse and Neglect

O.C.G.A. § 49-5-8 Powers and Duties of Department of Human Services

O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records

Title IV-E of the Social Security Act §§ 471(a)(15)(D), 472(a)(1), and 472(f)

42 CFR § 8.12(f)

45 CFR Parts 1355.38(a)(5), 1356.21(b)(3)(i), 1356.21(d), 1356.21(k), and 1356.67

Public Law (PL) 93-247 Child Abuse Prevention and Treatment Act of 1974 (CAPTA)

PL 104-191 Health Insurance Portability and Accountability Act (HIPAA) of 1996

PL 114-198 Comprehensive Addiction and Recovery Act of 2016

J.J. v. Ledbetter-Release of Information of Confidential Records

Requirements


The Division of Family and Children Services (DFCS) will:

1. In partnership with other agencies providing services to the family, develop and implement a Plan of Safe Care for families with infants identified as being affected by substance abuse (illegal and/or legal), or withdrawal symptoms resulting from prenatal drug exposure; or a Fetal Alcohol Spectrum Disorder (FASD) (see Practice Guidance: [Prenatal Exposure – Affected](#)).



This includes reports involving prenatal abuse as defined in Intake policy [3.4 Intake: Intakes Involving Substance Use or Abuse, Prenatal Exposure, Prenatal Abuse or Fetal Alcohol Spectrum Disorder](#).

2. Assess the health and substance use needs of the infant, caregiver and other family members in accordance with the following policies:
 - a. [20.5 Special Circumstances: Infants Prenatally Exposed to Substances \(No Maltreatment\)](#) when there are no allegations of maltreatment; and
 - b. [19.26 Case Management: Case Management Involving Substance Abuse or Use](#) when there are allegations of maltreatment (prenatal abuse).
 - c. [19.24 Case Management: Family Treatment Court](#) when the family is participating in family treatment court.

3. Conduct a Plan of Safe Care meeting:
 - a. Within five calendar days of receiving the substance abuse assessment from the substance use disorder treatment provider, when maltreatment is alleged; or
 - b. Within 14 calendar days of the intake notification that contain no allegations of maltreatment.
4. Ensure that the Plan of Safe Care addresses:
 - a. The health and substance abuse treatment needs of the infant and parent/caregiver; and
 - b. The needs of the other family members affected by the substance use/abuse.
5. Identify the agency responsible for monitoring the Plan of Safe Care during the Plan of Safe Care meeting.
6. Monitor the Plan of Safe Care to determine whether referrals are made and delivery of appropriate services to the affected infant, family or caregiver:
 - a. Ensure the Plan of Safe Care is incorporated into the case plan if the case is transitioned to Family Preservation Services or Foster Care.
 - b. Follow up with the responsible agency for monitoring the Plan of Safe Care, prior to case closure, if the DFCS case is expected to close.
7. Adhere to confidentiality and HIPAA provisions outlined in policies [2.6 Information Management: Confidentiality/Safeguarding Information](#) and [2.5 Information Management: Health Insurance Portability and Accountability Act](#). Obtain a signed Authorization for Release of Information (ROI) to facilitate sharing of information with providers and to initiate referrals, when applicable.
 Utilize program specific ROI when required, i.e. Children 1st.
8. Document all case activities in Georgia SHINES within 72 hours of occurrence.

Procedures

Social Services Case Manager

1. Assess the health and substance use disorder needs of the infant, caregiver and other family members.
 - a. If there are no allegations of maltreatment conduct the assessment in accordance with policy [20.5 Special Circumstances: Infants Prenatally Exposed to Substances \(No Maltreatment\)](#).
 - b. If there are allegations of prenatal abuse conduct the assessment in accordance with policy [19.26 Case Management: Case Management Involving Substance Abuse or Use](#).
 - c. If the family is participating in family treatment court, ensure the assessment is conducted in accordance with policy [19.24 Case Management: Family Treatment Court](#).
2. Prepare for the Plan of Safe Care meeting:
 - a. Review and analyze all information gathered from the assessment to determine the health and substance use needs of the infant, caregiver and other family members, including, but not limited to the following:

- i. Substance use disorder assessment from the substance use disorder treatment provider, other assessments conducted, etc.;
 - ii. Children's 1st screening results;
 - iii. Health information collected for the infant, other children, and mother's medical provider, hospital discharge records, etc.
 - iv. Interviews with the mother, other caregivers, and other family members;
 - v. Observation of the infant, other children and caregivers;
 - vi. Observation of the home;
 - vii. Other information as appropriate.
 - b. Initiate a staffing with the Social Services Supervisor (SSS), to discuss at a minimum:
 - i. The impact of the substance/alcohol use by the mother and any other caregivers in the home on the care and protection of the infant and other children in the home.
 - ii. The mother's compliance with MAT, if applicable;
 - iii. The mother and other caregiver's functioning including physical health, mental health, life management, relationships, parenting, etc.;
 - iv. The health care, developmental or other needs of the infant and any other children in the home;
 - v. Current formal or informal supports;
 - vi. Recommendations for the Plan of Safe Care and participants to include in the meeting.
 - c. Schedule the meeting and invite all identified participants (e.g., family members, informal support system, the individuals identified by the mother, Children 1st or Babies Can't Wait, medical professionals, substance and alcohol treatment professionals, including medication assisted treatment providers, and WTRS staff).
3. Conduct the Plan of Safe Care meeting:
- a. Engage the participants in a discussion regarding the identified needs of the infant, other children in the home, mother, and other family members. See Practice Guidance: [What to include in the Plan of Safe Care](#) for the areas to include in the discussion.
 - b. Discuss how each identified need will be addressed and by whom. Include whether services are already being provided or are needed.
 - c. Identify and obtain agreement regarding the responsible party for referrals, provision of services for the infant, other children in the home, mother, and other family members.
 - d. Identify and obtain agreement with the agency or agencies that will be responsible for monitoring the services provided to the family, if the case will not be opened for child welfare services beyond the Investigation or Special Circumstance Investigation.
 - i. Obtain the agreement in writing to monitor the plan when the agency or agencies are willing to do so.
 - ii. If the agency or agencies are unwilling to provide written agreement, then document the name of the agency or agencies, the name(s) and title(s) of the representativeness who agreed to monitoring the services, the date and time of the agreement and names of witnesses to the agreement.

- e. Complete the written Plan of Safe Care using the Plan of Safe Care form (see [Forms and Tools: Plan of Safe Care](#)).
4. Implement and monitor the Plan of Safe Care.
 - a. Make referrals for services identified in the meeting, in accordance with policy [19.17 Case Management: Service Provision](#); and/or follow up with other parties responsible for making referrals to determine if the referrals have been made and/or initiated, including but not limited to:
 - i. Substance use disorder treatment and/or any other recommendations from the substance use disorder assessment.
 - ii. Medical or other providers regarding services for the infant, mother and other household members.
 - iii. Children 1st regarding the referral for the developmental screening and any subsequent services for the infant and other children in the home.
 - b. Engage the parents/caregivers to determine if services have been initiated and are being provided in accordance with the plan.
 - c. Incorporate the Plan of Safe Care into the case plan for ongoing monitoring, if the case is transferred to Family Preservation Services or Foster Care (see policies [8.3 Family Preservation Services: Case Planning](#) and [10.23 Foster Care: Case Planning](#)).
 - d. Follow up with the provider responsible for monitoring the Plan of Safe Care prior to case closure, if DFCS case will be closed after the Investigation or Special Circumstance Investigation.
 5. Document all activities related to the assessment, development and monitoring of the Plan of Safe Care, including uploading the completed Plan of Safe Care to Georgia SHINES within 72 hours of occurrence.

Practice Guidance

Plan of Safe Care

The Child Abuse Prevention and Treatment Act (CAPTA) requires that healthcare providers identify and make referrals to child protective services of infants affected by prenatal drug exposure including Fetal Alcohol Spectrum Disorder (FASD), and that “plans for safe care” be developed for infants, mother and their family members. A Plan of Safe Care is a *process* that involves a multi-agency partnership with families to develop a written plan for families affected by prenatal exposure to substances and/or alcohol, that:

1. Ensures the safety and well-being of infants following release from the care of healthcare providers;
2. Addresses the health and substance use disorder treatment needs of the infant and affected family or caregiver;
3. Ensures the provision of services to address the identified needs of the infant, family and caregiver;
4. Monitors the plan to ensure services are addressing the identified needs.

The Plan of Safe Care incorporates into one document the plans from various agencies providing services to the family, such as the child welfare assessment, hospital discharge plan, substance use treatment case plan and prenatal care plan to address the medical, behavioral, developmental, social and emotional well-being of the family. Coordinated services to the family ensures timely access to a continuum of care, minimizes barriers to accessing care, improves infant and maternal outcomes, and facilitates identification of the family's overall needs and engagement into the appropriate services.

When is a Plan of Safe Care Required

The Plan of Safe Care is required when a healthcare provider has identified that an infant has been affected by substance abuse; or withdrawal symptoms resulting from prenatal drug exposure; or a Fetal Alcohol Spectrum Disorder. This identification may occur during any stage of DFCS involvement, including at birth, or later during the infant's development and/or as symptoms manifest. DFCS may develop the Plan of Safe Care prior to the birth of an infant, if child welfare is providing services due to other children in the home and the family agrees.

While prenatal exposure may include cases with child maltreatment (prenatal abuse) not all cases requiring a Plan of Safe Care involve maltreatment. Some examples of cases involving prenatal exposure with no allegations of maltreatment are as follows:

1. The infant is prenatally exposed resulting from the mother's use of prescribed medication for an illness. The mother is following her medication and treatment plan, as verified by her healthcare provider.
2. The infant is prenatally exposed resulting from the mother being given prescribed medication during the delivery process.
3. The infant is prenatally exposed due to the mother's participation in a Medication Assisted Treatment (MAT) program for a substance use disorder. The mother is in compliance with her medication and treatment plan, as verified by the substance treatment provider and her healthcare provider.

Prenatal Exposure – Affected

An infant "affected" by prenatal exposure to substance use means:

1. The infant is experiencing symptoms of withdrawal, or exhibiting harmful effects in his/her physical appearance or functioning due to exposure to substances (legal or illegal); or
2. The infant has tested positive for the presence of a substance or a metabolite thereof in his/her body, blood, urine or meconium; or
3. The infant has symptoms of a Fetal Alcohol Spectrum Disorder; or
4. The mother testing positive for illegal substances at the birth of the infant; or
5. The mother testing positive for prescription drugs due to misuse at the birth of the infant; or
6. The mother self-disclosed at the birth of the infant a substance or alcohol use problem and use during pregnancy.

Prenatal Exposure and Infant Development

The full impact of prenatal substance exposure depends on several factors, including: the frequency of use during pregnancy, timing, the type of substances used by pregnant women, co-occurring environmental deficiencies, and the extent of prenatal care (AIA, 2012). The effects of parental substance use disorders on a child can begin before the child is born. Research suggests powerful effects of legal drugs, as well as illegal drugs on prenatal and early childhood development (HHS SAMHSA, 2014). Maternal drug and alcohol use during pregnancy have been associated with premature birth, low birth weight, slowed growth, and a variety of physical, emotional, behavioral, and cognitive problems (AIA, 2012; National Institute on Drug Abuse [NIDA], 2011).

Fetal alcohol spectrum disorders (FASD) are a set of conditions that affect an estimated 40,000 infants born each year to mothers who drank alcohol during pregnancy (Prevention First, n.d.). Children with FASD may experience mild to severe physical, mental, behavioral, and/or learning disabilities, some of which may have lifelong implications (e.g., brain damage, physical defects, attention deficits) (National Organization on Fetal Alcohol Syndrome, 2012). Research suggests that some of the negative outcomes of prenatal exposure can be improved by supportive home environments and positive parenting practices (NIDA, 2011). Symptoms of FASD can include facial abnormalities, growth deficiencies, skeletal deformities, organ deformities, central nervous system handicaps and behavioral problems. These symptoms can have lifelong implications for children who were exposed to alcohol in the womb; however, some FASD children who receive special education and adequate social services are more likely to reach their developmental and educational potential than those who do not receive those services. FASD diagnostic conditions include:

1. Type I: Fetal Alcohol Syndrome with confirmed maternal exposure.
2. Type II: FAS without confirmed maternal exposure.
3. Type III: Alcohol-related birth defects (ARBD)
4. Type IV: Alcohol-related neurodevelopmental disorder (ARND).

Neonatal Abstinence Syndrome

Neonatal abstinence syndrome (NAS)^[57], formerly known as “withdrawal symptoms, may occur when a pregnant woman takes drugs such as heroin, codeine, oxycodone (OxyContin), methadone or buprenorphine. Because the baby is no longer getting the drug after birth, the withdrawal may occur as the drug is slowly cleared from the baby’s system. Symptoms may appear within a few hours of birth to 14 days after birth, and depend on the type of substance used, length of time used, etc. Symptoms generally include but is not limited to, blotchy skin coloring (mottling), diarrhea, excessive crying or high-pitched crying, excessive sucking, fever, hyperactive reflexes, increased muscle tone, irritability, poor feeding, rapid breathing, seizures, sleep problems, slow weight gain, stuffy nose, sneezing, sweating, trembling (tremors), vomiting.

Prenatal Exposure and Child and Adolescent Development

Children and youth of parents who use or abuse substances and have parenting difficulties have an increased chance of experiencing a variety of negative outcomes (Felitti et al., 1998; HHS, 1999; Stanton-Tindall et al., 2013) including: poor cognitive, social, and emotional development, depression, anxiety, and other trauma and mental health symptoms, physical and health issues, and substance use problems.

Parental substance use can affect the well-being of children and youth in complex ways. For example, an infant who receives inconsistent care and nurturing from a parent engaged in addiction-related behaviors may suffer from attachment difficulties that can then interfere with the growing child's emotional development. Adolescent children of parents with substance use disorders, particularly those who have experienced child maltreatment and foster care, may turn to substances themselves as a coping mechanism. In addition, children of parents with substance use issues are more likely to experience trauma and its effects, which include difficulties with concentration and learning, controlling physical and emotional responses to stress, and forming trusting relationships (Staton-Tindall et al., 2013).

Considerations for Developing and Implementing Plans of Safe Care

When developing, and implementing the Plan of Safe Care, consider the following:

1. The post-partum period is a time of “unique vulnerability” for the mother due to:
 - a. Increased stress associated with motherhood, infant care, sleep deprivation
 - b. Limited social support and resource availability
 - c. Increased financial demands
 - d. Pain and physical recovery from delivery
 - e. Physiologic transition from pregnant to non-pregnant state
2. Alcohol and substances cause significant changes in brain chemistry, which affects a person's mood, thinking, behavior and perception. It can be difficult for a person to follow through on scheduling and keeping appointments; therefore, it is essential that Social Services Case Managers assist families with making and keeping appointments or identify a responsible person to assist the family.
3. The mother's or father's child welfare-related history that indicates unresolved substance use disorders related to a prior case of child abuse or neglect;
4. Any prior abuse and/or neglect reports related to substance use and response to agency intervention or substance abuse treatment;
5. Whether any siblings have been prenatally exposed to substances or have been exposed in the home or family environment;
6. Evidence of co-occurring mental health concerns that may affect immediate parenting capacity such as post-partum depression and substance use;
7. The mother's willingness to seek treatment and parenting instruction;
8. Family environmental challenges due to parental substance use disorders; and
9. Access to sufficient income/resources, employment, and lack of access to a medical home can all interact with substance use disorders, and could impact the infant.

What to include in the Plan of Safe Care

1. **Needs of the mother**^[58]:
 - a. Health care
 - b. Identification by the mother of a consistent and stable primary caregiver

- c. Medication management
- d. Pain management
- e. Breast Feeding, if recommended by the physician.
- f. Substance use and mental health, should include the following:
 - i. Timely access
 - ii. Engagement, retention and recovery supports
 - iii. Appropriate treatment (i.e. gender-specific, family focused, accessible, medication assisted treatment, trauma responsive)
 - iv. Depression/anxiety/domestic violence
 - v. Identify and assist the mother in accessing the appropriate assessments and treatment services.
- g. Parenting/Family Support:
- h. Coordinated case management/home visits to assess/address infant care, parent/infant bonding, nurturing, mother's understanding of the special care needs of the infant(s) and ability to provide such care, parenting guidance and skill development, safe sleep practices, and maternal support.
- i. Child Care
- j. Benefits/Eligibility Determination
 - i. Employment support
 - ii. Housing
 - iii. Transportation
- k. Supportive network (having relationships and social networks that provide support, friendship, love, and hope)^[59]

2. Needs of the Infant:

- a. Healthcare
 - i. Identification of a consistent pediatrician/healthcare provider
 - ii. Referral to specialty care, as indicated
 - iii. High-risk follow-up care
- b. Safety with the caregivers
- c. Developmental screening and assessment
- d. Linkage to Early Intervention Services
- e. Early care and education program

3. Needs of other children in the home:

- a. Identification of a consistent pediatrician/healthcare provider
- b. Safety with the caregivers
- c. Developmental screening and assessment

d. Linkage to Early Intervention Services

e. Early care and education program

4. Needs of other family members:

a. Substance use disorder assessment and treatment

b. Mental health assessment and treatment

c. Pain management

d. Medication management

e. Parenting skills (i.e. bonding, nurturing, understanding of the special care needs of the infant and the ability to provide it, safe sleep practice, etc.)

f. Their ability to meet the care and protection needs of the infant and any other children living in the home.

Monitoring the Plan of Safe Care

Ensuring the services identified in the Plan of Safe Care is implemented is critical to assuring the ongoing health and substance abuse needs of the infant and family. The Plan of Safe Care will address actions and services for the infant and family's needs that support the family achieving long-term recovery. Therefore, the needs must be incorporated into the case plan if the case is transferred to Family Preservation Services or Foster Care to ensure ongoing monitoring. If the family does not continue child welfare services with DFCS, another individual or agency must be identified to monitor the plan of safe care. This could be the medical provider, Babies Can't Wait or other providers already involved with the family and who can obtain information to monitor the plan.

Plan of Safe Care vs. Safety Plan

A Plan of Safe Care is different from a safety plan aimed at addressing present or impending danger situations that have already occurred.^[58] A safety plan is designed to control safety threats and have an immediate effect, and stays in effect as long as the threats to child safety exist and the family remains unable to provide for the child's safety."^[60] The Plan of Safe Care moves beyond the immediate safety factors to the ongoing health, treatment and well-being needs of the infant and family. Therefore, it can remain in effect even when a comprehensive assessment indicates there is no need for child welfare services or after the termination of child welfare services.

Five-Point Intervention Framework

Since many Substance Exposed Infants (SEI) are not identified prenatally or at birth, an approach that addresses all stages of development for the affected child is critical. Most previous work related to SEIs has focused on pregnancy and the birth event. However, a more comprehensive view is needed that takes multiple intervention opportunities into account, beginning with pre-pregnancy and continuing throughout a child's developmental milestones. The framework^[61] around which this report is organized asserts that there are five major timeframes when intervention in the life of the SEI can reduce the potential harm of prenatal substance exposure:

1. Pre-pregnancy: This timeframe offers the opportunity to promote awareness of the effects of prenatal substance use among women of child-bearing age and their family members;

2. Prenatal: This intervention point encourages health care providers to screen pregnant women for substance use as part of routine prenatal care and make referrals that facilitate access to treatment and related services for women who need those services;
3. Birth: Interventions during this timeframe incorporate testing newborns for substance exposure at the time of delivery;
4. Neonatal: Developmental assessment and the corresponding provision of services for the newborn as well as the family at this intervention point, immediately after the birth event, are the emphasis; and
5. Throughout childhood and adolescence: This timeframe calls for ongoing provision of coordinated services for both child and family.

Forms and Tools


[Authorization for Release of Information](#)

[Authorization for Release of Information \(Spanish\)](#)

[Know Your Rights: Rights for Individuals on Medication-Assisted Treatment](#)

[Plan of Safe Care](#)

19.28 Children 1st and Babies Can't Wait

	Georgia Division of Family and Children Services		
	Child Welfare Policy Manual		
	Chapter:	(19) Case Management	
	Policy Title:	Children 1st and Babies Can't Wait	
	Policy Number:	19.28	Previous Policy Number(s):
Effective Date:	May 2019	Manual Transmittal:	2019-04

Codes/References

O.C.G.A. § 15-11-70

O.C.G.A. § 15-11-181

O.C.G.A. § 15-11-212

Child Abuse Prevention and Treatment Act (CAPTA), Section 2, Assurances and Requirements, Referrals to Individuals with Disabilities Education Act (IDEA, Part C, Section (a) (6) (A&B)

Requirements

The Division of Family and Children Services (DFCS) will:

1. Refer children to Babies Can't Wait (BCW) via Children 1st for a developmental screening, assessment if they meet the following criteria:
 - a. Any child under the age of three involved in a substantiated Investigation, prior to the conclusion of the Investigation;
 - b. Any child under the age of three with a suspected or diagnosed developmental delay, physi-

cal impairment, or disability, prior to the conclusion of the Investigation or Family Support Services.

- c. An infant prenatally exposed to substances, to support the development of the Plan of Safe Care (see policy [19.27 Case Management: Plan of Safe Care for Infants Prenatally Exposed to Substances or a Fetal Alcohol Spectrum Disorder](#)).
- d. All children in foster care under five years of age, as part of the Health Check, within 10 calendar days of entering foster care.



Under five years old means the child has not reached their 5th birthday.



A new referral is not needed if the child was referred during the Investigation, however, follow up with Children 1st is needed to determine the results of the screening.

2. Reassess child development on an ongoing basis and re-refer children under the age of three for BCW services who were initially determined ineligible for BCW services when there's a suspected or diagnosed developmental delay, disability or physical impairment after the initial ineligibility. Refer to [Forms and Tools: Developmental Milestones for Children age 0-5](#).
3. Obtain and review the developmental screening and assessment and incorporate the recommendations into the case plan, if appropriate.
4. Discuss the screening/assessment and any recommendations with the caregiver, including their ability to meet the needs of the child and any identified barriers. Ensure the following occurs:
 - a. Provide a copy of the recommendations to the caregivers of children in the custody of DFCS.
 - b. Assist the caregiver with developing a plan to overcome any barriers.
 - c. Assess the plan each month to determine progress towards goals.
5. Invite the BCW/Children 1st representative to any relevant meetings involving the child receiving BCW services, including but not limited to the Multidisciplinary Team Meetings (MDT), POSC meeting, Family Team Meeting (FTM), placement change meeting(s).
6. Monitor the provision of BCW services by maintaining monthly contact with the service coordinator/developmental specialist or BCW/Children 1st representative.
7. Upload all assessments and other documentation to Georgia SHINES within 72 hours of receipt.

Procedures

Investigation or Family Support Services Social Services Case Manager

1. Determine whether a child meets the criteria for a BCW referral as outlined in the above Requirements and in conjunction with the Social Services Supervisor (SSS).
2. Discuss the following with the caregiver:
 - a. The child meets the eligibility criteria for a referral to BCW;
 - b. DFCS is required to refer the child to BCW when they meet the criteria;
 - c. The criteria for referral and eligibility;
 - d. BCW services are voluntary;

- e. The benefits of BCW services for the child and family;
- f. The referral process;
- g. The screening and evaluation process;
- h. The services provided through BCW;
- i. The importance of the caregiver’s participation in the development of the Individualized Family Service Plan (IFSP), the six-month review, and the annual evaluation of the IFSP to ensure timely and appropriate developmental services.

3. Complete the Children 1st Screening and Referral Form in Georgia SHINES:

- a. Complete the application in its entirety to facilitate the screening and evaluation process;
- b. Engage the caregiver to assist in responding to specific questions regarding the child and reconcile any inconsistencies in information.
- c. Ask the caregiver to sign the Authorization for Release of Information Form-BCW Specific (ROI-BCW) and the Family Educational Rights and Privacy Act (FERPA) Consent Form to allow DFCS to assist in monitoring the provision of services offered through Children 1st or BCW;



The SSCM cannot sign the ROI-BCW or the FERPA form when a child is in foster care. The release must be signed by the surrogate (foster parent or other approved placement resource).

- d. If a case is being transferred to Family Preservation Services (FPS) or Foster Care, include the name of the assigned FPS or Foster Care SSCM on the Children 1st Screening and Referral Form.
- e. Review the Children 1st Screening and Referral Form to verify all pertinent sections of the form are completed.

4. Submit the Children 1st Screening and Referral Form, ROI-BCW, and the FERPA forms to the Children 1st District Coordinator as outlined in the protocol between DFCS and the local county health department in the county where the child resides.



Submit the referral to Children 1st regardless of the caregiver’s willingness to participate in the program or his/her cooperation in completing the form.

5. Contact Children 1st to confirm receipt of the Children 1st Screening and Referral Form.

6. Obtain the Status of Eligibility letter from Children 1st. If the letter is received by the referring SSCM after the case has been transferred to another program area, forward to the letter to the assigned primary SSCM.



Children 1st will provide DFCS a copy of the IFSP and Status of Eligibility (SOE) within 60 days of the date of the referral to Children 1st.

7. Review the Status of Eligibility letter to determine the recommendations from Children 1st. The letter will provide one of the following recommendations:

- a. The child is eligible to receive BCW services, and the child has been referred to BCW.



BCW will provide DFCS with an Acknowledgement Letter within three days of the

referral, if Children 1st refers the child to BCW and the ROI-BCW of information and FERPA are approved and signed by the caregiver or surrogate.

- b. The child is not eligible for BCW services; however, the child is eligible to enroll in Children 1st.



Children 1st will request the consent of the caregiver or surrogate to conduct the Maternal and Child Health (MCH) Assessment and enroll the child in Children 1st as needed.

- c. The child is not eligible for BCW services and no further services are needed

8. Document the following in Georgia SHINES:

- a. Whether the child meets the criteria for referral to BCW via Children 1st, as outlined in the requirements above. Be specific in documenting if the referral is based on suspected or diagnosed developmental delays, disability or physical impairment; prenatal exposure to substances or an FASD; and/or involves a substantiated investigation; or whether the child is in foster care and under the age of 5;
- b. The discussion with the caregiver regarding the Children 1st referral and screening results;
- c. The date the Children 1st Screening and Referral Form was faxed or mailed to Children 1st.
- d. Upload a copy of the Status of Eligibility form, the assessment from Children 1st and BCW, and the IFSP in External Documentation.

Foster Care or Family Preservation Services Social Services Case Manager

- 1. Contact the Children 1st representative within 72 hours of the case transfer to verify that the Children 1st Screening and Referral Form was received.
 - a. If the referral was not received by Children 1st:
 - i. Complete another referral in Georgia SHINES and fax to Children 1st. Ensure that the caregiver information such as name, address and phone number is included on the referral form; and
 - ii. Attach a copy of the order granting DFCS custody (if applicable) and the ROI-BCW form (signed by the caregiver or surrogate).
 - b. If the referral was received by Children 1st:
 - i. Obtain the status of the referral and meeting schedules;
 - ii. Provide the Children 1st representative with updated caregiver contact information (name, address, telephone);
 - iii. Fax or mail Children 1st a copy of the order granting DFCS custody (if applicable); and
 - iv. Fax or mail the ROI-BCW form signed by the caregiver or surrogate.
- 2. Notify the Care Coordination Team (CCT) of the referral to BCW via the Amerigroup Notification Form (E-form).
- 3. Inform and encourage caregiver participation in the development of the IFSP, the six-month review, and the annual evaluation of the IFSP to ensure the timely and appropriate provision of developmental services for the child. Collaborate with caregivers to address issues that may

impede their ability to attend IFSP meetings, such as arranging transportation, if this is an issue.

4. Obtain the schedule and participate in all IFSP meetings.
5. Obtain copies of evaluations/reports and the IFSP from BCW.
6. Ensure that the caregiver has signed the ROI-BCW and FERPA forms to facilitate information sharing.
7. Encourage and monitor the caregiver's adherence with all IFSP recommendations.
8. Ensure recommended services are in place, including any recommendations for agency or caregiver follow up.
9. Invite the BCW/Children 1st representative to case planning, FTMs, MDTs and placement change meetings, relevant case conferences/staffings, etc.
10. Notify BCW/Children 1st, Care Coordination Team (CCT) and the Revenue Maximization Specialist (RMS) within 24 hours of placement changes involving a child receiving BCW services:
 - a. When a family meeting occurs prior to the placement move, invite the BCW/Children 1st representative to the meeting;
 - b. Whenever there are placement changes, a new ROI-BCW and FERPA must be completed and signed by the new caregiver/surrogate and submitted to the Children 1st or BCW program; and
 - c. When the SSCM changes, or transfers to other program areas, and at case closure.
11. Modify the case plan/action plan based on the following:
 - a. Identified needs/services from the BCW evaluation;
 - b. Progress made related to BCW service goals; and
 - c. Any other identified needs and services if the child was not eligible for BCW services.
12. Monitor service provision/progress by maintaining monthly contact with the Children 1st or BCW representative working with the child/family.
13. Reassess child development on an ongoing basis to determine if any indicators of developmental delays or physical impairment were manifested later in the life of the case. See [Forms and Tools: Developmental Milestones for Children 0-5](#).



For many children who enter foster care, indicators of developmental delays or other manifestations of trauma may not emerge for six months or more after the initial placement.

- a. Make another referral to Children 1st via the Children 1st Screening and Referral Form, by completing the form in Georgia SHINES and faxing/ mailing to Children 1st when developmental delays are suspected or identified:
 - i. Clearly document on the referral form that the case is being re-referred;
 - ii. Specify the reason for re-referral, including the developmental delays suspected or identified since initial referral; and
 - iii. For children in foster care include the name, address and contact information for the new caregiver/surrogate and attach a copy of the court order, ROI-BCW, and FERPA forms signed by the new caregiver/surrogate.

14. Document the following information in Georgia SHINES:
 - a. Referral dates and child's Status of Eligibility (SOE) for BCW services;
 - b. Children 1st/BCW recommendations and referrals for services to address identified needs;
 - c. Other identified needs and referrals for services to address these needs if the child is not eligible for BCW services;
 - d. Participation in relevant meetings, ongoing follow-up, and monitoring of services; and
 - e. Upload copies of BCW evaluations/reports and IFSPs to External Documentation.

Social Services Supervisor

1. Ensure that all children who meet the eligibility criteria are referred to Babies Can't Wait.
2. Ensure the Children 1st Screening and Referral Form is completed in Georgia SHINES and review it for accuracy and completeness prior to submission.
3. Ensure that the child's caregiver signed the Authorization for Release of Information Form-BCW Specific (ROI-BCW) and the Family Educational Rights and Privacy Act (FERPA) Consent Form before the provision of services.
4. Ensure the Children 1st Referral Form, ROI-BCW, and the FERPA forms are submitted to the Children 1st District Coordinator based on the protocol between DFCS and the local county health department in the county where the child resides.
5. Verify the following:
 - a. The date the Children 1st Screening and Referral Form was faxed or mailed to Children 1st.
 - b. The SSCM contacted the Children 1st District Coordinator to confirm receipt of the referral form.
 - c. DFCS received a copy of the IFSP and Status of Eligibility (SOE) within 60 days of the date of the referral to Children 1st.
 - d. DFCS received an Acknowledgement Letter within three days of the referral, if Children 1st referred the child to BCW.
 - e. The completion of the Maternal and Child Health (MCH) Assessment by the caregiver, if the child is ineligible for BCW, but eligible to enroll in Children 1st and enroll the child in Children 1st.
 - f. The Status of Eligibility letter was forwarded to the primary SSCM, if the case was transferred to another program or SSCM.
6. Ensure the documentation identifies the specific reason for the referral to BCW (i.e. observed and/or reported developmental delays, a diagnosed disability, physical impairment, prenatal exposure to substances or an FASD, and/or involves a substantiated investigation).
7. Ensure the SSCM is assessing child development on an ongoing basis to determine if any indicators of developmental delays or physical impairment were manifested later in the life of the case.
8. Ensure a new referral to BCW is made when concerns are identified related to the developmental milestones for children 0-5.
9. Ensure all documents are uploaded to Georgia SHINES within 72 hours of receipt.

Practice Guidance

Notifications of Children's 1st Referrals and Updates to Amerigroup, Rev Max, and DCH for Children in the Custody of DHS

Amerigroup Notification Form (E-Form)

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

Babies Can't Wait

Babies Can't Wait (BCW) is Georgia's statewide interagency service delivery system for infants and toddlers with developmental delays or disabilities and their families. The Georgia Department of Public Health (DPH) is the lead agency administering the Babies Can't Wait (BCW) Program in Georgia. DPH ensures:

1. Services are provided in accordance with federal guidelines.
2. Families have access to the services that are needed to enhance their child's development.
3. Training is available to ensure that professionals who work with children and families have up to date information.

BCW serves Georgia children from birth up to their third birthday, regardless of income, who meet one of the following criteria:

1. Have a diagnosed physical or mental condition which is known to result in a developmental delay, such as blindness, Down syndrome, or Spina Bifida; or
2. Have a diagnosed developmental delay confirmed by a qualified team of professionals.

For children in foster care referred to BCW, the BCW Service Coordinator will contact the foster/surrogate parent for consent and conduct an assessment. The BCW Service Coordinator will also develop a primary service provider (PSP) team that includes the SSCM and the CCT. The PSP team will:

1. Have the licensed provider on the primary service provider team submit the prior authorization request to the CMO to conduct a full developmental evaluation.
2. Develop the IFSP to identify services.
3. Send SOE letter to DFCS within 60 days of the BCW referral notifying DFCS that services will be

provided.

4. Send IFSP evaluation report to DFCS.



BCW will notify DFCS in writing if a caregiver of a child declines participation with the BCW process and procedures and will provide the reason given by the caregiver for refusal of services.

Children 1st

Children 1st is a Georgia Department of Public Health program which promotes the healthy development of young children [birth to five years old] and assures that they arrive at school healthy and ready for success.

Children 1st is the single point of entry to a statewide collaborative system of Public Health and other prevention-based programs and services. This system helps caregivers provide their young children with a healthy start in life. It allows at-risk children to be identified early and gives them a chance to grow up healthy and ready for school. Children 1st collaborates with local hospitals, pediatricians and other health care providers, schools, community-based organizations and other agencies to ensure the healthy development of newborns and young children.

Children 1st completes developmental screenings and refers families to other public health programs, including Babies Can't Wait (BCW). If a child is found ineligible for BCW, DFCS refers the child back to Children 1st for appropriate monitoring and follow-up. Informed written consent from the parent or legal guardian is required.

What Happens After DFCS Makes a Referral to Children 1st

Category 1 Referral

1. When Children 1st receives a referral from DFCS, they request a faxed copy of the most current standardized developmental screening results (if DFCS has one on file) within 24 hours of receipt of the referral.
2. The Children 1st referral completed by DFCS is sent to BCW within two business days of when criteria are met.
3. The referral is sent to the next staffing of the Birth to Five Review Team (BCW, Children 1st, 1st Care, Children's Medical Services (CMS), and Universal Newborn 1st Care (formerly known as High-Risk Infant Follow-Up). This is a nurse case management service provided through Children 1st that is designed to provide services to infants who are very low birth weight or are low birth weight and have medical/health conditions.

Hearing Screening and Intervention Coordinator (UNHSI) to Determine the Most Appropriate Public Health Program Referral(s)

Category 2 Referral

1. The Developmental Specialist or other trained DPH staff will initiate contact with the family within three business days.
2. Once contact has been made with the family, a home visit will be scheduled to gain consent to screen the child's development using the appropriate Ages and Stages Questionnaire (ASQ-3)^[62]

or the Ages and Stages Questionnaire Social and Emotional (ASQ-SE)^[63].

3. If the screening indicates possible developmental delays, then Children 1st will send the referral along with the ASQ-E or ASQ-SE to BCW within two business days.
4. If the screening indicates that the child is age appropriate or in the monitoring zone, the Children 1st Developmental Specialist or Registered Nurse will offer to enroll the child in Children 1st and complete the Maternal Child Health Integrated Assessment.

Developmental Delay

Developmental Delay is a chronological delay in the appearance of normal developmental milestones achieved during infancy and early childhood, adjusted for prematurity in one or more of the following areas: cognitive, physical (including vision and hearing), communication, social/emotional and adaptive.

Developmental delays may be caused by organic, psychological or environmental factors. For example, if most children crawl by eight months of age and walk by the middle of the second year, then a child five or six months behind schedule in reaching these milestones may be classified as developmentally delayed regarding mobility.

Disability

A disability means a child has a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay (e.g., Down syndrome, autism, cerebral palsy).

Early Intervention Services

Early intervention services are interventions designed to meet the developmental needs of children age birth to three who have or are at risk of developmental delays. Developmental services are provided in several areas, including physical, cognitive, communication, social-emotional and adaptive functioning. Caregivers of children receiving early intervention services receive education and support to assist them in understanding and enhancing their child's development.

Individualized Family Service Plan (IFSP)

The IFSP is a written plan for providing early intervention supports and services to eligible children/families. It is developed jointly by the family, service coordinator and other appropriate, qualified personnel providing early intervention services. The IFSP is based on a multi-disciplinary evaluation and assessment of the child and the strengths and needs of the child's family. The IFSP includes developmental outcomes, strategies, activities and services necessary to meet the IFSP outcomes, to enhance the development of the child, and to meet the special needs of the child.

Individuals with Disabilities Education Act (IDEA)

IDEA includes specific provisions to ensure that all children with disabilities have a "parent" to act on their behalf. Per Section 602(23) of the IDEA of 2004, a parent is:

1. A natural, adoptive or foster parent of a child (unless a foster parent is prohibited by state law from serving as a parent).
2. A guardian (but not the state if the child is a ward of the state).

3. An individual acting in the place of a natural or adoptive parent, including a grandparent, step-parent or another relative with whom the child lives or a person who is legally responsible for the child's welfare.
4. An individual assigned to be a surrogate parent, in accordance with Babies Can't Wait Standards.

Physical Impairment

A physical impairment is defined as a dysfunction of the musculoskeletal and/or neurological body systems, which affects the ability of an individual to move or coordinate movement. This includes one or more of the following body systems: neurological, musculoskeletal, sensory organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genital, urinary, hemic and lymphatic, skin and endocrine. A physical impairment on its own does not make a child eligible for BCW, but if there is a significant developmental delay due to the physical impairment then the child may be eligible.

Plan of Safe Care and Prenatal Exposure to Substances

The Child Abuse Prevention and Treatment Act (CAPTA) requires that healthcare providers identify and make appropriate referrals to DFCS of infants affected by prenatal drug exposure or a Fetal Alcohol Spectrum Disorder; and that "plans for safe care" (safety, family and case plans that promote health and well-being) be developed for infants and families.). This identification of affected may occur during any stage of DFCS involvement, including at birth, or later during the infant's development and/or as symptoms manifest. The Plan of Safe Care that is created will address actions and services to address the infant's and family's needs, and these needs must be incorporated into the case plan/action plan when developed. The developmental screening by Children 1st is an important component of the assessment of needs for infants and determining services needed as part of the development and implementation of the plan of safe care.

See policy [19.27 Case Management: Plan of Safe Care for Infants Prenatally Exposed to Substances or a Fetal Alcohol Spectrum Disorder \[FASD\]](#).

Surrogate Parent

A surrogate parent is an individual who has been appointed to represent a child in all matters related to BCW early intervention services. A surrogate parent's responsibility is to ensure that the child is provided with appropriate early intervention services under Part C of IDEA. The surrogate parent has the right to make decisions relating to the development and implementation of the child's IFSP, including evaluation, assessment, ongoing provision of services, annual evaluations and periodic reviews and any other rights established under Part C regulations. Appointment as a surrogate parent does not mean the surrogate parent has authority over care and maintenance, financial support of the child, custody of the child, foster home placement or any other matters that are not directly related to BCW early intervention services.

The surrogate parent must always act in a manner that he/she believes is in the best interest of the child. A surrogate parent is not liable to the child for damages that result from any act or omission in representing the child in decisions relating to participation in early intervention. The surrogate parent would be liable for gross or willful acts of negligence or misconduct.

A surrogate parent shall not be an employee of the state lead agency or other state agency and shall not be any person or any employee of a person providing early intervention services.

A surrogate parent must:

1. Be a citizen of the United States, a resident of the state of Georgia and above the age of 18.
2. Have no interest that conflicts with the interests of the child represented.
3. Have sufficient knowledge and skill to ensure adequate representation of the child.
4. Have time and desire to become involved in the early intervention process.
5. Possess an understanding of the cultural and linguistic background of the child he/she represents.

Activities performed by a surrogate parent include:

1. Visiting the child and observing the child's development and environment, as appropriate.
2. Attending the child's evaluations and assessments as appropriate.
3. Participating in the development of the child's IFSP.
4. Participating in the development of the annual IFSPs and reviews.
5. Reviewing the child's BCW record to become familiar with the child and as needed.
6. Exercising independent judgment in pursuing the child's interests within early interventions.
7. Representing the child within the BCW Early Intervention System.

A surrogate must be appointed to ensure that the rights of eligible children are protected if:

1. No parent can be identified in accordance with Section 602(23);
2. After reasonable efforts, the whereabouts of the parent cannot be discovered; or
3. The child is a ward of the state pursuant to Georgia state law.



A surrogate parent can be assigned to a child in foster care once that child is in DFCS custody and before the court has terminated parental rights. In Georgia, a foster parent may be appointed as a child's surrogate parent since there is no conflict of interest between the foster parent and child since the foster parent has the requisite knowledge and skills to adequately represent the child. Foster parents are not deemed employees of DFCS, but rather DFCS agents.

If a foster parent meets the criteria, he or she may be considered the parent and there is no need for the appointment of a surrogate parent. When there is a foster parent, the BCW Coordinator is still responsible for ensuring that a copy of the court order stating that DFCS has legal custody of the child is maintained in the BCW record. The DFCS SSCM is responsible for providing a copy of the juvenile court order appointing DFCS as temporary legal custodian of a child to BCW each time a child is referred to BCW.

When a foster parent serves as the parent, the foster parent has the authority to sign the IFSP and all related documents, forms and releases. The DFCS SSCM should sign the IFSP document as a participating team member (not the parent) and should participate in the development and implemen-

tation of the IFSP. If a foster parent is unwilling to serve as the parent, a surrogate parent must be appointed. When the surrogate and foster parent are different, the ultimate decision related to the provision of BCW early intervention services is determined by the surrogate parent.

A person acting in the place of a parent, such as a grandparent or a stepparent with whom the child lives or a person who is legally responsible for the child’s welfare, may be considered the child’s parent under IDEA. Before assuming a grandparent or relative is the “parent” under IDEA, the BCW Coordinator must interview the person and document that the child lives with the individual and that this person is responsible for the child’s day-to-day care. It is understood that any time there is someone acting in the place of the parent and if the parent returns, all rights immediately revert to the parent (as long as the parental rights have not been terminated through the court system). A person whose role is a caregiver and whose contact is only incidental (e.g., babysitter, childcare worker) cannot assume the responsibility of a parent.

Significant Developmental Delay

A significant delay is identified through the informed clinical opinion of the Multi-Disciplinary Team (MDT). A delay is considered significant when it interferes with the child’s ability to achieve expected developmental milestones of cognitive, communication, adaptive, physical, social, or emotional development. These delays are so significant that ongoing development for the child is compromised. Secondary delays relative to the initial delay are also likely to occur (e.g., because of significant delays in expressive communication, social skills with peers are jeopardized). Criteria include identification of deficits in skills that are prerequisite to or instrumental in accomplishing later developing skills or functional tasks that would be expected of peers who are developing typically. If the use of standardized diagnostic measures is deemed appropriate, a score of two standard deviations below the mean in one of the five developmental domains or at least 1.5 standard deviations below the mean in two or more of the five developmental domains constitutes a significant delay through the informed clinical opinion of the MDT.

Forms and Tools

[Authorization for Release of Information - Babies Can’t Wait Specific](#)


[Authorization for Release of Information - Babies Can’t Wait Specific \(Spanish\)](#)

[Developmental Milestones for Children 0-5](#)

[Family Educational Rights and Privacy Act \(FERPA\) Consent Form](#)

[Family Educational Rights and Privacy Act \(FERPA\) Consent Form \(Spanish\)](#)

19.29 Coordination of Care with Hospitals

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(19) Case Management		
	Policy Title:	Coordination of Care with Hospitals		
	Policy Number:	19.29	Previous Policy Number(s):	N/A
	Effective Date:	November 2022	Manual Transmittal:	2022-03

Codes/References

O.C.G.A. § 15-11-131 Temporary Protective Custody by Physician without Court Order (Terrell Peterson Act of 2000)

Title IV-E of the Social Security Act § 475(5)(D)

Requirements

The Division of Family and Children Services (DFCS) will:

1. Collaborate with hospitals or other facilities providing hospitalization or treatment to manage the medical or behavioral needs for any child in foster care or involved with child protective services (CPS).
2. Provide the hospital or treatment facility social worker with the current phone number (including mobile) and email information for DFCS staff assigned to the child and family.
3. Obtain the contact information for all hospital or treatment facility staff working with the child (e.g., social worker, nurse, treating physician).
4. Be available and responsive to any hospital or treatment facility providing services to manage the health needs of children in foster care.
5. Monitor the child's health and medical care directly with the healthcare provider(s) to ensure the child receives appropriate care.
6. Maintain communication with the hospital or treatment facility to prevent the child from being discharged to his/her parent/caregiver when seeking court intervention due to safety concerns.



Physicians have a right to take temporary protective custody of the child without the consent of the parent/guardian (see policy [3.23 Intake: Special Circumstance Intakes Involving Temporary Protective Custody of a Child by Physician](#)).

7. For any child in foster care who is hospitalized:
 - a. Work continually and closely with the hospital or treatment facility during admission, treatment, and discharge to ensure full engagement and coordination throughout the child's stay;
 - b. Notify the hospital or treatment facility of any restrictions on visitors;
 - c. Be immediately available to provide or facilitate authorization of necessary paperwork (e.g., admissions documents, consent forms, discharge documents, etc.);
 - d. Obtain the appropriate consent in accordance with policy [10.11 Foster Care: Medical, Dental and Developmental Needs](#) and [10.12 Foster Care: Psychological and Behavioral Health Needs](#).
 - e. Advocate for the child in treatment team meetings;
 - f. Develop a plan for supervision of the child.
 - g. Ensure there is a solid plan for transitioning the child from the hospital or treatment facility to an approved placement setting, which includes, but is not limited to:
 - i. Transportation arrangements upon discharge;

- ii. Completion of any medical training requirements for the parent or placement resource, if applicable;
 - iii. Procedures for obtaining and administering any medication, supplies, or equipment the child may need post-discharge;
 - iv. Coordination of any follow-up care recommended upon discharge.
- h. Be present at the specified date and time of a child's discharge (including evenings, weekends, and holidays).
 - i. Adhere to policy [10.28 Foster Care: End of Life Decisions for Children in Foster Care](#) for guidance when requests are received from hospitals regarding end of life decisions for children in foster care.
8. Obtain health records regarding the child's diagnosis, treatment, medication, and discharge plans.
 9. Ensure the child's health records are reviewed and updated, and a copy of the record is supplied to the foster parent or other placement resource, at the time of each placement of the child while in foster care.
 10. Incorporate the discharge plan into the Plan of Safe Care for any infant affected by prenatal exposure to substances (legal or illegal) or a Fetal Alcohol Spectrum Disorder (FASD) (see policy [19.27 Case Management: Plan of Safe Care for Infants Prenatally Exposed to Substances or a Fetal Alcohol Spectrum Disorder \(FASD\)](#)).
 11. Ensure each region develops a protocol which aligns with this policy and is provided to the administrators, intake coordinators, social work department at hospitals/emergency departments, including Psychiatric Residential Treatment Facility (PRTF) and acute inpatient facilities/Crisis Stabilization Unit (CSU) in the region. The regional protocol must include:
 - a. The contact information for:
 - i. The Regional and County Director
 - ii. The Child Protective Services Intake Communications Center (CICC) (1-855-GA-CHILD or 1-855-422-4453)
 - iii. The on-call staff person for evenings, weekends, and holidays at each county office.
 - b. An escalation plan.
 - c. DFCS State Office resources that are available to county/regional staff and the hospital/facility (see Practice Guidance: DFCS State Office Resources).
 - d. Other information as needed.
 12. Document all activities in Georgia SHINES, including updating the Health Detail page and uploading health records to External Documentation within 72 hours of occurrence.


Procedures



Screened-in Intake Report Involving a Child Currently in the Hospital

The Social Services Case Manager (SSCM) will:

1. Proceed to the hospital to begin the investigation and assessment of child safety (see policy [5.1](#)

Investigations: Conducting an Investigation).

-  When allegations of child abuse are reported regarding a child in a hospital in County A and it is determined that the primary caregiver resides in County B, the SSCM in County B (where the primary caregiver resides) shall be assigned. However, when distance precludes County B from making an immediate response, the SSCM in County A will be responsible for making face-to-face contact with the child to assess safety (see policy [3.1 Intake: Receiving Intake Reports](#)). Communication must occur between the SSCM in County A and County B to ensure a coordinated response.

2. Contact the hospital social worker prior to or upon arrival at the hospital to:
 - a. Notify the social worker of arrival;
 - b. Obtain additional case information from the hospital;
 - c. Coordinate the face-to-face interview with the alleged victim child at the hospital to conduct the safety assessment;
 -  If there's an impending discharge, it may be necessary to request the hospital delay discharge of the victim child until the SSCM arrives to assess the situation.
 - d. Obtain the contact information (cell phone number and email) for the hospital social worker, nurse, and treating physician;
 - e. Provide the contact information (cell phone number and email) for the assigned SSCM, SSS and County Director;
 - f. Provide the process for escalating issues or concerns beyond the SSCM level to the County Director within a time frame agreed upon with the facility;
 - g. Advise hospital staff to contact the Child Protective Services Intake Communications Center (CICC) 24 hours a day, seven days a week at 1-855-GA-CHILD (1-855-422-4453) to identify the on-call staff person for each local DFCS office.
3. Consult with the treating physician regarding the health and safety concerns of the child. Ask if the illness or injuries are a result of child abuse and obtain relevant documentation.
4. Respond to the hospital's/facility's social worker inquiry about DFCS' plan to ensure a safe discharge. Request the hospital adjust the discharge plan when the child is medically cleared, and safety concerns related to the discharge plan are identified.
5. When informing parent(s)/caregiver(s) at the hospital or facility that their child will be removed from their legal custody and care:
 - a. Notify and coordinate with medical staff in advance, to allow them to make needed preparations to ensure the safety of all patients, families and staff, when possible.
 - b. Request the assistance of hospital staff in securing a private consultation room to address the matter with the family to ensure for the family's privacy.
 -  The hospital staff is not responsible for informing parents/caregivers when their child has been removed from their custody.

6. Discuss discharge plans with the hospital/facility staff, when appropriate, to include but are not

limited to the following:

- a. Will the child be discharged from this facility or transferred to another facility?
 - b. Will child and/or parent/caregiver education be required prior to discharge?
 - c. Will additional caregivers be needed to care for the child post-discharge?
7. Respond timely to any request made by the staff relating to the care or concerns of the child.

When a Child in Foster Care is Hospitalized or Admitted to a Treatment Facility




The SSCM will:

1. Respond to the hospital/treatment facility within 24 hours or sooner based on the urgency of the circumstances.
 - a. If the hospitalization or admission is the result of alleged maltreatment, refer to policy [6.7 Special Investigations: Conducting Special Investigations of Child Death, Near Fatality or Serious Injury](#).
 - b. If the hospitalization or admission is the result of behavioral health crisis, refer to policy [10.12 Foster Care: Psychological and Behavioral Health Needs](#).
2. Visit the child at the hospital or treatment facility. Assess the situation and contact key participants, including but not limited to the placement resource, treating physician, and social worker.
 - a. Obtain the name and contact information for the hospital's or treatment facility's social worker, nurse and treating physician.
 - b. Consult with the treating physician regarding the health/behavioral and safety concerns of the child. Ask if the illness or injuries are a result of child abuse.
 - c. Provide the hospital/treatment facility the Foster Care Individual Child Medication Log, if applicable.
 - d. Obtain the anticipated discharge date and begin planning to ensure the child's smooth transition back to his/her current placement or to a new placement.
 - e. Provide the social worker with the cell phone number and email contact information for the SSCM, SSS and the County Director.
 - f. Inform the hospital or treatment facility staff that if the SSCM cannot be reached, they should contact the SSS or the County Director.
 - g. Provide the process for the hospital or treatment facility to escalate issues or concerns beyond the SSCM level to the County Director within a time frame agreed upon with the facility.
 - h. Advise the hospital or treatment facility staff to contact CICC, 24 hours a day, seven days a week at 1-855-GA-CHILD (1-855-422-4453) to identify the on-call staff person for each local DFCS office.
3. Notify the child's parent(s) that the child has been hospitalized.




If parental rights have been terminated, parental notification is not required. In such instances, consult with the Social Services Supervisor (SSS) and County Director before

notifying the parent.

4. Actively monitor a child's hospitalization or in-patient treatment:
5. Maintain an open line of communication with the treatment team to avoid delay in care:
 - a. Be immediately available or have a contingency plan for the possibility of emergencies.
 - b. Follow consent authorization procedures for surgery or psychotropic medication requests as outlined in policy [10.11 Foster Care: Medical, Dental and Developmental Needs](#) and [10.12 Foster Care: Psychological and Behavioral Health Needs](#).
6. Arrange visitation and/or supervision of the child during hospitalization or admittance to a treatment facility:
 - a. Obtain the hospital policy on visitation (e.g., ages of visitors, hours, length of visit, etc.).
 - b. Inform/remind the parent(s)/caregiver(s) of any court ordered restrictions on their visitation and advise of requirements for visitation. Address the rights of the family, including siblings, regarding visitation.
 - c. Inform the hospital staff of authorized visitors for the child.
 -  There may be court ordered restrictions on visitation, or supervised visitation may be agreed upon as part of a safety plan.
 - d. Arrange appropriate supervision when there are court ordered restrictions on unsupervised visitation; or based on an agreed upon safety plan.
 -  The hospital staff will not provide supervision of visitation with the child.
 - e. Provide or arrange for supervision for the child/patient with behavioral issues. A contracted provider may be used to ensure appropriate supervision of the child, when applicable.
 -  The medical hospital will not provide supervision for children with behavioral issues, however, if a child is in a treatment facility supervision should be provided.

Discharge Planning for a Child in Foster Care

The SSCM will:

1. Begin discharge planning at the time of admission. Identify placement options as soon as the child enters the hospital or treatment facility considering any special medical or behavioral health needs the child may have, when applicable (see policy [10.4 Foster Care: Selecting a Placement Resource](#)).
2. If the child has special medical or behavioral health needs, arrange for or ensure that the placement resource and any other designated caregivers of the child complete any needed training to appropriately address the child's condition prior to the discharge.
 -  The hospital or treatment facility may also request that a secondary caregiver be trained to care for the child.
3. Have a solid plan for transitioning the child from the hospital or treatment facility to an approved placement setting, including arranging transportation and obtaining any medication

the child may need post-discharge.

4. Obtain information from the medical/treatment care team regarding needed outpatient follow-up and share information with the placement resource.
5. If adjustments are needed to the discharge plan, escalate the matter as follows:
 - a. County Director
 - b. Regional Director
 - c. DFCS Care Coordination Treatment Unit
6. Be present at the specified date and time of a child's discharge (including evenings, weekends, and holidays).
7. Obtain copies of the discharge summary and any recommendations from the hospital/treatment facility regarding services and supports the child may need to be successful at home or in an out-of-home placement.
8. Provide a copy of the discharge summary to the placement resource to maintain continuity of care.

Documentation of Hospital and Treatment Facility Care

The SSCM will:

1. Submit the release of information (ROI) request to the hospital's or treatment facility's medical records department.
2. Obtain health records and copies of all documentation related to the child's hospitalization.
 - a. Obtain written information on the child's diagnosis and recommended treatment;
 - b. Enter the treatment provided in the child's Health Log.
 - c. Share the child's health information with the placement resource and document that it was shared.
3. Document all activities in Georgia SHINES within 72 hours of occurrence. This includes updating Contacts and Summaries, the Health Detail and uploading health records to External Documentation. Include the following information:
 - a. Discharge planning activities and documents;
 - b. Recommendations from the hospital or treatment facility regarding needed services and supports the child may need to be successful.

Practice Guidance

Coordination with Caregivers During Hospitalization

Caregiver involvement is essential throughout the hospitalization to ensure information-sharing, success of treatment, appropriate post-hospital placement and provision of aftercare services. The SSCM should use every opportunity to gather information on the child and their caregiver while the child remains in the hospital. Ensure that sufficient time and opportunity is given to observe and evaluate the parent-child relationship. Observe the interaction between the child and the caregiver. Observe the caregiver's response to the child, and their attention to the needs of the child. Assess

the child's vulnerability and parental capacity to maintain the child's safety upon discharge from the hospital.

Coordination with Hospitals when Children are in Foster Care

When children in foster care require short-term, specialized hospitalization services to manage critical or immediate health or behavioral needs, it is important that DFCS staff is available and responsive to the hospital and treatment team providing care to the child. In some cases, family members are not available to participate in treatment and support activities. Consequently, DFCS has the responsibility to fill in the gaps and ensure full engagement in the treatment process.

Collaboration with hospitals and healthcare providers ensures a seamless continuum of care for the child. Upon admission of a child to the hospital, the SSCM should coordinate with medical staff, participate in treatment when appropriate, and begin discharge planning in advance of the anticipated discharge date. Delay in planning can result in a disruption to the continuum of care for the child. Ensuring an appropriate placement option is available upon the child's release from the hospital is essential for a smooth transition from the hospital/treatment facility to the placement. Because a hospital setting is not intended to serve as a placement for a child, no child should remain in a hospital setting beyond the time that is medically necessary.

DFCS State Office Resources

Children's Healthcare of Atlanta (CHOA) Liaison

The unique partnership between DFCS and CHOA continues to strengthen the response to children who have been alleged to be abused. CHOA Liaisons work closely with hospital social workers, medical staff, and child advocacy physicians at the Stephanie V. Blank Center for Safe & Healthy Children. CHOA Liaisons can assist with the following:

1. Completing child abuse consultations;
2. Conducting joint interviews of parents/caregivers and other witnesses at the hospital on cases; with concern for child abuse, including serious injury and child death;
3. Obtaining the child abuse consult report and providing a copy to county staff;
4. Obtaining and providing DFCS history on consulting cases for assessment purposes;
5. Observing the child advocacy medical exam and obtaining photographs of injuries;
6. Discussing consult findings with medical staff and providing information to local DFCS and/or law enforcement, including immediate safety concerns;
7. Facilitating communication between hospital social workers, physicians and local DFCS staff;
8. Coordinating and/or participating in Patient Care Conferences;
9. Providing expert case consultation on complex cases at county request;
10. Helping to facilitate safety plans, removals, and kinship caregiver placements when county staff cannot be present; and
11. Attending weekly Trauma Rounds and follow up on requests from Hospital Social Workers and Physicians.

Contact the CHOA Liaisons at: DHSDFCSCOALiaison@gets.onmicrosoft.com

Care Coordination Treatment Unit (CCTU)

The CCTU is a DFCS State Office team responsible for the facilitation and management of high-end, complex cases and system navigation of youth in foster care. CCTU empowers DFCS, its youth, families, and partners through education and collaboration; ensuring a holistic and systematic approach to address the behavioral, emotional, medical, and therapeutic needs of Georgia's youth. CCTU was established to ensure the proper continuum of services were coupled with the identification of the most appropriate and least restrictive placement for children with "high-end" needs in foster care. Children considered in this population are identified as having severe medical, emotional, behavioral, psychiatric and developmental disorders. The CCTU staff are distinct professionals with a diverse array of clinical expertise and child welfare backgrounds which allows the ability to engage intensive practice guidance and consultation to field staff, inpatient treatment facilities and Room Board Watchful Oversight (RBWO) contracted providers on cases that require a meticulous level of insight to navigate the complexities within our state systems, policies and regulations. The CCTU operates on a 24/7 schedule, including weekends and holidays. Specific functions of the CCTU includes:

1. Placement Intervention/Guidance
2. Emergency Response and Assistance
3. RBWO Program Designation Assessments
4. PRTF & Acute Hospitalizations
5. Emerging/Dependent Adults with Intellectual and/or Developmental needs, Severe Mental and Behavioral Health
6. Severe Medically Fragile
7. Physical Health Hospitals
8. Technical Assistance, Training and Development
9. Data Tracking and Trend Analysis
10. Care Coordination & Service Consultation (healthcare services, medical interventions, clinical treatment)
11. Community Based Services Consultation, and System(s) Navigation
12. Monitoring of inpatient behavioral/physical health facilities DFCS entries and exits
13. Stakeholder Engagement

CCTU Staff include:

1. Behavioral Support Specialist (BSS) provides oversight and consultation of behavioral management issues for children in the custody of DFCS. Also, guides field staff in the identification of appropriate placement resources for children categorized as high-end with complex needs. In addition, provides additional support and oversight to RBWO providers to ensure that children are benefitting from therapeutic interventions and moving towards less restrictive placements.
2. Therapeutic Support Specialist (TSS) are licensed professionals with the ability to engage the field in intensive practice guidance and consultation on cases that require a meticulous level of

insight to navigate the complexities within our state systems, policies, and regulations. Responsible for immediate and on-going assessment of medical necessity, treatment, and discharge planning of inpatient admissions to psychiatric residential treatment facilities, crisis stabilization units, and other acute inpatient behavioral or physical health facilities.

As soon as a child with no transitional placement resource identified is admitted to a hospital, the SSCM should make a referral to CCTU for discharge planning/placement assistance. CCTU will assist in coordinating services within the community, locating an appropriate placement for the child and can support hospital personnel in contacting Regional and/or County staff.

1. County staff should contact their Regional TSS to inform them of the inpatient admission and need to assist in hospital coordination of their child and submit a Universal Application with any other supplemental documents for assignment to the BSS Team if placement guidance is needed through GA+SCORE. The referral submission portal is located on the GA+SCORE website www.gascore.com under the State Office CCTU Link. The information will be triaged and assigned to a BSS for review and assist with placement efforts.
2. Hospital staff may email cctu.support@dhs.ga.gov for assistance in contacting regional and county staff, and for assistance in coordinating discharge planning if county personnel are unresponsive. The email should include:
 - a. The point of contact (phone number, email address) and brief synopsis of the referral
 - b. The child's first and last name, date of birth and County

Wellness Programming, Assessment and Consultation (WPAC) Unit

The WPAC Unit partners with child welfare staff to provide practice support, consultation, tracking and quality monitoring of physical and moderate behavioral health needs of children and youth in foster care and family preservation. Wellness Specialists work closely with the designated CMO and other community-based healthcare providers to ensure timely and comprehensive care coordination.

WPAC should be contacted when the SSCM has difficulty obtaining medical care and treatment following hospital discharge, or in coordinating services with Amerigroup. Contact WPAC at: health-matters@dhs.ga.gov.

Forms and Tools

N/A

[1] The four milestones of case organization are concepts from the book *Solutions-Based Casework* by Dana N. Christensen, Jeffrey Todahl, and William C. Barrett.

[2] Content for this discussion of family developmental stages is sourced from the book *Solutions-Based Casework* by Dana N. Christensen, Jeffrey Todahl, and William C. Barrett.

[3] The four milestones of case organization are concepts from the book *Solutions-Based Casework* by Dana N. Christensen, Jeffrey Todahl, and William C. Barrett.

[4] Content for this discussion of case consultation is sourced from the book *Solutions-Based Casework* by Dana N. Christensen, Jeffrey Todahl, and William C. Barrett.

[5] *A Picture Is Worth a Thousand Words: Exploring the Use of Genograms in Social Work Practice* Natalie D. Pope, Ph.D., LCSW, and Jacquelyn Lee, Ph.D., LCSW The New Social Worker Spring 2015

[6] The National Child Traumatic Stress Network 2000


[7] Child Welfare Information Gateway. (2015). *Supervising for quality child welfare practice*. Washington, DC: U.S. Department of

- [8] Agency for Healthcare Research and Quality, archive.ahrq.gov/policymakers/measurement/decisiontoolbox/index.html
- [9] DePanfilis, Diane and Salus, Marsha, K. (2003). *Child Protective Services: A Guide for Caseworkers*. Washington, DC: U.S. Department of Health and Human Services Administration for Children and Families Administration on Children, Youth and Families Children's Bureau Office on Child Abuse and Neglect
- [10] The Department of Human Services (DHS) Office of Inspector General (OIG) has the responsibility and authority for the enforcement of these laws.
- [11] For example, if a foster parent who was initially fingerprinted for the purpose of becoming a foster parent later decides to adopt a child, then a new fingerprint-based CRC must be completed for the purpose of adoption.
- [12] Effective September 1, 2013, the OIG assumed responsibility for CHRI obtained for the purpose and use of DFCS.
- [13] Northern California Training Academy The Center For Human Services Predicting and Minimizing Reabuse August 2009
- [14] Child Welfare Information Gateway
- [15] *The Vulnerable Child*, ACTION for Child Protection, Inc. February 2003
- [16] *Creating an Immediate Protective Plan*, ACTION for Child Protection, Inc. October 2003
- [17] *The Safety Plan*, ACTION for Child Protection, Inc. December 2003
- [18] *Being Prepared for Ongoing CPS Safety Management*, ACTION for Child Protection, Inc. June 2005
- [19] See the Human Trafficking Case Management Statewide Protocol for additional requirements for the handling of such cases.
- [20] Adapted from Finding Services for Runaway and Homeless Victims of Human Trafficking Webinar Presentation, developed by the Missing and Exploited Children's Program
- [21] National Center on Substance Abuse and Child Welfare (2015). *Guidance to States: Recommendations for Developing Family Drug Court Guidelines*. Children and Family Futures, 2015. Retrieved from ncsacw.acf.hhs.gov.
- [22] Council of Accountability Court Judges. (2020, July). *Family Treatment Court Standards*. (Available from cacj.georgia.gov/media/3951/download.)
- [23] Attorneys at the Legal Action Center authored, *Know Your Rights: Rights for Individuals on Medication Assisted Treatment*. HHS Publication No. (SMA) 09-4449. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2009.
- [24] Drug Enforcement Administration Office of Diversion Control Drug & Chemical Evaluation Section (2014 March). *Methadone*. Available from www.deadiversion.usdoj.gov/drug_chem_info/methadone/methadone.pdf
- [25] Center for Substance Abuse Treatment. *Drug Screening in Child Welfare: Practice and Policy Considerations*. HHS Pub. No. (SMA) 10-4556 Rockville, MD: Substance Abuse and Mental Health Services Administration, 2010. Retrieved from ncsacw.acf.hhs.gov/topics/drug-testing/policy-and-practice-considerations-for-drug-testing-in-child-welfare
- [26] Office for Civil Rights. Department of Health and Human Services. (n.d.). *Part 2 Civil Rights Protections for Individuals with an Opioid Use Disorder* [Video]. YouTube. youtu.be/7Me9cEjf8jo
- [27] Ibid
- [28] *Drug Screening Practice Guidelines: Iowa Bench Card*. ncsacw.acf.hhs.gov/files/IA_Drug_Testing_Bench_Card_508.pdf
- [29] Recovery.org. *The Truth About Relapse: 5 Misconceptions Explained*. www.recovery.org/pro/articles/the-truth-about-relapse-5-misconceptions-explained
- [30] Adapted from Brian Simmons, MSW, PhD., *Child Welfare Ethics and Values 2003*, California Social Work Education Center (CalSWEC) University of California, Berkeley. Retrieved from calswec.berkeley.edu/files/uploads/pdf/CalSWEC/Participant_Ethics_Values.pdf
- [31] AverHealth
- [32] www.ncbi.nlm.nih.gov/books/NBK64092
- [33] Attorneys at the Legal Action Center authored, *Know Your Rights: Rights for Individuals on Medication Assisted Treatment*. HHS Publication No. (SMA) 09-4449. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2009.
- [34] Drug Enforcement Administration Office of Diversion Control Drug & Chemical Evaluation Section (2014 March). *Methadone*. Available from www.deadiversion.usdoj.gov/drug_chem_info/methadone/methadone.pdf
- [35] SAMHSA (n.d.). *Substance Use Disorders*. Retrieved from www.samhsa.gov/disorders/substance-use
- [36] Advocates for Human Potential, Inc. (n.d.). SAMHSA's *Training Tool Box, Addressing the Gender-Specific Substance Use Disorder (SUD) Service Needs of Women*. Women, Children, and Families of the Substance Abuse and Mental Health Services Administration Rockville, MD 20857. Retrieved from store.samhsa.gov/product/advisory-addressing-specific-needs-women-treatment-substance-use-disorders-based-tip-51
- [37] Chappell, E. (2016, August 15.). *Substance Use Best Practice Tool Guide*. Tennessee Department of Mental Health & Substance Abuse Services. Retrieved from www.tn.gov/content/dam/tn/mentalhealth/documents/FINAL_-_SU_Best_Practice_Tool_Guide.pdf
- [38] SAMHSA (n.d.). *Trauma and Violence*. Retrieved from www.samhsa.gov/trauma-violence

- [39] SAMHSA (n.d.). Recovery and Recovery Support. Retrieved from store.samhsa.gov/product/tip-59-improving-cultural-competence/sma15-4849
- [40] MedlinePlus [Internet]. Bethesda (MD): National Library of Medicine (US); [updated 2016 Aug 23]. Neonatal abstinence syndrome; [updated 2015 Nov 15; reviewed 2016 Sep 12; cited 2016 Sep 12]; [about 2 p.]. Available from: www.ncbi.nlm.nih.gov/books/NBK551498
- [41] Center for Substance Abuse Treatment. Substance Abuse Treatment: Addressing the Specific Needs of Women. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2009. (Treatment Improvement Protocol (TIP) Series, No. 51.) Chapter 4: Screening and Assessment. Available from: www.ncbi.nlm.nih.gov/books/NBK83253/
- [42] NIDA. (2012, December 1). Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition). Retrieved from www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition on 2018, January 16
- [43] SAMHSA. Medication-Assisted Treatment (MAT) from www.samhsa.gov/medication-assisted-treatment.
- [44] Attorneys at the Legal Action Center authored, Know Your Rights: Rights for Individuals on Medication Assisted Treatment. HHS Publication No. (SMA) 09-4449. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2009.
- [45] Source: National Association for Children of Alcoholics, on-line at nacoa.org/wp-content/uploads/2018/04/Its-Not-Your-Fault-NACoA.pdf
- [46] National Center on Substance Abuse and Child Welfare (n.d.).
- [47] National Center on Substance Abuse and Child Welfare (n.d.). Tutorial 2: Understanding Substance Use Disorders, Treatment, and Family Recovery: A Guide for Child Welfare Professionals. The Unique Needs of Fathers with Substance Use Disorders. Retrieved from ncsacw.acf.hhs.gov/training/toolkit/cw-module-2/
- [48] Hall M.T., Wilfong J., Huebner R.A., Posze L., & Willauer T. (2016). Medication-assisted treatment improves child permanency outcomes for opioid-using families in the child welfare system. *Journal of Substance Abuse Treatment*, 71, 63-67.
- [49] Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance Abuse Among Older Adults. *Clinics in Geriatric Medicine*, 30(3), 629–654. doi.org/10.1016/j.cger.2014.04.008
- [50] *ibid*
- [51] Sims, C. (2021, April 19). Part 1 Civil Rights Protections for Individuals with a Disability: The Basics [Webinar]. Office for Civil Rights. U.S. Health and Human Services. www.youtube.com/watch?v=ghk3euwrpXA
- [52] Sims, C. (2021, April 19). Part 2 Civil Rights Protections for Individuals with an Opioid Use Disorder [Webinar]. Office for Civil Rights. U.S. Health and Human Services. www.youtube.com/watch?v=7Me9cEjf8jo
- [53] Office for Civil Rights. U.S. Health and Human Services. (n.d.). Your Rights As A Person With A Disability In The Child Welfare System. www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/ocr-child-welfare-disability-factsheet-september-2016.pdf
- [54] Office for Civil Rights. U.S. Health and Human Services (2018). Fact Sheet: Drug Addiction And Federal Disability Rights Laws. public3.pagefreezer.com/content/HHS.gov/20-06-2023T05:11/https://www.hhs.gov/sites/default/files/drug-addiction-aand-federal-disability-rights-laws-fact-sheet.pdf
- [55] Texas Department of Family and Protective Services: Substance Use Resource Guide A Child Protection Practice Guide
- [56] Building Bridges Back Home: Parental Substance Abuse and Family Reunification, Newsletter of the National Abandoned Infants Assistance Resource Center VOLUME 12, NO. 1 SPRING 2003
- [57] MedlinePlus [Internet]. Bethesda (MD): National Library of Medicine (US); [updated 2016 Aug 23]. Neonatal abstinence syndrome; [updated 2015 Nov 15; reviewed 2016 Sep 12; cited 2016 Sep 12]; [about 2 p.]. Available from: www.ncbi.nlm.nih.gov/books/NBK551498
- [58] Adapted from: *Developing a Plan of Safe Care for Infants with Prenatal Substance Exposure, their Mothers and Caregivers: Collaborative Approaches Learned in a Six Site Initiative Part Two* presented by Linda Carpenter, Jill Gresham, Mollie Green, and Dr. Mishka Terplan at the Child Welfare League of America's 2016 National Conference August 1, 2016 in Orange County, California in conjunction with Children and Family Futures.
- [59] Recovery and Recovery Support. SAMHSA. www.samhsa.gov/recovery Last Updated: 10/05/2015
- [60] Child and Family Services Review (CFSR) E-Training Platform
- [61] Young, N. K., Gardner, S., Otero, C., Dennis, K., Chang, R., Earle, K., & Amatetti, S. (2009). Substance-Exposed Infants: State Responses to the Problem. HHS Pub. No. (SMA) 09-4369. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from www.govinfo.gov/content/pkg/GOVPUB-HE25-PURL-gpo86400/pdf/GOVPUB-HE25-PURL-gpo86400.pdf
- [62] ASQ-3 is used to monitor and identify issues in general infant development in the communication, gross motor, fine motor, problem-solving, and personal-social domains. It can be used on children one month through 66 months of age.
- [63] The ASQ-SE focuses deeply and exclusively on children's social and emotional behavior. It helps the 1st Care nurse determine if a child would benefit from an in-depth evaluation in social-emotional development. It can be used on children six months through 60 months of age.

Chapter 20 Special Circumstances

20.0 Introduction to Special Circumstances

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(20) Special Circumstances		
	Policy Title:	Introduction to Special Circumstances		
	Policy Number:	20.0	Previous Policy Number(s):	N/A
	Effective Date:	December 2021	Manual Transmittal:	2021-06

Codes/References

O.C.G.A. § 15-11-131 Temporary Protective Custody of Child by Physician Without Court Order and Without Parental Consent; Immunity

O.C.G.A. § 15-11-130 (a) Emergency Care and Supervision of Child Without Court Order (Short-Term Emergency Care)

O.C.G.A. § 15-11-380 thru §15-11-450 Child in Need of Services

O.C.G.A. § 19-8-4 Adoption Through the Department, Child-Placing Agency, or Out-of-state Licensed Agency

O.C.G.A. § 19-10A Safe Place for Newborns Act

O.C.G.A. § 20-2-785 Referral and Assessment to Determine Whether Withdrawal Was to Limit Education

O.C.G.A. § 49-5-8 Powers and Duties of the Department

45 CFR Part 135.22 Voluntary Placement Agreement

Public Law (PL) 114-198 Comprehensive Addiction and Recovery Act (CARA) of 2016

Discussion

As the designated child welfare agency in Georgia, the Division of Family and Children Services (DFCS) is legally mandated to investigate reports of known or suspected instances of child abuse; including physical or mental injury, sexual abuse or exploitation, or negligent treatment/maltreatment under circumstances that indicate the child's health or welfare is threatened. Federal and state laws also identify other distinct conditions that must be evaluated, addressed, or are allowable under the law related to child welfare that DFCS manages. These unique situations as classified a special circumstance.

Types of Special Circumstances

There are two types of special circumstances; the first of which includes no allegations of maltreatment. These assessments are not considered Child Protective Services (CPS) investigations and there is no maltreatment finding. These include:

1. Child Withdrawn From Public School: This assessment is limited by the law to determining whether the school withdrawal was to avoid educating the child when the child has not

attended school for a period of 45 days or more and there is no record of a Home Study Program Declaration of Intent Form filed with the Georgia Department of Education (GaDOE).

2. **Juvenile or Superior Court:** Generally, these situations include a request by the court for DFCS to evaluate a home, assess family dynamics, conduct interviews, etc. These requests could be a result of DFCS filing a petition with the court or a private dependency case.
3. **Child in Need of Services (CHINS):** When a child is identified as in need of care, guidance, counseling, structure, supervision, treatment, or rehabilitation due to certain behaviors or conditions and adjudicated as a CHINS by juvenile court, DFCS may be ordered to complete an assessment of family functioning, provide services, take custody of the child, or become a plan manager for an unrestorably incompetent youth.
4. **Safe Place for Newborns:** This law provides an opportunity for mothers in crisis to safely relinquish their newborn babies to designated locations where the babies are protected from endangerment; providing mothers with an alternative without fear of being prosecuted for abandonment or neglect. DFCS is required to assume physical and legal custody of the newborn within six hours of an intake report meeting Safe Place for Newborns criteria.
5. **Infants Prenatally Exposed to Substances:** Infants identified as affected by prenatal exposure to substances are assessed for any health and developmental needs along with an assessment of the health and substance use disorder needs of parents and their families. Following identification of needs, a Plan of Safe Care is developed and implemented with the family to address child and family well-being.
6. **Voluntary Placement of a Child in Foster Care:** DFCS may recognize that a family is experiencing a short-term crisis unrelated to safety or maltreatment, and at its discretion provide foster care services through the use of a Voluntary Placement Agreement for a period of 90 calendar days without a court order. An assessment of family functioning is completed to inform the case plan addressing the need for placement (permanency) and well-being.
7. **Voluntary Surrender of Parental Rights:** DFCS may, at its discretion utilize a voluntary surrender of parental rights when a parent wishes to place their child, who is not in foster care, for adoption. Prior to accepting a voluntary surrender of parental rights DFCS must fully disclose to the parent(s) about the impact of the decision; explore alternative plans, determine whether adoption is a viable plan for the child, and examine the parent's ability make an informed decision about a voluntary surrender.
8. **Short Term Emergency Care (Emergency or Illness):** When a parent has an emergency or illness requiring immediate care and supervision of a child, DFCS may provide emergency care and supervision to the child without a court order for a period not to exceed seven calendar days through the use of Short Term Emergency Care.


The other types of special circumstances are situations containing allegations of maltreatment and are therefore required to be completed as a CPS Investigation in accordance with policy [5.1 Investigations: Conducting an Investigation](#). These include:

1. **Short Term Emergency Care-Human Trafficking (Labor or Sexual Servitude):** DFCS may provide emergency care and supervision to any child without seeking a court order for a period not to exceed seven calendar days when the child is a victim of human trafficking (labor or sexual servitude) under certain circumstances. Prior to executing a STEC for a human trafficking situation DFCS must determine that the circumstances meet the specific criteria for this type of spe-

cial circumstance. In addition, as human trafficking is a form of maltreatment an investigation must be active or previously conducted concerning the human trafficking allegations.

2. **Temporary Custody of a Child Taken by a Physician Without a Court Order and Without Parental Consent:** A physician may take temporary protective custody a child without a court order or parental consent when he/she has reasonable cause to believe that the child is in a circumstance or condition that presents imminent danger to the child’s life or health as a result of suspected abuse or neglect; or he/she determines there is reasonable cause to believe that the child has been abused or neglected and there is not sufficient time for a court order to be obtained for temporary custody of the child before the child may be removed from the presence of the physician. DFCS must assume physical custody of the child within six hours of the physician taking custody and begin assessing the circumstances or conditions that present an imminent danger to the child’s life or health as a result of suspected abuse.

20.1 Child Withdrawn from Public School

	Georgia Division of Family and Children Services		
	Child Welfare Policy Manual		
	Chapter:	(20) Special Circumstances	
	Policy Title:	Child Withdrawn from Public School	
	Policy Number:	20.1	Previous Policy Number(s):
Effective Date:	November 2023	Manual Transmittal:	2023-03

Codes/References

- O.C.G.A. § 19-7-5 Reporting of Child Abuse
- O.C.G.A. § 20-2-785 Referral and Assessment to Determine Whether Withdrawal Was to Limit Education
- O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records
- O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records

Requirements

The Division of Family and Children Services (DFCS) will:

1. Complete an assessment to determine if the reason a child(ren) was withdrawn from public school was to avoid educating the child when:
 - a. A Home Study Program Declaration of Intent Form was not filed with the Georgia Department of Education (GaDOE); and
 - b. That child stops attending school for a period of 45 days or more.
2. Conduct a face-to-face visit with the parent(s) and the child who was withdrawn from school within five weekdays of receipt of the intake report.
3. Terminate the assessment immediately upon verifying the parent(s) filed the Home Study Program Declaration of Intent Form with GaDOE.
4. Complete the assessment within 45 calendar days of receipt of the intake report.

5. Conduct efforts to locate a family when they cannot be located or have moved to an unknown location (see policy [19.21 Case Management: Unable to Locate](#)).
6. Immediately report any new, known, or suspected instances of child abuse to the CPS Intake Communications Center (CICC) as outlined in policy [3.24 Intake: Mandated Reporters](#).
7. Document case activities in Georgia SHINES within 72 hours of the occurrence.

Procedures

Social Services Case Manager

1. Contact the GaDOE at homeschool@doe.k12.ga.us to determine if a Home Study Program Declaration of Intent Form is on file, provide the following information:
 - a. Parent(s) name
 - b. Child(ren) name
 - c. Address



If GaDOE confirms a Home Study Program Declaration of Intent Form has been filed terminate the assessment.

2. Arrange for language assistance (interpreter and/or translation services) for individuals identified as limited English proficient (LEP) and auxiliary aids for sensory impaired individuals in accordance with policy [1.4 Administration: Non-Discriminatory Child Welfare Practices](#).
3. Conduct a face-to-face contact with each child who was withdrawn and stopped attending public school, gather the following information:
 - a. The reason he/she was withdrawn and/or stopped attending public school;
 - b. What educational activities or programs he/she has participated in and who is providing the educational activities since he/she was withdrawn and stopped attending public school (ex: home study program, etc.);
 - c. If he/she is attending school (ex: moved to a different school, online classes); and
 - d. If he/she is aware of any plan the family has regarding their education.
4. Conduct a face-to-face contact with the parent(s):
 - a. Explain that the reason for DFCS' involvement is due to the child being withdrawn and has not attended school for 45 days or more, including that:
 - i. Verification of how the child is being educated must be provided to DFCS; and
 - ii. Failure to provide verification of the child's education will result in further Child Protective Services (CPS) involvement for educational neglect.
 - b. Explore the circumstances that led to the child(ren) being withdrawn and not attending school for 45 days or more, as required by law;
 - c. Inquire about what the parent(s) has been doing to educate the child(ren) since the child(ren) was withdrawn and has stopped attending public school:
 - i. The educational activities/programs the child has been participating in and who is pro-

viding it (ex: home study program, enrolled in a different school, online classes, etc.).

- ii. The plan moving forward to continue the child(ren)'s education (ex: home study program, moving to a different school enroll in public or private school, etc.). If the plan is to homeschool the child, whether the Home Study Program Declaration of Intent Form has been filed.
5. Obtain verification that the child is being educated if the parent(s) indicated the child(ren) has been educated following the withdrawal from public school. See Practice Guidance Assessment of School Withdrawal and Absences for examples of verifications.
 6. Upload any educational verification to Georgia SHINES External Documentation.
 7. Discuss the information gathered with the Social Services Supervisor (SSS). When verification of the child's education could not be obtained, determine whether:
 - a. The absences/withdrawal of a child(ren) from public school was to avoid educating the child; and
 - b. A CPS report should be made to CICC for educational neglect due to the parent(s)' failure to educate the child.
 8. Refer the issue to the local school system if it is determined that truancy is the reason for the child not attending school.
 9. Conclude the assessment:
 - a. Upon verifying that the child is being educated;
 - b. Upon verifying that a Home Study Program Declaration of Intent Form has been filed with GaDOE; or
 - c. The parent(s) fails to demonstrate that the child is being educated and a new report alleging educational neglect was made to CICC in accordance with policy [3.24 Intake: Mandated Reporters](#).
 10. Submit the Special Circumstance Child Withdrawal from Public School to the SSS for approval with 45 calendar days from the receipt of the intake report.



This assessment is **not** an investigation. Maltreatment codes will not be identified, and the allegation detail page will not generate.

Social Services Supervisor

1. Make a determination in consultation with the SSCM as to whether the absences/withdrawal of a child(ren) from school was to avoid educating the child(ren).
2. Ensure the assessment is terminated immediately upon confirming a valid Home Study Program Declaration of Intent Form has been filed with the GaDOE.
3. Ensure truancy issues are reported to the local school system.
4. Ensure when a parent fails to provide verification that the child is being educated a report alleging educational neglect is made to the CICC as outlined in policy [3.24 Intake: Mandated Reporters](#).
5. Document discussions and guidance given to the SSCM concerning the assessment in Georgia SHINES within 72 hours of the occurrence.

6. Review the submitted Special Circumstance Child Withdrawal from Public School and make an approval decision in Georgia SHINES within 45 calendar days of receipt of the intake report.

Practice Guidance

Assessment of School Withdrawal and Absences

This assessment is limited by the law to determining whether the school withdrawal was to avoid educating the child. Therefore, the SSCM should restrict information gathering to determining if the parent(s) is purposely avoiding educating the child. Georgia law requires that students attend a public or private school or participate in a home study program from their sixth to their 16th birthday. Public kindergarten is available in every school system, but it is not mandatory. Georgia law allows alternatives to public school education. Although public school is the most frequently utilized method for educating children there are various ways of educating a child, such as home study programs, online schooling, or private school. The SSCM should conclude the assessment when it has been determined and verified that the parent(s) is educating the child(ren). In addition, if at any point during the assessment it is verified that the parent has filed a Home Study Program Declaration of Intent Form with the GaDOE the assessment should be terminated immediately. Examples of verification to validate a child is being educated may include:

1. The parent(s) presenting a copy of a Home Study Program Declaration of Intent Form to home-school a child that has been filed with the GaDOE.
2. Confirming the child has been re-registered and is attending a public or private school.
3. Registration in an online study program.

 If child abuse becomes known or suspected during the assessment, make a new report in accordance with policy [3.24 Intake: Mandated Reporters](#).

Georgia Home Study Program Requirements

Parents who teach their children at home are required by law to submit to the Georgia Department of Education an annual Home Study Program Declaration of Intent Form within 30 days after establishment of a home study program and by September 1st annually thereafter.^[1] In the event that a child is withdrawn from a public school without a declaration filed and that child stops attending a public school for a period of 45 days, the school is required to refer the matter to DFCS to conduct an assessment in order to determine whether the withdrawal of the child from school was to avoid educating the child. The parent(s) can locate the GaDOE Home Study Program Declaration of Intent Form online:


1. [Home Study Program Declaration of Intent Form \(Online Submission\)](#)
2. [Home Study Program Declaration of Intent Form \(Printable Form\)](#)

When a Home Study Program Declaration of Intent Form is filed online the parent is provided a unique numeric key that serves as confirmation of the electronic filing of the Home Study Program Declaration of Intent Form. When filing a paper version of Home Study Program Declaration of Intent Form via mail or in-person the parent(s) is not provided verification of the filing. Verification can only be obtained by contacting GaDOE.

Forms and Tools

N/A

20.2 Juvenile or Superior Court (No Maltreatment)

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(20) Special Circumstances		
	Policy Title:	Juvenile or Superior Court (No Maltreatment)		
	Policy Number:	20.2	Previous Policy Number(s):	5.7
	Effective Date:	December 2021	Manual Transmittal:	2021-06

Codes/References


O.C.G.A. §19-7-5 Reporting of Child Abuse

O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records

O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records

Requirements

The Division of Family and Children Services (DFCS) will:

1. Complete actions ordered by juvenile or superior court within the time period ordered by the court.
 -  No allegations of maltreatment may accompany the intake report.
2. Consult with the Special Assistant Attorney General (SAAG) to discuss the findings and recommendations for the court.
3. Submit findings and any recommendations in writing to the court.
4. Document case activities in Georgia SHINES within 72 hours of the occurrence.
5. Immediately report any new, known, or suspected instances of child abuse to the CPS Intake Communications Center (CICC) as outlined in policy [3.24 Intake: Mandated Reporters](#).

Procedures

Social Services Case Manager

1. Review the intake assessment and thoroughly evaluate the orders of the court.
2. Contact the SAAG or the court to clarify and/or obtain additional information, as needed.
3. Analyze DFCS history to ensure a thorough assessment of family functioning (see policy [19.10 Case Management: Analyzing DFCS History](#)).
4. Arrange for language assistance (interpreter and translation services) for individuals identified as limited English proficient (LEP) and auxiliary aids for sensory impaired individuals in accor-

dance with policy [1.4 Administration: Non-Discriminatory Child Welfare Practices](#).

5. Consult with the SSS to discuss how to carry out the court's orders and next steps.
 - a. Refer to policy [22.3 Kinship: Kinship Assessment](#) when the court orders an assessment of a kinship caregiver for possible placement.
 - b. Refer to policy [5.2 Investigations: Purposeful Contacts During an Investigation](#) when the court orders interviews with a parent(s) and/or child(ren).
 - c. Refer to policy [19.13 Case Management: Family Functioning Assessment](#) when the court orders an assessment of family dynamics, interactions, and/or environment.
6. Consult with the SSS to discuss the information gathered and confirm the completion of actions ordered by the court.
7. Prepare a written report of the findings for submission to the court in accordance with local protocols.
8. Consult with the SAAG to discuss findings and prepare for testifying in court or next steps (as applicable). Provide a copy of the written report for the court.
9. Participate in court hearings as ordered by the court (see policy [17.1 Legal: The Juvenile Court Process](#)).
10. Submit the Special Circumstance Juvenile or Superior Court (No Maltreatment) to the SSS for approval and closure within 45 calendar days from the receipt of the intake report.



This assessment is **not** an investigation. Maltreatment codes will not be identified, and the allegation detail page will not generate.

Social Services Supervisor

1. Conduct a staffing with the assigned SSCM prior to the initial contact:
 - a. Ensure the intake assessment meets the requirements for a Special Circumstance Juvenile or Superior Court (No Maltreatment)
 - b. Discuss the orders of the court:
 - i. Refer to policy [22.3 Kinship: Kinship Assessment](#) when the court orders an assessment of a kinship caregiver for possible placement.
 - ii. Refer to policy [5.2 Investigations: Purposeful Contacts During an Investigation](#) when the court orders interviews with a parent(s) and/or child(ren).
 - iii. Refer to policy [19.13 Case Management: Family Functioning Assessment](#) when the court orders an assessment of family dynamics, interactions, and/or environment.
 - c. Analyze DFCS history (see policy [19.10 Case Management: Analyzing DFCS History](#))
 - d. Determine next steps
2. Following information gathering, conduct a staffing with the SSCM:
 - a. Discuss the information gathered
 - b. Make any necessary determinations
3. Document the supervisor staffings in Georgia SHINES within 72 hours of occurrence (see policy [19.6 Case Management: Supervisor Staffing](#)).

4. Review and approve the written report for the court.
5. In conjunction with the SSCM, consult with the SAAG to discuss findings and prepare for testifying in court or next steps (as applicable).
6. Review the Special Circumstance Juvenile or Superior Court (No Maltreatment) and make an approval decision in Georgia SHINES within 45 calendar days of receipt of the intake report.


Practice Guidance

Special Circumstances Juvenile or Superior Court (No Maltreatment) generally includes a request by the court for DFCS to evaluate a home, assess family dynamics, conduct interviews, etc. These requests could be a result of DFCS filing a petition with the court or a private dependency case. If there are indications of maltreatment during the assessment a new report must be made to the CICC. Upon conclusion, a written report should be prepared according to local county protocol and provided to the court and the SAAG. All information provided to the court must be presented in a professional manner.

Forms and Tools

N/A

20.3 Child In Need of Services (No Maltreatment)

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(20) Special Circumstances		
	Policy Title:	Child In Need of Services (No Maltreatment)		
	Policy Number:	20.3	Previous Policy Number(s):	5.7
	Effective Date:	July 2024	Manual Transmittal:	2024-06

Codes/References

O.C.G.A. §15-11-380 thru §15-11-450 Child in Need of Services

O.C.G.A. §19-7-5 Reporting of Child Abuse

O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records

O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records

Public Law 104-191 Health Insurance Portability and Accountability Act (HIPAA) of 1996

Requirements

The Division of Family and Children Services (DFCS) will:

1. Thoroughly assess the child in need of services (CHINS) and family functioning to determine the root cause(s) leading to the unwanted behaviors or situations and identify needed services.



For the purposes of the special circumstance CHINS (no maltreatment), the child is considered a CHINS if a complaint or petition has been filed with the court concerning a CHINS

and the intake report does not include allegations of child abuse.

2. Analyze DFCS history to ensure a thorough assessment of family functioning.
3. Conduct a private face-to-face purposeful contact with the CHINS within 72 hours of receipt of a CHINS (No Maltreatment) intake report.



If there is an upcoming court hearing, contact may need to occur prior to the 72-hour timeframe to ensure initiation of the assessment prior to the hearing.

4. Conduct an assessment of the child and family using the Family Functioning Assessment (FFA) when:
 - a. Requested by the court to assess the child and family;
 - b. The court orders DFCS to provide services;
 - c. DFCS agrees to provide services at the CHINS Interagency Meeting (CIM); or
 - d. DFCS is assigned as the plan manager of an unrestorably incompetent youth.
5. Engage each household member face-to-face and privately to discuss the orders of the court and to assess family functioning. This includes the following individuals:
 - a. The CHINS
 - b. Each parent
 - c. All adult household members
 - d. Other children in the home
6. Observe the physical home environment, including every room in the home to determine if it is safe and appropriate to meet the needs of the CHINS.
7. Engage individuals identified as collateral contacts who can provide relevant information for assessing family functioning.
8. Adhere to Health Insurance Portability and Accountability Act and confidentiality provisions outlined in policies [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#).
9. Immediately report any new, known, or suspected instances of child abuse to the CPS Intake Communications Center (CICC) as outlined in policy [3.24 Intake: Mandated Reporters](#).
10. Conduct a supervisor staffing and determine recommendations for the court at the conclusion of the FFA. Recommend Family Preservation Services (FPS) when:
 - a. DFCS is ordered by the court to provide services to the CHINS and family; or
 - b. The FFA reveals that DFCS intervention is necessary to address the significant factors affecting child well-being.
11. Conduct a Kinship Assessment in accordance with policy [22.3 Kinship: Kinship Assessment](#) when the court orders an assessment of a kinship caregiver for possible placement of a CHINS.
12. Complete the FFA in Georgia SHINES to document the information gathered during the CHINS assessment.

Procedures

Social Services Case Manager

1. Review the intake assessment and thoroughly evaluate the orders of the court.
2. Contact the SAAG or the court to clarify and/or obtain additional information, as needed.
3. Analyze DFCS history to ensure a thorough assessment of family functioning (see policy [19.10 Case Management: Analyzing DFCS History](#)).
4. Arrange for language assistance (interpreter and/or translation services) for individuals identified as limited English proficient (LEP) and auxiliary aids for sensory impaired individuals in accordance with policy [1.4 Administration: Non-Discriminatory Child Welfare Practices](#).
5. Participate in a staffing with the SSS prior to initiating the assessment and discuss:
 - a. Circumstances that led to the child being alleged or adjudicated as a CHINS
 - b. Orders of the court
 - c. Analysis of DFCS history (see policy [19.10 Case Management: Analyzing DFCS History](#))
 - d. Potential collateral contacts (see policy [19.16 Case Management: Collaterals Contacts](#))
 - e. Family engagement and next steps
6. Conduct a private face-to-face purposeful contact with the CHINS within 72 hours of the receipt of the intake report to initiate the family functioning assessment (see policy [5.2 Investigations: Purposeful Contacts During an Investigation](#)).
7. Engage each household member face-to-face and privately to discuss the orders of the court and assess family functioning. This includes the following individuals:
 - a. Each parent
 - b. All adult household members
 - c. Other children in the home
8. Observe the physical home environment, including every room in the home to determine if it is safe and appropriate to meet the needs of the CHINS.
9. Engage collateral contacts that are knowledgeable about the CHINS' behavior and family functioning in accordance with policy [19.16 Case Management: Collateral Contacts](#).
10. Obtain, review, and analyze school records, reports, professional evaluations and assessments, pictures, etc. for the CHINS and family.
11. Complete the FFA to analyze and organize the information gathered around the areas of family functioning (see policy [19.13 Case Management: Family Functioning Assessment](#)). See Practice Guidance: Documenting a CHINS No Maltreatment Case.
12. Participate in a Supervisor staffing to discuss the information gathered:
 - a. Confirm the completion of tasks ordered by the court
 - b. Any presence of maltreatment
 - c. Determine the need for further DFCS intervention. Recommend Family Preservation Services (FPS) when:

- i. DFCS is ordered by the court to provide services to the CHINS and family; or
 - ii. The FFA reveals that DFCS intervention is necessary to address the significant factors affecting child well-being; or
 - iii. There is a need for service provision to assist the CHINS and family with managing the challenging situation(s).
13. Arrange individualized services for the family to address the developmental challenges they are experiencing in their everyday life, when applicable (see policy [19.17 Case Management: Service Provision](#)).
14. Prepare a written report of the findings for submission to the court in accordance with local protocols. This should include a copy of the FFA.
15. Consult with the SAAG to discuss findings and prepare for testifying in court or next steps (as applicable). Provide a copy of the written report for the court.
16. Participate in court hearings as ordered by the court (see policy [17.1 Legal: The Juvenile Court Process](#)).
17. Submit the Special Circumstance CHINS (No Maltreatment) to the SSS for approval and closure within 45 calendar days from the receipt of the intake report.



This assessment is **not** an investigation. Maltreatment codes will not be identified, and the allegation detail page will not generate.

Social Services Supervisor

1. Conduct a staffing with the assigned SSCM prior to the assessment being initiated.
 - a. Determine if the Intake Assessment meets the requirements for a Special Circumstance CHINS (No Maltreatment).
 - b. Review and analyze the orders of the court.
 - c. Analyze DFCS history (see policy [19.10 Case Management: Analyzing DFCS History](#)).
 - d. Discuss potential collateral contacts (see policy [19.16 Case Management: Collaterals Contacts](#)).
 - e. Discuss family engagement.
 - f. Determine next steps.
2. Ensure a private face-to-face purposeful contact is made with the CHINS within 72 hours of the receipt of the intake report to initiate the family functioning assessment.
3. Review professional assessments to provide guidance to the SSCM.
4. Participate in a staffing with the SSCM to discuss the information gathered:
 - a. Discuss any maltreatment identified and ensure a new report is made to the CICC.
 - b. Confirm the completion of tasks ordered by the court.
 - c. Recommend Family Preservation Services (FPS) when:
 - i. DFCS is ordered by the court to provide services to the CHINS and family; or
 - ii. The FFA reveals that DFCS intervention is necessary to address the significant factors

affecting child well-being.

5. Document the supervisor staffings in Georgia SHINES within 72 hours of occurrence (see policy [19.6 Case Management: Supervisor Staffing](#)).
6. Assess the sufficiency of services recommended in accordance with policy [19.17 Case Management: Service Provision](#).
7. Review the FFA and make an approval decision in accordance with policy [19.13 Case Management: Family Functioning Assessment](#).
8. Review and approve the written report for the court.
9. In conjunction with the SCM, consult with the SAAG to discuss findings and prepare for testifying in court or next steps (as applicable).
10. Review the Special Circumstance CHINS (No Maltreatment) and make an approval decision in Georgia SHINES within 45 calendar days of receipt of the intake report.

Practice Guidance

The CHINS law in Georgia was created in an effort to acknowledge that certain behaviors or conditions occur within a family or school environment that indicate a child is experiencing serious difficulties. The goals of the law are to:

1. Intervene with services and corrective actions to protect the child from making choices that can have a negative impact on his/her future and protect the integrity of the child's family.
2. Make family members aware of their contributions to their family's problems and to encourage them to accept the responsibility and participate in any program of care ordered by the court.
3. Provide a child with a program of treatment, care, guidance, counseling, structure, supervision, and rehabilitation to assist in becoming a responsible and productive member of society.
4. Ensure the cooperation and coordination of all agencies having responsibility to supply services to any member of a family referred to the court

A CHINS is defined as:

1. A child adjudicated to be in need of care, guidance, counseling, structure, supervision, treatment, or rehabilitation and who is adjudicated to be:
 - a. Subject to compulsory school attendance and who is habitually and without good and sufficient cause truant (having 10 or more days unexcused absences in the current academic year) from school;
 - b. Habitually disobedient of the reasonable and lawful commands of his or her parent, guardian or legal custodian and is ungovernable or places himself or herself or others in unsafe circumstances;
 - c. A runaway defined as a child who, without just cause and without the consent of his or her parent, guardian, or legal custodian, is absent from his or her home or place of abode for at least 24 hours;
 - d. A child who has committed a status offense applicable only to a child;



A status offense means an act prohibited by law that would not be an offense if com-

mitted by an adult.

- e. A child who wanders or loiters about the streets of any city or in or about any highway or any public place between the hours of midnight and 5:00 a.m.;
 - f. A child who disobeys the terms of supervision contained in a court order which has been directed to such child who has been adjudicated a child in need of services; or
 - g. A child who patronizes any bar where alcoholic beverages are being sold unaccompanied by his or her parent, guardian, or legal custodian or who possesses alcoholic beverages.
2. A child who has committed a delinquent act and is adjudicated to be in need of supervision but not in need of treatment or rehabilitation

When a parent, caregiver or other figure in a child’s life reaches out to the court for help with a child, it is often out of desperation because other interventions have not been successful. Failing to thoroughly assess the child and family functioning to determine the root causes leading to the unwanted behaviors/situations may result in services being unsuccessful or further court/agency involvement.


Documenting a CHINS (No Maltreatment)

CHINS (No Maltreatment) cases are documented solely on the Family Functioning Assessment in Georgia SHINES. For each purposeful contact or collateral contact conducted during the assessment complete the Contact Detail page and state in the narrative “see Family Functioning Assessment.” A description of the purposeful contact is not required. Information gathered during the assessment will be organized in the FFA and analyzed to form conclusions and recommendations. This method of documenting is similar to a psychological evaluation, which is a summary of information gathered from a multitude of sources (interviews, observations, tests, etc.), that informs the conclusion and treatment recommendations, however the report does not include a description of each individual contact.

Forms and Tools

N/A

20.4 Safe Place for Newborns

Georgia Division of Family and Children Services Child Welfare Policy Manual				
	Chapter:	(20) Special Circumstances		
	Policy Title:	Safe Place for Newborns		
	Policy Number:	20.4	Previous Policy Number(s):	5.10
	Effective Date:	December 2021	Manual Transmittal:	2021-06

Codes/References

O.C.G.A. § 15-11-211 Relative Search by DFCS

O.C.G.A. § 19-7-5 Reporting of Child Abuse

O.C.G.A. § 19-10A Safe Place for Newborns Act

O.C.G.A. § 19-11-9 Putative Father Registry; Location of Absent Parents by Department; Assistance of Other Governmental Agencies; Use of Information Obtained

O.C.G.A. § 25-3-1 General Powers of Fire Departments

O.C.G.A. § 25-3-2 Powers of Fire Departments in Event of Emergencies

O.C.G.A. § 49-5-8 Powers and Duties of the Department

O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records

O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records

Title IV-E of the Social Security Act §§ 471(a)(19) and 471(a)(29)

45 CFR § 1356.21(b)(5)



Public Law (PL) 95-606 Indian Child Welfare Act of 1978 Final Rule (25 CFR Part 23)

PL 104-191 Health Insurance Portability and Accountability Act (HIPAA) of 1996


Requirements

The Division of Family and Children Services (DFCS) will:

1. Utilize the Safe Place for Newborns to assist mothers in crisis to safely relinquish their newborn babies to protect newborns from endangerment by providing mothers an alternative to abandonment.
2. Review the intake assessment and confirm the reported information meets the criteria for the Safe Place for Newborn Act:
 - a. The newborn is no more than 30 days old; and
 - b. The newborn was left by the mother in the physical custody of a paid or volunteer agent, employee, or member of the staff who is on duty at a:
 - i. Medical facility: any licensed general or specialized hospital, institutional infirmary, health center operated by a county board of health, or a facility where human births occur on a regular and ongoing basis which is classified by the Department of Community Health as a birthing center.

 Medical facilities do not include physician's or dentist's private offices.
 - ii. Fire station: a facility of any fire department which is authorized to exercise the general and emergency powers to protect life and property against fire, explosions, hazardous materials, or electrical hazards; or
 - iii. Police station: a facility of any sheriff's office, municipal police department or county police department.
- 

 Intake assessments that do not meet the Safe Place for Newborn Act criteria shall not be assessed as a special circumstance. Contact the Child Protective Services Intake Communications Center (CICC) to have the intake report processed as a child abuse report.
3. Take legal and physical custody of the newborn within six-hours of notification from the fire station, police station, or medical facility.



 The newborn may remain in a medical facility if not medically cleared for discharge

within the six-hour timeframe, however, legal custody with DFCS must be established.

4. Obtain a medical evaluation and clearance of the newborn if one has not been completed.
5. Initiate diligent search efforts to identify and locate persons that could be a placement or visiting resource for the child, and support for the family.
6. Afford all rights under the Indian Child Welfare Act (ICWA) to any Indian child subject to the Safe Place for Newborns to promote the stability and security of Indian Tribes and their families in accordance with policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#).
7. Adhere to Health Insurance Portability and Accountability Act and confidentiality provisions outlined in policies [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#).
8. Submit a referral to Babies Can't Wait (BCW) via Children 1st for a developmental screening in accordance with policy [19.28 Case Management: Children 1st and Babies Can't Wait](#).
9. Develop and implement a Plan of Safe Care for a newborn identified as being affected by substance abuse (illegal and/or legal), or withdrawal symptoms resulting from prenatal drug exposure; or a Fetal Alcohol Spectrum Disorder (FASD) in accordance with policy [19.27 Case Management: Plan of Safe Care for Newborns Prenatally Exposed to Substances or a Fetal Alcohol Spectrum Disorder \(FASD\)](#).
10. Reimburse the medical facility which accepts for inpatient admission; or a fire or police station which accepts a newborn pursuant to the Safe Place for Newborn Act all reasonable medical and other reasonable costs associated with the newborn prior to being placed in DFCS's legal custody (see policy [9.2 Eligibility: Applying for Medical Services at Initial Entry and Exit](#)).
11. Complete the Special Circumstance Safe Place for Newborns within 45 calendar days of the receipt of the intake report.
12. Document case activities in Georgia SHINES within 72 hours of the occurrence.

Procedures

Social Services Case Manager

1. Contact the reporter for clarification and/or additional information, as needed.
2. Participate in a supervisor staffing:
 - a. Confirm the reported information falls under the Safe Place for Newborn Act.
 - b. Determine next steps to ensure physical and legal custody of the newborn is taken within six hours of receipt of the intake report.
3. Request emergency legal custody of the newborn through Juvenile Court (see policy [17.1 Legal: The Juvenile Court Process](#)).
4. Interview the person from the medical facility, fire station, or police station, with whom newborn was left to:
 - a. Gather information surrounding the circumstances in which the newborn was left;
 - b. Determine if the mother provided any identifying information; and

- c. Determine medical care provided to the newborn.
5. Take physical custody of the newborn within six-hours of the receipt of the intake report.
 - a. Conduct a visual assessment of the newborn to assess his/her general well-being.
 - b. Ensure the newborn receives a medical evaluation and clearance.
 - c. Obtain a determination from the medical provider regarding the newborn's approximate age if no information was left by the mother; and
 - d. Obtain a medical opinion on the health and general well-being of the newborn.
6. Interview the biological mother and father when their identifying information is known:
 - a. Determine if there are any services that would support reunification of the newborn with the biological parent(s);
 - b. Secure background information from the birth parents (including a copy of the birth certificate) and inform of the provisions of the Adoption Reunion Registry in accordance with policy [11.1 Adoption: Preparation for Adoption](#); and
 - c. Construct a genogram to identify the relatives, family's support system, and possible placement resources.
7. Confirm with law enforcement that no child resembling the newborn's age and/or description has been reported missing, when the newborns' identity cannot be verified through official documents (i.e., birth records, birth certificate).
8. Conduct a diligent search and contact individuals who may be willing to serve as a placement resource for the newborn when the biological mother or father's identity is known in accordance with policy [19.20 Case Management: Diligent Search](#).
9. Arrange for a placement in accordance with policy [10.1 Foster Care: Placement of a Child](#).
10. Complete and submit the Children 1st Referral and Screening Form for the newborn for a development assessment (see policy [19.28 Case Management: Children 1st and Babies Can't Wait](#)).
11. Participate in the case transfer process in accordance [19.4 Case Management: Case Transfer](#).
12. Complete the following in Georgia SHINES:
 - a. Custody Tab generating the FCC stage.
 - i. Select "Court Ordered" as the removal type;
 - ii. Select "Relinquishment" as the caretaker related removal reason; and
 - iii. Denote in the comments that this is a Safe Place for Newborns case.
 - b. Legal Actions page to capture the Emergency Shelter Care hearing and the Preliminary Protective (72 hr.) findings issued by the Juvenile Court. Submit the page for Supervisor approval upon completion.
13. Investigation Conclusion page:
 - a. Complete the Investigation Conclusion Summary; and
 - b. Select Special Circumstances-Open for Placement Services as the investigation disposition.



This assessment is **not** an investigation. Maltreatment codes will not be identified, and the allegation detail page will not generate.

14. Submit the Special Circumstance Safe Place for Newborns to the Social Services Supervisor (SSS) for approval within 45 calendar days of the receipt of the intake report.

Social Services Supervisor

1. Conduct a supervisor staffing with the SSCM prior to initial contact to:
 - a. Verify the case meets the criteria for the Safe Place for Newborn Act;
 - b. Provide guidance to ensure physical and legal custody of the newborn is taken within six hours of receipt of the intake report.
2. Document the supervisor staffing in Georgia SHINES within 72 hours of occurrence (see policy [19.6 Case Management: Supervisor Staffing](#)).
3. Ensure the biological parent(s) are interviewed, when their identity is known, to offer services to support reunification, secure background information and inform of the provisions of the Adoption Reunion Registry in accordance with policy [11.1 Adoption: Preparation for Adoption](#).
4. Ensure a diligent search is completed when the identity of the biological parent(s) is known.
5. Ensure the newborn receives a medical evaluation and clearance.
6. Assist the SSCM in arranging a placement for the child in accordance with policy [10.1 Foster Care: Placement of a Child](#).
7. Ensure the newborn is referred to Babies Can't Wait in accordance with policy [19.28 Case Management: Children 1st and Babies Can't Wait](#).
8. Participate in the case transfer process in accordance with policy [19.4 Case Management: Case Transfer](#).
9. Review the submitted Special Circumstance Safe Place for Newborn make an approval decision in Georgia SHINES within 45 calendar days of receipt of the intake report.

Practice Guidance

Georgia's safe haven law, the Safe Place for Newborns Act of 2002, provides an opportunity for mothers in crisis to safely relinquish their newborn babies to designated locations where the babies are protected. The purpose of the law is to protect newborns from endangerment by providing mothers an alternative to abandonment. The Act shields the mother from prosecution for abandonment or neglect if the following requirements are met:

1. The newborn baby must be no more than 30 days old; and
2. The newborn is left in the physical custody of a paid or volunteer agent, employee, or member of the staff who is on duty at a medical facility, fire station, or police station.

The mother is not required to provide identification upon leaving the newborn at an approved safe haven location; however, if she is willing, the individual receiving the newborn should obtain her name and address. The Act also has provisions for the medical facility, fire station, and police station to notify DFCS at the time the newborn is left. Upon notification, DFCS shall take physical custody of the child within six hours. Upon taking physical custody, DFCS shall promptly bring the child before the juvenile court.


Safe Place for Newborns – When is Diligent Search Applicable?

The Safe Place for Newborn Act allows the mother, if willing, to provide her name and address to the Safe Haven provider. When the mother discloses her information, anonymity does not apply and DFCS is required to conduct a diligent search in accordance with policy [19.20 Case Management: Diligent Search](#). For example, a mother gave birth in the hospital and left the infant at the hospital; anonymity does not apply because she disclosed her information to the hospital during registration. When the mother does not willingly provide her name and address, to the Safe Haven provider she is considered “anonymous”. The mother has the right to remain anonymous and DFCS should make no further efforts to determine her identity. In this circumstance, DFCS is unable to conduct a diligent search due to the lack of information, and this must be clearly documented in the case record.

Forms and Tools

N/A

20.5 Infants Prenatally Exposed to Substances (No Maltreatment)

Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(20) Special Circumstances	
	Policy Title:	Infants Prenatally Exposed to Substances (No Maltreatment)	
	Policy Number:	20.5	Previous Policy Number(s): 5.12
	Effective Date:	November 2023	Manual Transmittal: 2023-03

Codes/References

O.C.G.A. § 15-11-2 Definitions

O.C.G.A. § 19-7-5 Reporting of Child Abuse

O.C.G.A. § 49-5-8 Powers and Duties of the Department

O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records

O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records

Child Abuse Prevention and Treatment Act (CAPTA)

Public Law (PL) 104-191 Health Insurance Portability and Accountability Act (HIPAA) of 1996

PL 114-198 Comprehensive Addiction and Recovery Act (CARA) of 2016

Requirements

The Division of Family and Children Services (DFCS) will:

1. Assess the health and developmental needs of infants identified as affected by prenatal substance exposure, and the health and substance use disorder treatment needs of parent(s) and their families.



Special Circumstances Infants Prenatally Exposed to Substances (No Maltreatment) solely focuses on an infants' prenatal exposure to substances that were legally prescribed and used as prescribed by the mother during pregnancy. These assessments do not include prenatal abuse (i.e., use of illegal substances during pregnancy) or have indicators of child abuse.

2. Conduct face-to-face contact with the infant and mother within five weekdays of the receipt of the intake report to:
 - a. Assess the health, developmental and substance use disorder needs of the infant and the mother; and
 - b. Coordinate with the family, hospital, and others to plan for the infant's discharge.



If the infant has not discharged from the hospital, make efforts to conduct the visit at the hospital.

3. Determine with the health care provider that the medication the mother was taking during pregnancy was as prescribed, and when applicable verify with the medication assisted treatment (MAT) provider that the mother is complying with her treatment plan.
4. Assess and discuss safe sleep practices with the parent(s). Take action to remedy unsafe sleeping situations.
5. Submit a referral to Babies Can't Wait (BCW) via Children 1st for a developmental screening in accordance with policy [19.28 Case Management: Children 1st and Babies Can't Wait](#).
6. In partnership with other agencies providing services to the family, develop and implement a Plan of Safe Care for families with infants identified as being affected by prenatal exposure in accordance with policy.
7. Adhere to Health Insurance Portability and Accountability Act and confidentiality provisions outlined in policies [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#).
8. Complete the Special Circumstance Infants Prenatally Exposed to Substances (No Maltreatment) within 45 calendar days of the receipt of the intake report.
9. Document case activities in Georgia SHINES within 72 hours of the occurrence.
10. Immediately report any new, known, or suspected instances of child abuse to the CPS Intake Communications Center (CICC) as outlined in policy [3.24 Intake: Mandated Reporters](#).

Procedures

Social Services Case Manager

1. Review the intake assessment and confirm the reported information meets the criteria for Infants Prenatally Exposed to Substances (No Maltreatment).
2. Participate in a supervisor staffing:
 - a. Discuss whether the information reported meets the criteria for Special Circumstance Infants Prenatally Exposed to Substances (No Maltreatment); and



Assigned Special Circumstances Infants Prenatally Exposed to Substances (No Maltreatment) that do not meet the criteria for Infants Prenatally Exposed to Substances (No Maltreatment) must be referred back to the CPS Intake Communication Center (CICC) to be processed and assessed as a child abuse report.

- b. Discuss how to engage the family and initiate the development of the Plan of Safe Care.
3. Arrange for language assistance (interpreter and/or translation services) for individuals identified as limited English proficient (LEP) and auxiliary aids for sensory impaired individuals in accordance with policy [1.4 Administration: Non-Discriminatory Child Welfare Practices](#).
4. Conduct a face-to-face contact with the infant and mother within five weekdays of the intake report:
 - a. Explain the assessment process, including:
 - i. Supporting the family in developing and implementing a plan of safe care for the infant, parent(s), and other family members.
 - ii. Linking the infant and family to services to address health and/or developmental needs of the infant, parent(s), and family;
 - iii. The process will take approximately 45 days; and
 - iv. Other agencies will continue to monitor services, as needed, after DFCS case closure.
 - b. Explain DFCS' obligation to maintain confidentiality and safeguard information to prevent unauthorized disclosure:
 - i. Personal information provided during the assessment will be kept confidential (see policy [2.6 Information Management: Confidentiality/Safeguarding Information](#)).
 - ii. DFCS cannot share protected health information (PHI) with any person, agency, or contractor without prior written authorization from the owner of the PHI, unless otherwise permitted by law. Provide a copy of the Notice of Privacy Practices and obtain signature(s). See policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#).
 - iii. The type of information that will be maintained in the DFCS case record and of the information that can and cannot be released to the parent(s) upon request. Provide a copy of the Notice of Case Record Information Available to Parents/Guardians and obtain signatures (see policy [2.10 Information Management: J.J. v. Ledbetter Parent or Guardian Request for Information](#)).
 - c. Discuss the impact of the mother's health condition on her ability to meet the needs of the infant and any other children. Determine whether the family already has a plan in place to support the mother in caring for the infant.
 - d. Discuss the substance use needs of the mother.
 - e. Determine if there are other children in the home and discuss any supports or services needed to meet their needs as applicable.
 - f. Determine whether the parent(s) has selected a pediatrician or healthcare provider for the infant and request the date of the first health check; if the parent(s) has not selected a health care provider, assist them as needed.
 - g. Discuss safe sleep practices with the parent(s). Provide resources as needed, to help the par-


ent(s) prepare a safe sleeping area for the infant (see [Forms and Tools: Infant Safe to Sleep Guidelines and Protocol](#)).

- h. Discuss the health and substance use needs of other parents and/or adult family members in the home.
 - i. Request the mother's informed consent via the Authorization for Release of Information (ROI) to obtain or share information with providers (see policy [2.6 Information Management: Confidentiality/Safeguarding Information](#)).
5. Contact the mother's healthcare provider(s) to assess compliance with prescribed medication and/or treatment plan and obtain written verification:
 - a. Healthcare: Determine compliance with medication and any health-related needs
 - b. MAT provider: Discuss and verify compliance with the treatment plan, for mothers participating in a MAT program.
 6. Contact the infant's health care provider:
 - a. Obtain information regarding any diagnosis, prognosis and medical care needs to assist in determining the specific care needs of the infant; and
 - b. Obtain the medical records and any other pertinent information from healthcare providers e.g., hospital records, occupational therapy, pediatrician, discharge plan, growth chart.
 7. Complete and submit the Children 1st Referral and Screening Form for the infant and any other child in the home under the age of three for a development assessment (see policy [19.28 Case Management: Children 1st and Babies Can't Wait](#)).
 8. Develop, implement and monitor a Plan of Safe Care in accordance with policy [19.27 Case Management: Developing a Plan of Safe Care for Infants Prenatally Exposed to Substances of a Fetal Alcohol Spectrum Disorder \(FASD\)](#).
 9. Submit the Special Circumstance Infants Prenatally Exposed to Substances (No Maltreatment) to the Social Services Supervisor (SSS) for approval within 45 calendar days from the receipt of the intake report.



This assessment is not an investigation. Maltreatment codes will not be identified, and the allegation detail page will not generate.

Social Services Supervisor

1. Conduct a staffing with the SSCM prior to the initial contact with the family to:
 - a. Confirm the information reported meets the criteria for a Special Circumstance Infants Prenatally Exposed to Substances (No Maltreatment); and
-  Assigned Special Circumstances Infants Prenatally Exposed to Substances (No Maltreatment) that do not meet the criteria for Infants Prenatally Exposed to Substances (No Maltreatment) must be referred back to the CPS Intake Communication Center (CICC) to processed and assessed as a child abuse report.
- b. Provide guidance on how to best engage the family and the assessment process.
2. Document the supervisory staffing in Georgia SHINES within 72 hours of occurrence (see policy [19.6 Case Management: Supervisor Staffing](#)).

3. Ensure a face-to-face contact is made with the mother and infant within five weekdays of the receipt of the intake report.
4. Assess the sufficiency of services recommended in accordance with policy [19.17 Case Management: Service Provision](#).
5. Participate in the development and implementation of the Plan of Safe Care (see policy [19.27 Case Management: Developing a Plan of Safe Care for Infants Prenatally Exposed to Substances of a Fetal Alcohol Spectrum Disorder \(FASD\)](#)). Review the Plan of Safe Care to ensure that the plan addresses:
 - a. The health and substance use treatment needs of the infant and parent(s); and
 - b. The needs of the other family members affected by the substance use.
6. Ensure that the infant and any other child in the household who meets the eligibility criteria are referred to Babies Can't Wait in accordance with policy [19.28 Case Management: Children 1st and Babies Can't Wait](#).
7. Review the Special Circumstance-Infants Prenatally Exposed to Substances (No Maltreatment) assessment and make an approval decision in Georgia SHINES within 45 calendar days of receipt of the intake report.

Practice Guidance

Exposure to substances has the potential to cause a wide spectrum of physical, emotional, and developmental problems for infants. The harm caused to the child can be significant and long-lasting, especially if the exposure is not detected and the effects are not treated as soon as possible.^[2] The Child Abuse Prevention and Treatment Act (CAPTA) includes provisions to address infants prenatally exposed to substances, requiring states to implement a Plan of Safe Care to address the infant's well-being needs once identified as affected. In 2016, Comprehensive Addiction and Recovery Act (CARA) reframed how states are required to deal with prenatal exposure to substances, ensuring infants exposed to any type of drug, legally prescribed or used illegally, are assessed, and provided services through a Plan of Safe Care.

The purpose of Special Circumstances Infants Prenatally Exposed to Substances (No Maltreatment) is to assess the impact of prenatal exposure on the infant's health and development, as well as the needs of the mother and other family members to develop the Plan of Safe Care. Special Circumstances deals **exclusively** with infants' prenatal exposure to substances that were **legally prescribed** and used by the mother during pregnancy. These assessments do not include prenatal abuse (i.e., use of illegal substances during pregnancy) or have indicators of child abuse. Examples of Prenatal Exposure with No Maltreatment:

1. The infant is prenatally exposed resulting from the mother's prescribed medication for an illness and the mother is complying with her medication and treatment plan, as verified by her healthcare provider; or
2. The infant is prenatally exposed resulting from the mother's participation in a Medication Assisted Treatment (MAT) program for a substance use disorder and the mother is complying with her medication and treatment plan, as verified by the substance treatment provider and her healthcare provider.

The family should be engaged in a manner that builds consensus around their needs and encour-

ages their participation in recommended services. It is important to explain to the parent(s) that this assessment is not to penalize the mother for using prescribed medications during pregnancy but to develop a plan that aids in identifying and addressing the infant and mother’s current and future well-being needs; and will include a collaborative effort between multiple agencies and supports such as Babies Can’t Wait (BCW), the pediatrician, family members, etc. For further information on the Plan of Safe Care see policy [19.27 Case Management: Developing a Plan of Safe Care for Infants Prenatally Exposed to Substances or a Fetal Alcohol Spectrum Disorder \(FASD\)](#).

Forms and Tools

[Infant Safe to Sleep Guidelines and Protocol](#)

[Know Your Rights: Rights for Individuals on Medication-Assisted Treatment](#)


[Notice of Case Record Information Available to Parents/Guardians](#)

[Notice of Case Record Information Available to Parents/Guardians \(Spanish\)](#)

[Notice of Privacy Practices](#)

[Notice of Privacy Practices \(Spanish\)](#)

20.6 Voluntary Placement Agreement

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(20) Special Circumstances		
	Policy Title:	Voluntary Placement Agreement		
	Policy Number:	20.6	Previous Policy Number(s):	5.7, 10.2
	Effective Date:	December 2021	Manual Transmittal:	2021-06

Codes/References

O.C.G.A. § 15-11-202 Reasonable Efforts by DFCS to Preserve or Reunify Families

O.C.G.A. § 19-7-5 Reporting of Child Abuse

O.C.G.A. § 49-5-8 Powers and Duties of the Department

O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records

O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records

Title IV-E of the Social Security Act § 472 (2)(f)

45 CFR Part 135.22 Voluntary Placement Agreement

Public Law (PL) 95-608 Indian Child Welfare Act of 1978 Final Rule (25 CFR Part 23)

PL 104-191 Health Insurance Portability and Accountability Act (HIPAA) of 1996

Requirements

The Division of Family and Children Services (DFCS) will:

1. At its discretion, utilize a voluntary placement agreement (VPA) to assist families experiencing a short-term crisis by providing foster care services for a time-limited period (90 calendar days) without court action.



A VPA may be extended up to 90 calendar days for a maximum of 180 calendar days in limited circumstances.

2. Afford all rights under the Indian Child Welfare Act (ICWA) to any Indian child subject to a VPA involving DFCS, to promote the stability and security of Indian Tribes and their families in accordance with policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#).
3. Make reasonable efforts to maintain the family unit and prevent the unnecessary removal of a child from his/her home, as long as the child's safety is assured in accordance with policy [9.5 Eligibility: Reasonable Efforts](#).



If there is reason to believe the child is an Indian child, ICWA requires active efforts prior to removal of the child (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).

4. Obtain approval of the County Director/Designee (CD) to accept a child under a VPA when it is determined to be in the best interest of the child.
5. *Specify in the VPA, at a minimum the:*
 - a. *Legal status of the child;*
 - b. *Rights and obligations of the parents or guardians, child, and DFCS while the child is in foster care; and*
 - c. For a VPA involving an Indian child:
 - i. Any conditions of the VPA.
 - ii. The name and birth date of the Indian child;
 - iii. The name of the Indian's child Tribe;
 - iv. The tribal enrollment number for the parent and for the Indian child, where known, or some other indication of the child's membership in the Tribe;
 - v. The names, address and other identifying information of the consenting parent or Indian custodian;
 - vi. The name and address of the person or entity, if any, who arranged the placement; and
 - vii. The name and address of the prospective foster parents, if known at the time.
6. *Properly execute the written VPA, binding on all parties to the agreement, for any child who enters care through a VPA:*
 - a. For an Indian child, only after a ten day waiting period after the birth of the Indian child.



Any VPA given prior to, or within ten days after the birth of an Indian child shall not be valid.

- b. Obtain the signature of the parent(s), guardian(s), or legal custodian(s) and the County Director/Designee (CD).
 - c. Record before a court of competent jurisdiction and certified by the judge or the court, any VPA involving an Indian child.
7. Provide required ICWA notification of the voluntary placement agreement to place the child in

foster care if the child is an Indian Child.

8. Adhere to Health Insurance Portability and Accountability Act and confidentiality provisions outlined in policies [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#).
9. Maintain the same rights and duties as if DFCS had a court order for temporary custody.
10. Complete the Family Functioning Assessment (FFA) to analyze and organize the information gathered to understand the significant factors affecting a child's safety, permanency, and well-being.
11. Complete the Special Circumstance Voluntary Placement within 45 calendar days of the receipt of the intake report.
12. Document case activities in Georgia SHINES within 72 hours of the occurrence, including reasonable and/or active efforts.
13. Immediately report any new, known, or suspected instances of child abuse to the CPS Intake Communications Center (CICC) as outlined in policy [3.24 Intake: Mandated Reporters](#).

Procedures

Social Services Case Manager

1. Contact the reporter for clarification and/or additional information, as needed.
2. Analyze DFCS history to ensure a thorough assessment of the family's support system. (see policy [19.10 Case Management: Analyzing DFCS History](#)).
3. Participate in a staffing with the Social Services Supervisor (SSS) prior to the initial contact for guidance.
4. Arrange for language assistance (interpreter and/or translation services) for individuals identified as limited English proficient (LEP) and auxiliary aids for sensory impaired individuals in accordance with policy [1.4 Administration: Non-Discriminatory Child Welfare Practices](#).
5. Conduct a face-to-face contact with the parent(s):
 - a. Explain DFCS' obligation to maintain confidentiality and safeguard information to prevent unauthorized disclosure:
 - i. Personal information provided will be kept confidential (see policy [2.6 Information Management: Confidentiality/Safeguarding Information](#)).
 - ii. DFCS cannot share protected health information (PHI) with any person, agency, or contractor without prior written authorization from the owner of the PHI, unless otherwise permitted by law. Provide a copy of the HIPAA Notice of Privacy Practices and obtain signature(s) (see policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#)).
 - iii. The type of information that will be maintained in the DFCS case record and of the information that can and cannot be released to the parent(s) upon request. Provide a copy of the Notice of Case Record Information Available to Parents/Guardians and obtain signatures (see policy [2.10 Information Management: J.J. v. Ledbetter Parent or Guardian Request for Information](#)).

- b. Discuss the following:
 - i. Reasons for requesting voluntary placement;
 - ii. Parental efforts to mitigate the need for voluntary placement;
 - iii. Kin available to provide support, care, or supervision;
 - iv. Services the agency can offer to support the family and prevent the voluntary placement;
 - v. Effects of foster care on a child, even if temporary;
 - vi. Roles and responsibilities of the parent(s) and DFCS;
 - vii. Parameters of the VPA:
 - 1. DFCS is allowed to provide foster care services through a VPA entered into by a parent or legal guardian of a child without seeking a court order.
 - 2. VPA must be terminated within 90 calendar days. The VPA may be extended up to 180 calendar days under limited circumstances.
 - 3. The VPA may be revoked at any time by the parent, guardian or legal custodian upon written request for the child be returned to the parent, guardian or legal custodian.
 - 4. DFCS may seek temporary legal custody of the child through Juvenile Court at any time the child is in imminent danger.
 - 5. The parent(s) must accept legal and physical custody of the child within fourteen calendar days of receiving notice from DFCS that foster care services are no longer warranted.
 - viii. Information about each child:
 - 1. Demographic information (name, date of birth, social security number)
 - 2. Any medical conditions or allergies, including any that require immediate attention
 - 3. Any medication(s) the child is taking
 - 4. Health insurance coverage and plan information
 - 5. Where the child attends school
 - 6. Any child or family Indian heritage and tribal membership (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).
 - ix. The need to have a family team meeting to discuss all options with the family and their support team (see policy [19.3 Case Management: Solution Focused Family Team Meetings](#)).
- 6. Interview and observe each child to assess health and general well-being, including:
 - a. Any medical conditions or allergies, including any requiring immediate attention
 - b. Medication(s) taken
 - c. Any health insurance coverage and plan information
 - d. For school age, what school does he/she attend
 - e. Their understanding of the situation

- f. Kin available to provide support, care, or supervision
 - g. Any child or family Indian heritage and tribal membership (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).
7. Conduct a family team meeting in accordance with policy [19.3 Case Management: Solution Focused Family Team Meetings](#) to discuss the options and the plan for the child and family.
 8. Complete the FFA in Georgia SHINES in accordance policy [19.13 Case Management: Family Functioning Assessment](#).
 9. Participate in a staffing with the SSS to determine if a VPA is in the best interest of the child, discuss:
 - a. Services and options to prevent placement that have been explored with the family;
 - b. Reasonable and/or active efforts made to prevent the placement;
 - c. The situation the family is experiencing and whether it is a short-term, time limited crisis that can be resolved within 90 calendar days;
 - d. If the parent is in agreement with a VPA;
 - e. Whether maltreatment and/or immediate safety issues exist that require court intervention; and
 - f. Any Indian heritage and/or tribal membership.




Decline to accept the request for a VPA, if the child is in imminent danger or maltreatment exists and make a new report to the CICC in accordance with policy [3.24 Intake: Mandated Reporters](#).

10. Obtain approval from the County Director/Designee to accept the VPA when the criteria for a VPA is met.
11. Execute the VPA:
 - a. Complete the Voluntary Agreement to Place Child in Foster Care (Authorization) form with the parent(s), guardian(s), or legal custodian(s).
 - b. Obtain the signature of the County Director/Designee.
 - c. If the child is an Indian child, request the Special Assistant Attorney General (SAAG) have the VPA recorded before the court and certified by the judge or court (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).



The VPA involving an Indian child is not valid until it is recorded by a court and certified by the judge or court. The Indian child cannot be placed in foster care until the VPA is validated by the court.

- d. Attend any court proceedings to record and certify the VPA if the child is an Indian child, and to detail active efforts made to prevent the breakup of an Indian family, as required.
- e. Provide a copy of the executed Voluntary Agreement to Place Child in Foster Care (Authorization) to the parent(s).

12. Arrange for a placement in accordance with policy [10.1 Foster Care: Placement of a Child](#).
 13. Document the VPA in Georgia SHINES:
 - a. Upload the signed Voluntary Agreement to Place Child in Foster Care to External Documentation.
 - b. Complete the Custody Tab generating the FCC stage
 - c. Complete the Legal Status pages capturing the effective date of the VPA
-  For a non-Indian child the effective date of the VPA is the date the parent(s) signed the authorization and the child was taken into custody. For an Indian child the effective date of the VPA is the date it is recorded by the court and certified by the judge or court.
14. Participate in the case transfer process (see policy [19.4 Case Management: Case Transfer](#)).
 15. Provide ICWA notification of the VPA if the child is an Indian Child in accordance with policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#).
 16. Allow the parent, guardian or custodian to terminate the VPA for any reason and have the child returned in accordance with policy [10.2 Foster Care: Placement of a Child via Voluntary Placement Agreement](#).
 17. Submit the Special Circumstance Voluntary Placement in Georgia SHINES to the SSS for approval within 45 calendar days from the receipt of the intake report.

Social Services Supervisor

1. Conduct a staffing with the SSCM prior to the initial contact to provide guidance.
2. Review the FFA and make an approval decision in accordance with policy [19.13 Case Management: Family Functioning Assessment](#).
3. Participate in a staffing with the SSS to determine if a VPA is in the best interest of the child, discuss:
 - a. Services and options to prevent placement that have been explored with the family;
 - b. Reasonable and/or active efforts made to prevent the placement;
 - c. The situation the family is experiencing and whether it is a short-term, time limited crisis that can be resolved within 90 calendar days;
 - d. If the parent is in agreement with a VPA;
 - e. Whether maltreatment and/or immediate safety issues exist that require court intervention; and
 - f. Any child or family Indian heritage and tribal membership (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).
4. Document the supervisor staffing in Georgia SHINES within 72 hours of occurrence (see policy [19.6 Case Management: Supervisor Staffing](#)).
5. Ensure the VPA is properly executed:

- a. County Director approval was obtained prior to accepting the VPA
- b. Appropriate signatures were obtained
- c. If the child is an Indian child, the VPA is recorded before the court and certified by the judge or court (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).



The VPA involving an Indian child must be recorded by a court and certified by the judge or court to be valid. The Indian child cannot be placed in foster care until the VPA is validated by the court.

- d. The SSCM attends court proceedings, as required to record and certify the VPA and report active efforts if the child is an Indian child.
 - e. A copy of the executed Voluntary Agreement to Place Child in Foster Care (Authorization) is uploaded to Georgia SHINES External Documentation.
6. Assist the SSCM in arranging a placement for the child in accordance with policy [10.1 Foster Care: Placement of a Child](#).
 7. Participate in the case transfer process (see policy [19.4 Case Management: Case Transfer](#)).
 8. Ensure ICWA required notification of the VPA is provided if the child is an Indian Child in accordance with policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#).
 9. Allow the parent, guardian or custodian to terminate the VPA for any reason and have the child returned in accordance with policy [10.2 Foster Care: Placement of a Child via Voluntary Placement Agreement](#).
 10. Review the submitted Special Circumstance Voluntary Placement and make an approval decision in Georgia SHINES within 45 calendar days of receipt of the intake report.

Practice Guidance

DFCS may recognize that a family is experiencing a short-term crisis unrelated to safety or maltreatment, and at its discretion provide foster care services through the use of a VPA for a period of 90 calendar days without a court order. The VPA may be extended once, under limited circumstances, for an additional 90 days. DFCS is under no obligation to accept the request for a voluntary placement when it is determined not to be in the child's best interests, maltreatment exists, or the child is deemed unsafe.

Prior to accepting a request for a VPA, the SSCM must make reasonable efforts to prevent the removal of the child from his/her home. This includes exploring the reasons the parent is requesting the placement, efforts made to mitigate the need for placement, kin who are available to provide support care, and any services DFCS could provide that may alleviate the need for placement.

Once executed, the VPA gives DFCS the same rights and duties as an order from the court granting DFCS temporary custody of the child. Therefore a Family Functioning Assessment is required to inform the case plan addressing the need for placement (permanency) and well-being. While the child is in DFCS' custody under the VPA, the parent, guardian, or custodian, is allowed to submit a written request for the child to be returned to their custody.

Voluntary Placements Involving Indian Children

When a parent requests to voluntarily place an Indian child in foster care DFCS must comply with, and afford all rights under the Indian Child Welfare Act (ICWA). This includes making active efforts to prevent removal, notifications to the child’s Tribe, and selection of a placement resource. In addition, a VPA involving an Indian child must be recorded and certified by the judge or the court in order to be considered valid. For more information on the requirements for a VPA involving an Indian child see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#).

Forms and Tools

[HIPAA Notice of Privacy Practices](#)

[HIPAA Notice of Privacy Practices \(Spanish\)](#)


[Notice of Case Record Information Available to Parents/Guardians](#)

[Notice of Case Record Information Available to Parents/Guardians \(Spanish\)](#)

[Voluntary Agreement to Place Child in Foster Care \(Authorization\)](#)

[Voluntary Agreement to Place Child in Foster Care \(Authorization\) \(Spanish\)](#)

20.7 Voluntary Surrender of Parental Rights

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(5) Investigations		
	Policy Title:	Voluntary Surrender of Parental Rights		
	Policy Number:	20.7	Previous Policy Number(s):	5.7
	Effective Date:	December 2021	Manual Transmittal:	2021-06

Codes/References

O.C.G.A. § 15-11-2 Definitions

O.C.G.A. § 15-11-202 Reasonable Efforts by DFCS to Preserve or Reunify Families

O.C.G.A. § 19-7-5 Reporting of Child Abuse

O.C.G.A. § 19-8-4 Adoption Through the Department, Child-Placing Agency, or Out-of-state Licensed Agency

O.C.G.A. § 49-5-8 Powers and Duties of Department of Human Services

O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records

O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records

Public Law (PL) 95-608 Indian Child Welfare Act of 1978 Final Rule (25 CFR Part 23)

PL 104-191 Health Insurance Portability and Accountability Act (HIPAA) of 1996:

Requirements

The Division of Family and Children Services (DFCS) will:

1. At its discretion, utilize a voluntary surrender of parental rights when a parent wishes to place

their child, who is not in foster care, for adoption when ending the parent-child relationship is in the child's best interest.



This policy does not apply when considering a parent's request to voluntarily surrender parental rights on a child in the temporary or permanent custody of DFCS. For Voluntary Surrender of Parental Rights involving children in DFCS custody see policy [17.12 Legal: Voluntary Surrender of Parental Rights](#).

2. Afford all rights under the Indian Child Welfare Act (ICWA) to any Indian child subject to a voluntary surrender of parental rights involving DFCS, to promote the stability and security of Indian Tribes and their families (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).
3. Make reasonable efforts to maintain the family unit and prevent the unnecessary removal of a child from his/her home, as long as the child's safety is assured in accordance with policy [9.5 Eligibility: Reasonable Efforts](#).



If there is reason to believe the child is an Indian child, ICWA requires active efforts prior to removal of the child (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).

4. Determine whether the parent has the ability to make an informed decision to voluntarily surrender parental rights.
5. Determine if adoption is a viable plan for the child prior to accepting the voluntary surrender of parental rights.
6. Obtain approval of the County Director/Designee to accept a voluntary surrender of parental rights, when it is determined that adoption is a viable option.
7. Properly execute the voluntary surrender of parental rights in accordance with policy [17.12 Legal: Voluntary Surrender of Parental Rights](#).
8. Allow a parent to revoke the voluntary surrender of parental rights and have the child returned within the revocation period in accordance with policy [17.12 Legal: Voluntary Surrender of Parental Rights](#).
9. Adhere to Health Insurance Portability and Accountability Act and confidentiality provisions outlined in policies [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#).
10. Document case activities in Georgia SHINES within 72 hours of the occurrence, including reasonable and/or active efforts.


Procedures

Social Services Case Manager

1. Consult with the Social Services Supervisor (SSS) prior to initial contact for guidance.
2. Arrange for language assistance (interpreter and/or translation services) for individuals identified as limited English proficient (LEP) and auxiliary aids for sensory impaired individuals in accordance with policy [1.4 Administration: Non-Discriminatory Child Welfare Practices](#).

3. Conduct a face-to-face contact with the parent(s):
 - a. Explain DFCS' obligation to maintain confidentiality and safeguard information to prevent unauthorized disclosure:
 - i. Personal information provided will be kept confidential (see policy [2.6 Information Management: Confidentiality/Safeguarding Information](#)).
 - ii. DFCS cannot share protected health information (PHI) with any person, agency, or contractor without prior written authorization from the owner of the PHI, unless otherwise permitted by law. Provide a copy of the Notice of Privacy Practices and obtain signature(s). See policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#).
 - iii. The type of information that will be maintained in the DFCS case record and of the information that can and cannot be released to the parent(s) upon request. Provide a copy of the Notice of Case Record Information Available to Parents/Guardians and obtain signatures (see policy [2.10 Information Management: J.J. v. Ledbetter Parent or Guardian Request for Information](#)). Discuss the reason(s) for the voluntary surrender.
 - b. Explore alternate plans and/or services that DFCS could provide to prevent the voluntary surrender including, but not limited to:
 - i. Financial assistance
 - ii. Relative assistance and placement
 - iii. Counseling-parenting training
 - iv. Family support services (such as daycare or homemakers)
 - v. Temporary foster care placement
 - c. Determine if the parents(s) can make an informed decision through questions and observations (e.g., mental impairment, the influence of medication, drugs or alcohol, or developmental disability).
 - d. Obtain information about the child:
 - i. Demographic information (name, date of birth, social security number)
 - ii. Any medical conditions or, including any that require immediate attention
 - iii. Any medication(s) the child is taking
 - iv. Health insurance coverage and plan information
 - v. Where the child attends school
 - vi. Any child or family Indian heritage and tribal membership (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).
4. Interview and observe the child (when age appropriate) to assess health and general well-being, including:
 - a. Any medical conditions or allergies, including any that require immediate attention
 - b. Medication(s) taken
 - c. Any health insurance coverage and plan information

- d. For school age, what school does he/she attend
 - e. Their understanding of the situation
 - f. Kin available to provide support, care, or supervision
 - g. Any child or family Indian heritage and tribal membership (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).
5. Analyze DFCS history in accordance with policy [19.10 Case Management: Analyzing DFCS History](#) to:
 - a. Verify the child is not in the temporary or permanent custody of DFCS. If the child is in the temporary or permanent custody of DFCS refer to policy [17.12 Legal: Voluntary Surrender of Parental Rights](#) for guidance on considering a voluntary surrender when a child is in DFCS custody.
 - b. Gather information regarding the parent's ability to make informed decisions and to evaluate if adoption is a viable plan for the child.
 6. Participate in a staffing with the SSS, Regional Adoption Coordinator (RAC), and the County Director to determine if the voluntary surrender is in the best interest of the child. Discuss:
 - a. Alternate plans discussed with the family and their interest;
 - b. Reasonable and/or active efforts made to prevent removal;
 - c. Each parent's ability to understand and make an informed decision regarding a voluntary surrender of parental rights;

 When there is a question about the parent's comprehension or ability to make an informed decision consult with the DFCS Office of General Counsel.

 - d. Whether adoption is a viable plan for the child (see policy [10.22 Foster Care: Permanency Planning](#) for guidance on adoption as a permanency plan).
 7. Obtain approval of the County Director/Designee to accept a voluntary surrender of parental rights.
 8. Execute the voluntary surrender of parental rights in accordance with policy [17.12 Legal: Voluntary Surrender of Parental Rights](#).
 9. Arrange for a placement in accordance with policy [10.1 Foster Care: Placement of a Child](#).
 10. Participate in the case transfer process (see policy [19.4 Case Management: Case Transfer](#)).
 11. Allow a parent to revoke the voluntary surrender of parental rights and have the child returned within the revocation period in accordance with policy [17.12 Legal: Voluntary Surrender of Parental Rights](#).
 12. Submit the Special Circumstance Voluntary Surrender of Parental Rights to the SSS within 45 calendar days of the receipt of the intake report.

Social Services Supervisor

1. Consult with the SSCM prior to the initial contact to provide guidance.
2. Participate in a staffing with the SSCM, RAC, and the County Director to determine whether a

voluntary surrender is in the child's best interest. Discuss:

- a. Alternate plans discussed with the family and their interest.
- b. Reasonable and/or active efforts made to prevent removal.
- c. Each parent's ability to understand and make an informed decision regarding a voluntary surrender of parental rights.



When there is a question about the parent's comprehension or ability to make an informed decision consult with the DFCS Office of General Counsel.

- d. Whether adoption is a viable plan for the child (see policy [10.22 Foster Care: Permanency Planning](#) for guidance on adoption as a permanency plan).
3. Document the staffing in Georgia SHINES within 72 hours of occurrence (see policy [19.6 Case Management: Supervisor Staffing](#)).
4. Confirm County Director/Designee approval was obtained to accept a voluntary surrender of parental rights.
5. Oversee the execution of the voluntary surrender of parental rights in accordance with policy [17.12 Legal: Voluntary Surrender of Parental Rights](#).
6. Assist the SSCM in arranging a placement for the child in accordance with policy [10.1 Foster Care: Placement of a Child](#).
7. Participate in the case transfer process (see policy [19.4 Case Management: Case Transfer](#)).
8. When a parent wishes to revoke the voluntary surrender parental rights, verify the revocation of the voluntary surrender of parental rights is completed in accordance with policy [17.12 Legal: Voluntary Surrender of Parental Rights](#).
9. Review the submitted Special Circumstance Voluntary Surrender of Parental Rights and make an approval decision in Georgia SHINES within 45 calendar days of the receipt of the intake report.

Practice Guidance

DFCS has a responsibility to ensure adoption is a viable option for the child prior to accepting a voluntary surrender. See policy [10.22 Foster Care: Permanency Planning](#) for further guidance on selecting adoption as a permanency plan.

Voluntary Surrender of Parental Rights - Parent/Guardian of a Child in Foster Care

This policy does not apply when considering a parent/guardian's request to voluntarily surrender parental rights on a child in the temporary or permanent custody of DFCS. When a child is in foster care the decision to accept a voluntary surrender of parental rights from the parent/guardian should be made only when it has been determined that adoption is the appropriate permanency plan for the child in accordance with policy [10.22 Foster Care: Permanency Planning](#).

Voluntary Surrender of Parental Rights - Parental Custody

When a child is not in the temporary or permanent custody of DFCS (parental custody) the decision to accept a voluntary surrender from the parent/guardian must occur after providing full disclo-

sure about the impact of the decision; and only after exploring alternative plans with the parent(s), determining whether adoption is a viable plan for the child, and examining the parent’s ability make an informed decision about a voluntary surrender.

Forms and Tools


[Notice of Case Record Information Available to Parents/Guardians](#)

[Notice of Case Record Information Available to Parents/Guardians \(Spanish\)](#)

[Notice of Privacy Practices](#)

[Notice of Privacy Practices \(Spanish\)](#)

20.8 Short Term Emergency Care (Emergency or Illness)

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(20) Special Circumstances		
	Policy Title:	Short Term Emergency Care (Emergency or Illness)		
	Policy Number:	20.8	Previous Policy Number(s):	5.13
	Effective Date:	December 2021	Manual Transmittal:	2021-06

Codes/References

O.C.G.A. § 15-11-130 Emergency Care and Supervision of Child Without Court Order; Immunity

O.C.G.A. § 19-7-5 Reporting of Child Abuse and Neglect

O.C.G.A. § 49-5-8 Powers and Duties of the Department

O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records

O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records


Public Law (PL) 104-191 Health Insurance Portability and Accountability Act (HIPAA) of 1996

PL 113-183 Preventing Sex Trafficking and Strengthening Families Act of 2014

Requirements

The Division of Family and Children Services (DFCS) will:

1. At its discretion, provide emergency care and supervision to a child without seeking a court order for a period not to exceed seven calendar days when the person who has physical and legal custody of the child is unable to provide care and supervision as a result of an emergency or illness under the following circumstances:
 - a. The child is not in imminent danger of child abuse other than the risk of being without a caregiver; and
 - b. The request is made by one of the following:
 - i. The person who has physical and legal custody
 - ii. Law enforcement officer

- iii. Emergency personnel employed by a licensed ambulance provider
 - iv. Fire rescue personnel
 - v. Hospital administrator or designee
 2. Obtain approval from the County Director/Designee to accept a STEC (Emergency or Illness).
 3. Execute the STEC (Emergency or Illness) agreement using the Emergency Care and Supervision of Child Without a Court Order (Authorization).
 4. Allow the legal custodian to designate a caregiver to assume care and supervision of the child, at any time during the seven calendar days STEC (Emergency or Illness) period.
 5. Immediately contact the designated caregiver to facilitate the transfer of custody.
 6. Complete a diligent search to identify and locate persons who may be considered as a placement for the child while the child is in foster care (see policy [19.20 Case Management: Diligent Search](#)).
 7. Terminate the STEC (Emergency or Illness) agreement using the Emergency Care and Supervision of Child Without a Court Order (Termination), within seven calendar days of executing the STEC, when any of the following occurs:
 - a. The legal custodian or designated caregiver is able to assume care and supervision; or
 - b. DFCS obtained temporary legal custody of the child through Juvenile Court.
 8. Release the child to the person having custody at the time the STEC (Emergency or Illness) agreement was executed or the designated caregiver, at any time during the seven calendar days and upon terminating the STEC agreement.
 9. Initiate legal intervention seeking temporary legal custody of the child through Juvenile Court when:
 - a. The legal custodian or the designated caregiver is unable to assume care and supervision of the child prior to expiration of the seven calendar days STEC period (see policy [17.1 Legal: The Juvenile Court Process](#)); and/or
 - b. DFCS determined that there is an issue of child abuse.
-  When legal intervention is required make a new report to the CICC to open an investigation, inform CICC that STEC was terminated, and the reason(s) the child was taken into custody.
10. Adhere to Health Insurance Portability and Accountability Act and confidentiality provisions outlined in policies [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#).
 11. Document case activities in Georgia SHINES within 72 hours of the occurrence.
 12. Complete the Special Circumstance STEC in Georgia SHINES within 45 calendar days of the receipt of the intake report.
 13. Immediately report any new, known, or suspected instances of child abuse to the CPS Intake Communications Center (CICC) as outlined in policy [3.24 Intake: Mandated Reporters](#).

Procedures

Social Services Case Manager

1. Participate in a supervisor staffing:
 - a. Confirm the request meets the criteria for a STEC (Emergency or Illness).
 - b. Discuss the reason for the STEC (Emergency or Illness) request and is it likely the legal custodian or designated caregiver is able to assume care and supervision within seven calendar days.
 - c. Determine next steps.
2. Contact the reporter for clarification and/or additional information, as needed.
3. Arrange for language assistance (interpreter and/or translation services) for individuals identified as limited English proficient (LEP) and auxiliary aids for sensory impaired individuals in accordance with policy [1.4 Administration: Non-Discriminatory Child Welfare Practices](#).
4. Conduct a face-to-face contact with the parent(s) when they are able to participate in decision making, or with the individual legally authorized to request STEC (Emergency or Illness):
 - a. Explain DFCS' obligation to maintain confidentiality and safeguard information to prevent unauthorized disclosure:
 - i. Personal information provided during STEC will be kept confidential (see policy [2.6 Information Management: Confidentiality/Safeguarding Information](#)).
 - ii. DFCS cannot share protected health information (PHI) with any person, agency, or contractor without prior written authorization from the owner of the PHI, unless otherwise permitted by law. Provide a copy of the HIPAA Notice of Privacy Practices and obtain signature(s). See policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#).
 - iii. The type of information that will be maintained in the DFCS case record and of the information that can and cannot be released to the parent/guardian upon request. Provide a copy of the Notice of Case Record Information Available to Parents/Guardians and obtain signatures (see policy [2.10 Information Management: J.J. v. Ledbetter Parent or Guardian Request for Information](#)).
 - b. Explain the parameters of the STEC (Emergency or Illness) agreement:
 - i. Allows DFCS to provide emergency care and supervision to any child without seeking a court order when there is an emergency or illness, and the parent(s) of the child is unable to provide care and supervision;
 - ii. The STEC agreement must be terminated within seven calendar days;
 - iii. At any time during the seven calendar days, allows the authorization of a designated caregiver to provide care and supervision to the child, permitting DFCS to release the child to the designated caregiver; and
 - iv. DFCS is required to seek temporary legal custody of the child through Juvenile Court if the child's legal custodian or designated caregiver does not assume custody of the child within seven calendar days or it is determined there is an issue of child abuse.
 - c. Assess the parent's condition including their ability to regain physical custody of the child

within seven calendar days. Request the parent(s) complete an Authorization for Release of Information (ROI) when it is necessary in accordance with policy [2.6 Information Management: Confidentiality/ Safeguarding Information](#).

- d. Develop a plan with the legal custodian to regain physical custody of the child within seven calendar days. Inquire if there is anyone he/she wishes to designate as a caregiver for the child.
- e. Gather information about each child:
 - i. Demographic information (name, date of birth, social security number);
 - ii. Any medical conditions or allergies, including any that require immediate attention;
 - iii. Any medication(s) the child is taking;
 - iv. Health insurance coverage and plan information;
 - v. Where the child attends school; and
 - vi. Whether the situation has been discussed with the child.
5. Interview the individuals who provided emergency aid to the child (i.e., emergency medical technician (EMT), law enforcement, or healthcare professionals) or who may have additional well-being information.
6. Interview and observe each child to assess health and general well-being, including:
 - a. Need for medical attention
 - b. Any medical conditions or allergies, including any that require immediate attention
 - c. Medication(s) taken
 - d. Any health insurance coverage and plan information
 - e. For school age, what school does he/she attend
 - f. Their understanding of the situation
 - g. Any kin who can provide care and supervision
7. Consult with the Social Services Supervisor (SSS) and discuss the information gathered:
 - a. The reason for the STEC (Emergency or Illness) request;
 - b. Does the situation meet STEC (Emergency or Illness) criteria,
 - c. The plan for the legal custodian to regain custody or the designated caregiver to provide care and supervision of the child(ren) within seven calendar days;
 - d. The general well-being and health of the child(ren);
 - e. Services that can support the family during the recovery process; and
 - f. Next steps.
8. Obtain approval from the County Director/Designee to initiate the STEC (Emergency or Illness) agreement.
9. Execute the STEC (Emergency or Illness) agreement by completing the Emergency Care and Supervision of Child Without a Court Order (Authorization):
 - a. Document the information on any caregiver designated by the legal custodian.



If the parent(s) designated a caregiver for the child and there is a reason to believe the parent's ability to make decisions is compromised, consult with the physician regarding the parent's ability to make decisions concerning the child's well-being. If the physician believes the parent is mentally competent, request the physician complete the Physician Confirmation of Capacity of Physical and Legal Custodian section of the Emergency Care and Supervision of Child Without a Court Order (Authorization).

- b. Obtain the signatures of the legal custodian (if able), the requestor (as applicable), witness, and County Director/Designee.
 - c. Provide a copy of the fully executed Emergency Care and Supervision of Child Without a Court Order (Authorization) to the legal custodian.
10. Document the STEC (Emergency or Illness) in Georgia SHINES:
 - a. Upload to External Documentation the executed Emergency Care and Supervision of Child Without a Court Order (Authorization).
 - b. Complete the Custody Tab in Georgia SHINES generating the FCC stage:
 - i. Select the STEC radio button under the Removal Date section on the Custody page; and
 - ii. Select "Court Ordered" as the removal type and "Caretaker's Inability to Cope due to Illness or Other Reason".
11. Arrange for a placement in accordance with policy [10.1 Foster Care: Placement of a Child](#).
12. Participate in the case transfer process in accordance with policy [19.4 Case Management: Case Transfer](#).
13. Obtain a medical evaluation for the child immediately, when necessary.
14. Immediately (24 hours) contact any designated caregiver to assume care of the child.
 - a. Explain the circumstances and that they have been designated as a caregiver for the child;
 - b. Confirm their willingness to assume care of the child; and
 - c. Schedule the transfer of physical custody of the child.
15. Have the legal custodian complete the Authorize Release to Designated Caregiver (Person or Facility) section of the Emergency Care and Supervision of Child Without a Court Order (Termination) when he/she wishes to designate a caregiver for the child(ren).
16. Terminate the STEC (Emergency or Illness) agreement using the Emergency Care and Supervision of Child Without a Court Order (Termination).
 - a. If the child will be released to the legal custodian.
 - i. Have the legal custodian complete the Release to Physical and Legal Custodian section of the Emergency Care and Supervision of Child Without a Court Order (Termination).
 - ii. Release the child to the person having custody at the time the STEC agreement was executed.
 - b. If the child will be released to a designated caregiver.
 - i. If the legal custodian designated a caregiver for the child and there is reason to believe the legal custodian's ability to make decisions is compromised, consult with the physician regarding their ability to make decisions concerning the child's well-being. If the

physician indicates the legal custodian is mentally competent, request the physician complete the Physician Confirmation of Capacity of Physical & Legal Custodian section of the Emergency Care and Supervision of Child Without a Court Order (Termination).

- ii. In conjunction with the designated caregiver, complete the Authorize Release to Designated Caregiver (Person or Facility) section of the Emergency Care and Supervision of Child Without a Court Order (Termination).
 - iii. Obtain a copy of the designated caregiver's picture identification.
 - iv. Immediately notify the legal custodian of the transfer of custody to the designated caregiver.
- c. If DFCS obtained temporary legal custody of the child through Juvenile Court.
- i. Specify the DFCS responsibility terminated effective date as the date DFCS obtained temporary legal custody of the child and sign the form.
 - ii. Make a new report to the CICC to open an investigation in accordance with policy [3.24 Intake: Mandated Reporters](#). Inform CICC that STEC was terminated and the reason(s) the child was taken into custody. Documentation of legal actions related to the court ordered temporary legal custody will be captured in the investigation.
- d. Provide a copy of the completed Emergency Care and Supervision of Child Without a Court Order (Termination) to the legal custodian.
- e. Upload the signed Emergency Care and Supervision of Child Without a Court Order (Termination) to Georgia SHINES External Documentation.

 This may be completed by the permanency SSCM.

17. Submit the Special Circumstance Short Term Emergency Care (Emergency or Illness) to the SSS for approval within 45 calendar days from the receipt of the intake report.

18. Close the foster care case in Georgia SHINES in accordance with policy [10.26 Foster Care: Case Closure](#).

 This will be completed by the permanency SSCM.

Social Services Supervisor

1. Conduct a staffing with the SSCM, prior to the initial contact:
 - a. Confirm the request meets the criteria for a STEC (Emergency or Illness).
 - b. Discuss the reason for the STEC (Emergency or Illness) request and is it likely the legal custodian or designated caregiver is able to assume care and supervision within seven calendar days.
 - c. Determine next steps.
2. Document the supervisor staffing in Georgia SHINES within 72 hours of occurrence (see policy [19.6 Case Management: Supervisor Staffing](#)).
3. Oversee the execution of the STEC (Emergency or Illness) agreement:
 - a. Ensure approval is obtained from the County Director/Designee.
 - b. Review the Emergency Care and Supervision of Child Without a Court Order (Authorization)

for accuracy.

c. Verify the STEC (Emergency or Illness) is documented in Georgia SHINES.

i. The executed Emergency Care and Supervision of Child Without a Court Order (Authorization) is uploaded to External Documentation.

ii. The Custody Tab is completed generating the FCC stage.

iii. Review and approve Legal Actions

4. Assist the SSCM in arranging a placement for the child in accordance with policy [10.1 Foster Care: Placement of a Child](#).

5. Ensure immediate contact is established with any designated caregiver for the child to expedite the transfer of custody.

6. Participate in the case transfer process in accordance with policy [19.4 Case Management: Case Transfer](#).

7. Ensure the STEC (Emergency or Illness) agreement is terminated within seven calendar days of executing the STEC.

a. Ensure the child is immediately released to the person having custody at the time the STEC agreement was executed or the designated caregiver, when able to assume care and supervision of the child.



Verify the physician is consulted if the legal custodian designated a caregiver for the child and there is reason to believe the legal custodian's ability to make decisions is compromised.

b. Review the Emergency Care and Supervision of Child Without a Court Order (Termination) for accuracy.

c. Verify the STEC termination is documented in Georgia SHINES.

i. The Emergency Care and Supervision of Child Without a Court Order (Termination) is uploaded to External Documentation.

ii. Review and approve Legal Actions



This may be completed by the permanency SSS.

8. Ensure legal intervention is initiated seeking temporary legal custody of the child through Juvenile Court when the legal custodian or designated caregiver is unable to assume care for the child prior to expiration of the seven calendar days STEC period or when there is an issue of child abuse (see policy [17.1 Legal: The Juvenile Court Process](#)).

9. Ensure a new report is made to the CICC to open an investigation in accordance with policy [3.24 Intake: Mandated Reporters](#) when temporary legal custody of the child was obtained through Juvenile Court.

10. Review the submitted Special Circumstance Short Term Emergency Care (Emergency or Illness) and make an approval decision in Georgia SHINES within 45 calendar days of receipt of the intake report.

11. Close the foster care case in Georgia SHINES in accordance with policy [10.26 Foster Care: Case](#)

Closure.



This will be completed by the permanency SSS.

Practice Guidance

DFCS is legally authorized to provide emergency care and supervision to a child without seeking a court order for a period not to exceed seven calendar days when there is an emergency or illness involving the person having physical and legal custody of the child that renders them unable to provide care and supervision; and the child is not at imminent risk of child abuse other than the risk of being without a caregiver. Once executed, the STEC authorization gives DFCS the same rights and powers regarding the child as the parent, guardian or legal custodian including the authority to consent to medical care.

The request for STEC (emergency or illness) may only be accepted from the following legally authorized individuals:

1. Parent(s), guardian, or legal custodian
2. Law enforcement officer
3. Emergency personnel employed by a licensed ambulance provider
4. Fire rescue personnel
5. Hospital administrator or designee

At any point, during the seven calendar days STEC period, the parent, guardian, or legal custodian may authorize a designated caregiver. A designated caregiver is a person who has agreed to assume care and supervision of the child during the emergency or illness. The parent, guardian, or legal custodian may designate whomever he/she wishes as a caregiver. While the aforementioned individuals are legally authorized to request a STEC (Emergency or Illness), they are not legally authorized to designate a caregiver for the child. When the parent, guardian or legal custodian designates a caregiver and there is reason to believe their cognitive ability is compromised, consult with the treating physician to confirm competency, and request the physician complete the Physician Confirmation of Capacity of Physical & Legal Custodian section of the Emergency Care and Supervision of Child Without a Court Order (Authorization)/(Termination).

Immediately following executing STEC agreement, DFCS is responsible for initiating contact with the designated caregiver to determine their willingness and ability to assume physical custody of the child. During contact, the SSCM should be observing for any obvious signs of psychological, emotional, or intellectual limitations that could impair their ability to care for the child (e.g., mental impairment, the influence of medication, drugs, or alcohol). Confirmation of the designated caregiver's identity must be obtained by reviewing and making a copy of a valid picture identification. The STEC (Emergency or Illness) agreement must be terminated prior to releasing the child to the designated caregiver. When there are concerns about the designated caregiver's ability to provide care and supervision, consult with the SSS to determine next steps.

Terminating the STEC, relieves DFCS of all responsibility for the child. Terminate the STEC, by completing the Emergency Care and Supervision of a Child Without a Court Order (Termination) form. The STEC must be terminated, when either of the following occurs:

1. The parent, guardian, legal custodian, or designated caregiver assumes care and supervision of the child; or
2. DFCS filed a dependency petition in Juvenile Court seeking temporary legal custody of the child.


Time Limits for Short Term Emergency Care

STEC is allowable by law for up to seven calendar days. When the legal custodian or designated caregiver is unable to assume care and supervision of the child within seven calendar days of executing the STEC (emergency or illness) agreement, DFCS must seek temporary legal custody of the child (see policy [17.1 Legal: The Juvenile Court Process](#)). DFCS must also make a new report to the CICC to initiate an investigation.

Forms and Tools

- [Emergency Care and Supervision of Child Without a Court Order \(Authorization\)](#)
- [Emergency Care and Supervision of Child Without a Court Order \(Authorization\) \(Spanish\)](#)
- [Emergency Care and Supervision of Child Without a Court Order \(Termination\)](#)
- [Emergency Care and Supervision of Child Without a Court Order \(Termination\) \(Spanish\)](#)
- [Notice of Case Record Information Available to Parents/Guardians](#)
- [Notice of Case Record Information Available to Parents/Guardians \(Spanish\)](#)
- [Notice of Privacy Practices](#)
- [Notice of Privacy Practices \(Spanish\)](#)

20.9 Short Term Emergency Care (Human Trafficking)

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(20) Special Circumstances		
	Policy Title:	Short Term Emergency Care (Human Trafficking)		
	Policy Number:	20.9	Previous Policy Number(s):	5.13
	Effective Date:	March 2023	Manual Transmittal:	2023-01


Codes/References

- O.C.G.A. § 15-11-130 Emergency Care and Supervision of Child Without Court Order; Immunity
- O.C.G.A. § 15-11-130.1 Referral to Victim Assistance Organizations of Child Suspected of Being a Victim of Sexual Exploitation or Trafficking
- O.C.G.A. §16-12-100 Sexual Exploitation of Children; Reporting Violation; Forfeiture; Penalties
- O.C.G.A. § 19-7-5 Reporting of Child Abuse and Neglect
- O.C.G.A. § 49-5-8 Powers and Duties of the Department
- O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records
- O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records
- Public Law (PL) 104-191 Health Insurance Portability and Accountability Act (HIPAA) of 1996
- PL 113-183 Preventing Sex Trafficking and Strengthening Families Act of 2014

Requirements

The Division of Family and Children Services (DFCS) will:

1. At its discretion, provide emergency care and supervision to a child without seeking a court order for a period not to exceed seven calendar days when the child is a victim of human trafficking (labor or sexual servitude) and one or more of the following circumstances apply:
 - a. The child's legal residence is outside of Georgia and contact with the state's child welfare agency will be or has been initiated for transfer of custody or contact has been made with the legal custodian(s) to regain physical custody of the child.
 - b. The child is a national of another country (someone other than a U.S. citizen or U.S. permanent or temporary legal resident alien) and contact will be initiated with the consulate where the child has citizenship to facilitate the child's return to his/her country of origin.
 - c. There is concern that the child will return to the human trafficking situation and a secure facility is required and will be available within seven calendar days.
2. Obtain approval from the County Director/Designee to accept a STEC.
3. Execute the STEC using the Emergency Care and Supervision of Child Without a Court Order (Authorization).
4. Allow the legal custodian to designate a caregiver to assume care and supervision of the child, at any time during the seven calendar days STEC (Human Trafficking) period.
5. Refer the child to an available victim assistance organization, as certified by the Criminal Justice Coordinating Council for comprehensive trauma-informed services to address sexual exploitation or trafficking for labor or sexual servitude.
6. Immediately contact the legal custodian or agency to facilitate the transfer of custody of the child.
7. Complete a diligent search to identify and locate persons who may be considered as a placement for the child while the child is in foster care (see policy [19.20 Case Management: Diligent Search](#)).
8. Conduct an investigation in accordance with policy [5.1 Investigations: Conducting an Investigation](#).



Human trafficking is a form of maltreatment, therefore an investigation must be conducted within the Special Circumstance Short Term Emergency Care (Human Trafficking) unless there is an active or previously conducted investigation concerning the human trafficking allegations.
9. Terminate the STEC (Human Trafficking) agreement within seven calendar days of executing the STEC via the Emergency Care and Supervision of Child Without a Court Order (Termination) form, when:
 - a. The legal custodian or designated caregiver is able to assume care and supervision of the child; or
 - b. DFCS obtained temporary legal custody of the child through Juvenile Court.
10. Release the child to the person having custody at the time the STEC (Human Trafficking) agreement was executed or the designated caregiver (person or facility), at any time during the seven

calendar days and upon terminating the STEC agreement.

11. Initiate legal intervention seeking temporary legal custody of the child through Juvenile Court when:
 - a. The legal custodian or the designated caregiver is unable to assume care for the child prior to the expiration of the seven calendar days STEC period (see policy [17.1 Legal: The Juvenile Court Process](#)); and/or
 - b. DFCS determined that there is an issue of child abuse.
12. Adhere to Health Insurance Portability and Accountability Act and confidentiality provisions outlined in policies [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#).
13. Document case activities in Georgia SHINES within 72 hours of the occurrence.
14. Work in conjunction with the parent to contact the National Center for Missing and Exploited Children (NCMEC) to report the child has been located when a missing person report was filed with the NCMEC (see policy [19.22 Case Management: Missing Children](#)).
15. Complete the Special Circumstance Short Term Emergency Care (Human Trafficking) within 45 calendar days of the receipt of the intake report.
16. Immediately report any new, known, or suspected instances of child abuse to the CPS Intake Communications Center (CICC) as outlined in policy [3.24 Intake: Mandated Reporters](#).

Procedures

Social Services Case Manager

1. Participate in a supervisor staffing:
 - a. Discuss the human trafficking situation (Labor or Sexual Servitude).
 - b. Confirm the request meets the criteria for a STEC (Human Trafficking).
 - c. Determine if there an active or completed child protective services (CPS) investigation concerning the current allegations of human trafficking.
 - d. Discuss the parents' role in the human trafficking.
 - e. Discuss if a secure facility has been selected for the child.
 - f. Explore next steps.
2. Contact the reporter for clarification and/or additional information, as needed.
3. Arrange for language assistance (interpreter and/or translation services) for individuals identified as limited English proficient (LEP) and auxiliary aids for sensory impaired individuals in accordance with policy [1.4 Administration: Non-Discriminatory Child Welfare Practices](#).
4. Explain to the legal custodian and/or requestor (as applicable):
 - a. DFCS' obligation to maintain confidentiality and safeguard information to prevent unauthorized disclosure:
 - i. Personal information provided during STEC will be kept confidential (see policy [2.6 Information Management: Confidentiality/Safeguarding Information](#)).

- ii. DFCS cannot share protected health information (PHI) with any person, agency, or contractor without prior written authorization from the owner of the PHI, unless otherwise permitted by law. Provide a copy of the HIPAA Notice of Privacy Practices and obtain signature(s) (see policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#)).
 - iii. The type of information that will be maintained in the DFCS case record and of the information that can and cannot be released to the parent/guardian upon request. Provide a copy of the Notice of Case Record Information Available to Parents/Guardians and obtain signatures (see policy [2.10 Information Management: J.J. v. Ledbetter Parent or Guardian Request for Information](#)).
 - b. The parameters of the STEC (Human Trafficking) agreement:
 - i. DFCS is allowed to provide emergency care and supervision to any child without seeking a court order when the child is a victim of human trafficking (labor or sexual servitude).
 - ii. STEC must be terminated within seven calendar days;
 - iii. At any time during the seven calendar days, allows the authorization of a designated caregiver to provide care and supervision to the child, permitting DFCS to release the child to the designated caregiver; and
 - iv. DFCS is required to seek temporary legal custody of the child through Juvenile Court if the legal custodian or designated facility does not assume custody of the child within seven calendar days.
 - c. Develop a plan with the legal custodian to regain physical custody of the child or transfer the child to a secure facility within the seven calendar days, as applicable. If the child will be entering a secure facility, obtain the facility information and verify the arrangement prior to executing the STEC (Human Trafficking) agreement.
 - d. Request the legal custodian complete an Authorization for Release of Information (ROI) when it is necessary in accordance with policy [2.6 Information Management: Confidentiality/ Safeguarding Information](#).
 - e. Gather information about each child:
 - i. Demographic information (name, date of birth, social security number)
 - ii. Any medical conditions or allergies, including any that require immediate attention
 - iii. Any medication(s) the child is taking
 - iv. Health insurance coverage and plan information
 - v. Where the child attends school
 - vi. State of legal residence or country of origin
5. Interview the individuals who provided emergency aid to the child (i.e., emergency medical technician (EMT), law enforcement, or healthcare professionals) or who may have additional well-being information.
6. Interview and observe each child to assess health and general well-being, including:
 - a. Any medical conditions or allergies, including any that require immediate attention
 - b. Medication(s) taken

- c. Any health insurance coverage and plan information
 - d. For school age, what school does he/she attend
 - e. Their understanding of the situation
 - f. Any kin who can provide care and supervision
7. Consult with the SSS and discuss the information gathered:
 - a. Confirm the request meets STEC (Human Trafficking) criteria
 - b. Discuss the plan to ensure care and supervision for each child within seven calendar days.
 - c. Discuss the assessment of the general well-being and health of each child.
 - d. Discuss services that can support the family.
 - e. Determine next steps.
8. Obtain approval from the County Director/Designee to initiate a STEC (Human Trafficking) agreement.
9. Execute the STEC (Human Trafficking) agreement by completing the Emergency Care and Supervision of Child Without a Court Order (Authorization) form:
 - a. Document the information on any designated caregiver (person or facility).
 - b. Obtain the signatures of the legal custodian (if applicable), witness, and County Director/Designee.
 - c. Provide a copy of the fully executed Emergency Care and Supervision of Child Without a Court Order (Authorization) form to the legal custodian.
10. Document the STEC (Human Trafficking) in Georgia SHINES:
 - a. Upload the executed Emergency Care and Supervision of Child Without a Court Order (Authorization) into External Documentation.
 - b. Complete the Custody Tab generating the FCC stage.
11. Arrange for a placement in accordance with policy [10.1 Foster Care: Placement of a Child](#).
12. Participate in the case transfer process in accordance policy [19.4 Case Management: Case Transfer](#).
13. Obtain a medical evaluation for the child in accordance with the Human Trafficking Statewide Case Management Protocol.
14. Arrange individualized services to address the identified needs, including referring the child to an available victim assistance organization in accordance with policy [19.17 Case Management: Service Provision](#).
15. Immediately (24 hours) contact the following (as applicable) to facilitate the transfer of custody of the child within seven calendar days:
 - a. Legal custodian
 - b. The child welfare agency in the state of the child's legal residence
 - c. Designated secure facility
 - d. The consulate where the child has citizenship if the child is a foreign national in accordance with policy [10.01 Foster Care: Placement of a Child](#).

16. Conduct an investigation in accordance with policy [5.1 Investigations: Conducting an Investigation](#) into the human trafficking allegations.
17. Terminate the STEC (Human Trafficking) agreement using the Emergency Care and Supervision of Child Without a Court Order (Termination) form:
 - a. If the child will be released to the legal custodian:
 - i. Have the legal custodian complete the Release to Physical and Legal Custodian section of the Emergency Care and Supervision of Child Without a Court Order (Termination) form.
 - ii. Release the child to the person having custody at the time the STEC agreement was executed.
 - b. If the child will be released to a designated caregiver (person or facility) or child welfare agency in the state of the child's legal residence:
 - i. In conjunction with the designated caregiver or child welfare representative, complete the Authorize Release to Designated Caregiver (Person or Facility) section of the Emergency Care and Supervision of Child Without a Court Order (Termination) form.
 - ii. Obtain a copy of the designated caregivers or child welfare representative's picture identification.
 - iii. Immediately notify the legal custodian of the transfer of custody to the designated caregiver or child welfare agency.
 - c. Provide a copy of the executed Emergency Care and Supervision of Child Without a Court Order (Termination).
 1. Upload the executed Emergency Care and Supervision of Child Without a Court Order (Termination) form to Georgia SHINES External Documentation.

 This may be completed by the permanency SSCM.

18. Submit the Special Circumstance Short Term Emergency Care (Human Trafficking) to the SSS for approval within 45 calendar days from the receipt of the intake report.
19. Close the foster care case in Georgia SHINES in accordance with policy [10.26 Foster Care: Case Closure](#) when the child was released to the legal custodian, designated caregiver, or child welfare agency in the state of the child's legal residence.

 This may be completed by the permanency SSCM.

Social Services Supervisor

1. Conduct a staffing with the SSCM prior to the initial contact to:
 - a. Discuss the human trafficking situation (labor or sexual servitude).
 - b. Confirm the request meets the criteria for a STEC (Human Trafficking).
 - c. Determine if there an active or completed child protective services (CPS) investigation concerning the current allegations of human trafficking.
 - d. Discuss the parent(s) role in the human trafficking.
 - e. Discuss if a secure facility has been selected for the child.

- f. Explore next steps.
2. Document the supervisor staffing in Georgia SHINES within 72 hours of occurrence (see policy [19.6 Case Management: Supervisor Staffing](#)).
3. Oversee the execution of the STEC (Human Trafficking) agreement:
 - a. Ensure approval is obtained from the County Director/Designee.
 - b. Review the Emergency Care and Supervision of Child Without a Court Order (Authorization) form for accuracy.
 - c. Verify the STEC (Human Trafficking) is documented in Georgia SHINES.
 - i. The executed Emergency Care and Supervision of Child Without a Court Order (Authorization) is uploaded to External Documentation.
 - ii. The Custody Tab in is completed generating the FCC stage.
 - iii. Review and approve Legal Actions
4. Assist the SSCM in arranging a placement for the child in accordance with policy [10.1 Foster Care: Placement of a Child](#).
5. Ensure immediate contact is established the following (as applicable) to expedite the transfer of custody:
 - a. Legal custodian
 - b. Child welfare agency in the state of the child's legal residence
 - c. Designated secure facility
 - d. Consulate where the child has citizenship if the child is a foreign national in accordance with policy [10.01 Foster Care: Placement of a Child](#).
6. Ensure an investigation is conducted as outlined in policy [5.1 Investigations: Conducting an Investigation](#) into the allegations of human trafficking.
7. Ensure the SSCM working in accordance with the Human Trafficking Statewide Case Management Protocol.
8. Participate in the case transfer process in accordance with policy [19.4 Case Management: Case Transfer](#).
9. Ensure the STEC (Human Trafficking) agreement is terminated, within the seven calendar days:
 - a. Ensure child is immediately released to the person having custody at the time the STEC agreement was executed, designated caregiver (person or facility), or child welfare agency in the state of the child's legal residence.
 - b. Review the Emergency Care and Supervision of Child Without a Court Order (Termination) form for accuracy.
 - c. Verify the STEC (Human Trafficking) termination is documented in Georgia SHINES.
 - i. The Emergency Care and Supervision of Child Without a Court Order (Termination) is uploaded to External Documentation.
 - ii. Review and approve Legal Actions



This step may be completed by the permanency SSS.

10. Ensure legal intervention is initiated seeking temporary legal custody of the child through Juvenile Court when the legal custodian or designated caregiver is unable to assume care for the child prior to expiration of the seven calendar days STEC period or there is an issue of child abuse (see policy [17.1 Legal: The Juvenile Court Process](#)).
11. Review the submitted Special Circumstance Short Term Emergency (Human Trafficking) and make an approval decision in Georgia SHINES within 45 calendar days of receipt of the intake report.
12. Close the foster care case in Georgia SHINES in accordance with policy [10.26 Foster Care: Case Closure](#) when the child was released to the legal custodian, designated caregiver, or child welfare agency in the state of the child's legal residence.



This will be completed by the permanency SSS.

Practice Guidance

DFCS is legally authorized to provide emergency care and supervision to any child without seeking a court order for a period not to exceed seven calendar days when the child is a victim of human trafficking (labor or sexual servitude) and one or more of the following circumstances apply:

1. The child's legal residence is outside of Georgia and contact with the state's child welfare agency will be or has been initiated for transfer of custody or contact has been made with the parent(s) to regain physical custody of the child.
2. The child is a national of another country (someone other than a U.S. citizen or U.S. permanent or temporary legal resident alien) and contact will be initiated with the consulate where the child has citizenship to facilitate the child's return to his/her country of origin.
3. There is concern that the child will return to the human trafficking situation and a secure facility is required and will be available within seven calendar days.

Any person who has knowledge of the human trafficking and has reason to believe it's true can make a request for STEC (Human Trafficking). However, prior to executing a STEC (Human Trafficking) DFCS must determine the circumstances meet the criteria for a Special Circumstance STEC (Human Trafficking). Human trafficking is a form of maltreatment; therefore, an investigation must be conducted within the Special Circumstance Short Term Emergency Care (Human Trafficking) unless there is an active or previously conducted investigation concerning the human trafficking allegations. The investigation is not required to be concluded or substantiated to determine the child is a human trafficking victim; the child's or law enforcement's confirmation is sufficient to qualify the child as a victim for the purposes of STEC (Human Trafficking).

Once executed, the STEC (Human Trafficking) agreement gives DFCS the same rights and powers regarding the child as the parent, including the authority to consent to medical care. At any point, during the even calendar day STEC period, the legal custodian may authorize a designated caregiver. A designated caregiver is a person or facility who will assume care and supervision of the child. The legal custodian may designate whomever he/she wishes as a caregiver of the child. The child can be released to the person having custody at the time the child was taken into DFCS custody or the designated caregiver, at any time during the seven days STEC period. Upon releasing the child terminate the STEC (Human Trafficking) agreement by completing the Emergency Care and Supervision of a Child Without a Court Order (Termination) form to relieve DFCS of custody and all

responsibility for the child.

When the parent(s), designated caregiver (person of facility), or child welfare agency in the state of the child's legal residence is unable to assume care and supervision of the child within seven calendar days of executing STEC (Human Trafficking) agreement, DFCS is required to file a dependency petition in Juvenile Court seeking temporary legal custody of the child (see policy [17.1 Legal: The Juvenile Court Process](#)).

STEC Human Trafficking/Child is a Resident of Another State

When DFCS accepts a STEC (Human Trafficking) when the child is resident of another state contact should immediately be made with the state's child welfare agency to arrange for the transfer of custody or with the child's parents to regain physical custody of the child.

STEC Human Trafficking/Child is a Foreign National of Another Country

When DFCS accepts a STEC (Human Trafficking) when the child is a foreign national contact should immediately be made with the consulate where the child has citizenship in accordance with policy [10.01 Foster Care: Placement of a Child](#) to arrange for the transfer of custody to repatriate the child.

STEC Human Trafficking/Secure Facility Required

For DFCS to accept a STEC (Human Trafficking) request when there is concern that the child will return to the human trafficking situation, the designated caregiver must be a secure facility where the child has a confirmed acceptance or is expected to be enrolled within seven calendar days. However, at any time during the seven calendar days the legal custodian can request the child be returned to him/her or to a designated caregiver (person of facility). During the seven days, actively work with the parent in accordance with the Human Trafficking Case Management Statewide Protocol to enroll the child in the designated secure facility.

Forms and Tools

[Emergency Care and Supervision of Child Without a Court Order \(Authorization\)](#)

[Emergency Care and Supervision of Child Without a Court Order \(Authorization\) \(Spanish\)](#)

[Emergency Care and Supervision of Child Without a Court Order \(Termination\)](#)

[Emergency Care and Supervision of Child Without a Court Order \(Termination\) \(Spanish\)](#)

[Human Trafficking Case Management Statewide Protocol](#)


[Notice of Case Record Information Available to Parents/Guardians](#)

[Notice of Case Record Information Available to Parents/Guardians \(Spanish\)](#)

[Notice of Privacy Practices](#)

[Notice of Privacy Practices \(Spanish\)](#)

20.10 Temporary Protective Custody of Child by Physician

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(20) Special Circumstances		
	Policy Title:	Temporary Protective Custody of Child by Physician		
	Policy Number:	20.10	Previous Policy Number(s):	5.7
	Effective Date:	December 2021	Manual Transmittal:	2021-06

Codes/References

O.C.G.A. § 15-11-131 Temporary Protective Custody of Child by Physician Without Court Order and Without Parental Consent; Immunity (Terrell Peterson Act of 2000)
O.C.G.A. § 19-7-5 Reporting of Child Abuse (e) (f)
O.C.G.A. § 49-5-8 Powers and Duties of the Department

Requirements

The Division of Family and Children Services (DFCS) will:

1. Assess the circumstances or condition that presents an imminent danger to the child's life or health as a result of suspected abuse when a physician has taken temporary protective custody of the child without a court order and without the consent of the child's parent guardian, or legal custodian.
2. Conduct a private face-to-face purposeful contact with the alleged victim child(ren) within the assigned response time to assess and address child safety.
3. Conduct an Investigation in accordance with policy [5.1 Investigations: Conducting an Investigation](#) when a physician takes protective custody of a child without a court order and without parental consent regardless of the court's decision to grant custody of the child to DFCS or to allow custody of the child to remain with the parent(s).



This Special Circumstance contains allegations of maltreatment, therefore an investigation must be conducted within the Special Circumstance Temporary Protective Custody of Child by Physician.

4. Take physical custody of the child within six hours of receipt of the intake report indicating the child has been placed in DFCS custody when the child remains in the physical custody of the physician.



A child who meets the requirements for inpatient admission shall be retained in a hospital, other medical institution, or facility until the child is medically ready for discharge.

5. Take physical custody of the child immediately when a child was brought before the court by a law enforcement officer and placed in DFCS custody subsequent to a physician taking custody of the child without a court order and without parental consent.
6. Notify the parent(s) of the court's decision to place the child in DFCS custody, when applicable.
7. File a dependency petition in Juvenile Court after the preliminary protective hearing if there is a continued belief that the child's life or health is in danger as a result of suspected abuse.

Procedures

Social Services Case Manager

1. Review the intake assessment and thoroughly evaluate all information gathered including:
 - a. The name of the physician taking custody and the time it occurred.
 - b. The circumstances that presented imminent danger to the child.
 - c. The child's current location and condition.
 - d. Whether Juvenile Court authorized for the child to be placed into DFCS custody.



Follow the procedures outlined in [5.1 Investigations: Conducting an Investigation](#) if juvenile court does not grant legal custody of the child to DFCS subsequent to a physician taking temporary protective custody of a child without a court order and without parental consent.

- e. The presence of maltreatment.
 - f. The physician's efforts to contact the parent(s) to notify of the decision to take the child into protective custody.
2. Contact the reporter, and/or physician when clarification and/or additional information related to child safety and the allegation(s) of maltreatment is needed.
3. Consult with the Social Services Supervisor (SSS) to discuss the information gathered, next steps, and any immediate needs of the child that may impact his/her placement in foster care.
4. Take physical custody of the child:
 - a. Within six hours of receipt of the intake report indicating the child has been placed in DFCS custody when the child remains in the physical custody of the physician.



A child who meets the requirements for inpatient admission can be retained in a hospital, other medical institution, or facility until the child is medically ready for discharge.

- b. Immediately when a child was brought before the court by a law enforcement officer and placed in DFCS custody subsequent to a physician taking custody of the child without a court order and without parental consent.
5. Arrange for a placement in accordance with policy [10.1 Foster Care: Placement of a Child](#).
6. Notify the parent(s) of the court's decision to place the child in DFCS custody, and the date and time of the preliminary protective hearing.
7. Conduct an Investigation in accordance with policy [5.1 Investigations: Conducting an Investigation](#).
8. Request the Special Assistant Attorney General (SAAG) file a dependency petition in Juvenile Court after the preliminary protective hearing if there is a continued belief that the child's life or health is in danger as a result of suspected abuse in accordance with policy [17.1 Legal: The Juvenile Court Process](#).

Social Services Supervisor

1. Review the intake assessment and conduct a staffing with the assigned SSCM prior to the initial contact to discuss:
 - a. The circumstances that presented imminent danger to the child
 - b. Allegations of child abuse
 - c. The child's current location and condition
 - d. Legal status of the child (DFCS or parental custody)
 - e. Plan to respond immediately or within six hours
 - f. Strategies for engaging the parent(s) (see policy [5.2 Investigations: Purposeful Contacts During an Investigation](#))
2. Ensure physical custody of the child is taken:
 - a. Within six hours of receipt of the intake report indicating the child has been placed in DFCS custody when the child remains in the physical custody of the physician; or
 - b. Immediately when a child was brought before the court by a law enforcement officer and placed in DFCS custody subsequent to a physician taking custody of the child without a court order and without parental consent.
3. Provide guidance to the SSCM in arranging a placement for the child in accordance with policy [10.1 Foster Care: Placement of a Child](#).
4. Provide oversight of the investigation in accordance with policy [5.1 Investigations: Conducting an Investigation](#).

Practice Guidance

A physician taking temporary protective custody a child without a court order and without the consent of the child's parent guardian, or legal custodian must:

1. Have reasonable cause to believe that the child is in a circumstance or condition that presents imminent danger to the child's life or health as a result of suspected abuse or neglect; or
2. Determine there is reasonable cause to believe that the child has been abused or neglected and there is not sufficient time for a court order to be obtained for temporary custody of the child before the child may be removed from the presence of the physician.

This special circumstance contains allegations of maltreatment, therefore, in addition to the requirements and procedures detailed within this policy an investigation must be conducted within the Special Circumstance Temporary Protective Custody of Child by Physician. An investigation is conducted on assigned Special Circumstance Temporary Protective Custody of Child by Physician when a physician takes protective custody of a child without a court order and without parental consent regardless of the court's decision to grant custody of the child to DFCS or to allow custody of the child to remain with the parent(s).

Forms and Tools


N/A

[1] ©2019 Georgia Department of Education

[2] Young, N. K., Gardner, S., Otero, C., Dennis, K., Chang, R., Earle, K., & Amatetti, S. Substance-Exposed Infants: State Responses to the Problem. HHS Pub. No. (SMA) 09-4369. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2009

Chapter 22 Kinship

22.0 Introduction to Kinship

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(22) Kinship		
	Policy Title:	Introduction to Kinship		
	Policy Number:	22.0	Previous Policy Number(s):	N/A
	Effective Date:	September 2020	Manual Transmittal:	2020-06

Codes/References

O.C.G.A. § 15-11-2 Definitions

O.C.G.A. § 15-11-133.1 Temporary Alternatives to Foster Care; Orders; Minimal Preliminary Assessments; Preliminary Protective Hearing; Time for Hearings

O.C.G.A. § 15-11-135 Placement in Eligible Foster Care

Discussion

Georgia Division of Family and Children Services (DFCS) strives to provide services and resources to keep children in their homes with their families whenever possible. When children cannot remain safely with their parents, DFCS recognizes that children thrive best in kinship care and through its Kinship Continuum prioritizes placement with kinship caregivers as the preferred and best option for children.

Kinship care is the full-time care and nurturing of a child by a relative or fictive kin (an individual with a significant connection to the child, such as a close family friend). Kinship relationships should be respected based on the family's cultural values and emotional ties. Research shows that kinship care reduces trauma to the child by maintaining family bonds, connections, traditions, a sense of belonging, and identity for the child. Further, kinship care increases placement stability and permanency for children and creates an opportunity to strengthen the family.

DFCS's Kinship Continuum includes voluntary kinship arrangements to prevent children from entering foster care, and kinship foster care placements when children must enter foster care. DFCS makes diligent efforts to identify and locate relatives or committed individuals who has a significant relationship with the child who can safely care for them while parents receive treatment and services.

While the goal for children in kinship care is to safely return home with their parents, kinship caregivers are encouraged to support the goal of a safe return home but remain willing to provide a permanent home if children cannot return home. Kinship caregivers can assist families by providing safe, loving environments for the children, being positive role models for the parents, and generally supporting the families through difficult times.

It is important for DFCS staff to understand the family dynamics and relationships and provide full

disclosure so that everyone is aware of all aspects of the process to support positive outcome for children and families.

Kinship (Kin)

Kin includes relatives and fictive kin. A **relative** is someone defined by blood, marriage or adoption, including the spouse of any of those persons even if the marriage was terminated by death or divorce. **Fictive kin** is a person who is not related to the child by blood, marriage, or adoption but who prior to his or her placement in foster care is known to the family, has a substantial and positive relationship with the child, and is willing and able to provide a suitable home for the child. Kinship caregivers may include:

- Grandparents
- Siblings
- Extended family members
- Tribal members
- Godparents
- Anyone with a “family like” relationship with the child

Voluntary Kinship

Voluntary Kinship serves as the foundation of Kinship Care. The purpose of voluntary kinship is to serve as a safety and crisis intervention modality that works to stabilize the family dynamic and utilizes the Solution Based Casework tenants (“natural helpers”) and practices to address the identified safety threats leading to the need for temporary out of home placement via an out of home Safety Plan.

Kinship Foster Care

Kinship foster care may become necessary if safety threats cannot be mitigated via an in-home safety plan, voluntary kinship, or if the condition for return were not met within the 90-day voluntary kinship arrangement. Kinship caregivers typically are motivated by a desire or obligation to step in at a critical moment to meet the caregiving needs for a specific child when a biological parent/caregiver is unable. A growing body of research confirms that, in most circumstances, kinship foster care is the best option when children cannot live with their own parents. Several studies have found that children in kinship foster care are better able to adjust to their new environment and are less likely to experience behavioral problems and psychiatric disorders than those in the general foster care population. Finally, children in kinship foster care experience fewer school disruptions than children in non-kin foster care, and their sense of identity and self-esteem is reinforced.

Kinship Assessment


Child safety is paramount when identifying kinship caregivers. It is vital for all frontline staff to ensure that children are being placed in a home that will meet the child’s needs for safety, permanency, and well-being. The Kinship Assessment is an evaluation of the kinship caregiver(s), the home environment and the capacity of the kinship caregiver(s) to safely meet the needs of the chil-

dren.

Kinship Coordinators

Kinship Coordinators partner with kinship caregivers to identify needs of the caregivers and children that would impact the kinship caregivers' ability to provide adequate care for the child(ren). They assist kinship families in identifying and locating resources within their local community, and work to close gaps and/or delays in service delivery to kinship caregivers.

22.1 Use of Voluntary Kinship Caregivers in Child Protective Services

 Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(22) Kinship		
Policy Title:	Use of Voluntary Kinship Caregivers in Child Protective Services		
Policy Number:	22.1	Previous Policy Number(s):	5.6
Effective Date:	January 2022	Manual Transmittal:	2022-01

Codes/References

O.C.G.A. § 15-11-29 Protective Orders

O.C.G.A. § 15-11-212 Disposition of Dependent Child

O.C.G.A. § 19-9-122 Power of Attorney for the Care of a Minor Child

Requirements

The Division of Family and Children Services (DFCS) will:

1. Request a parent/legal guardian consider a voluntary kinship arrangement, when it is determined that an out-of-home safety plan is necessary to control safety threats that can be resolved or mitigated within 90 calendar days.



A voluntary kinship arrangement shall not be considered in situations involving chronic and/or severe abuse or neglect issues. Such situations should be addressed with juvenile court intervention.

2. Inform the parent(s) or legal guardian(s) who are considering utilizing a voluntary kinship:
 - a. An out-of-home safety plan to address current safety threat(s) must be completed prior to the child entering the home of the voluntary kinship caregiver.
 - b. The decision to allow a child to stay with a kinship caregiver is a voluntary option and is not legally binding.
 - c. Consensus must be reached on the specific circumstances or behaviors that must exist for the child to be safely returned home.
 - d. The recommended parent-child contact during the voluntary kinship arrangement.

- e. The parent/legal guardian remains financially responsible for their child.
 - f. The parent/legal guardian must enter into a Voluntary Kinship Arrangement Agreement with the agency.
 - g. The parent/legal guardian have the option of establishing a Power of Attorney (POA) with the voluntary kinship caregiver.
3. Complete a Kinship Assessment to assess the suitability of the voluntary kinship caregiver(s) to temporarily care for a child(ren) and to assess the physical home environment, prior to the child entering the home.



The Kinship Assessment should only be completed following the child entering the kinship caregiver's home if the voluntary kinship arrangement was established in an emergency.

4. Notify the Regional Kinship Coordinator of the voluntary kinship arrangement.
5. Provide full disclosure to the kinship caregiver(s) within 48 hours of the child entering their home to explain the kinship caregiver's roles and responsibilities, service provision, financial and non-financial supports, and available options.
6. Conduct a Kinship Caregiver Needs Assessment within three calendar days of the Kinship Coordinator's initial contact with the kinship caregivers to identify services or supports needed to successfully care for the child(ren) during the voluntary kinship arrangement.
7. Provide or arrange for individualized services to address identified needs based on the developmental challenges the family is experiencing in their everyday lives, within 72 hours of identifying the need.
8. Conduct a family meeting within 7-10 business days of the child entering the voluntary kinship caregiver's home to build consensus on the roles and responsibilities of the kinship caregivers, parents/legal guardians and DFCS.
9. Initiate family preservation services (FPS) when it is determined that the case circumstance require additional DFCS interventions, or the voluntary kinship arrangement will extend beyond the investigation timeframe.
10. Conduct purposeful contact(s) with the parent, voluntary kinship caregiver and the child every 14 calendar days while the child remains in the voluntary kinship caregiver's home.
11. Monitor service provision by engaging formal and informal providers at a minimum bi-weekly to assess the sufficiency of the services to address the identified need(s) and progress toward meeting the conditions of return.
12. Conduct collateral contacts to assess the parent(s)/legal guardian(s)' progress towards achieving the conditions for return.
13. Conduct a supervisor staffing, at minimum bi-weekly, to discuss the family's progress.
14. Work in collaboration with the parent and voluntary kinship caregiver to meet the child's educational, medical, and dental needs.
15. Conduct a 45th day meeting with the kinship coordinator, social services supervisor (SSS), family and kinship caregiver(s), to assess the parent(s)/legal guardian(s) progress in meeting the conditions of return.



A formal Family Team Meeting (FTM) may not be needed if the family is progressing well

and it appears that the child will return home safely within 90 days.

16. Prior to the expiration of the Voluntary Kinship Arrangement Agreement conduct a case evaluation to determine if safety can be managed in the home of the parents/legal guardians:
 - a. When safety can be managed in the home, terminate the voluntary kinship agreement; or
 - b. When safety cannot be managed in the home, initiate legal intervention.



When necessary to expedite legal intervention to ensure the safety of the child DFCS may seek a temporary alternative to foster care (TAFC) order in accordance with policy [17.1 Legal: The Juvenile Court Process](#).

17. Terminate the voluntary kinship arrangement within 90 days of the child(ren) entering the kinship caregiver's home.
18. Convene a FTM at any time, while the child remains in a voluntary kinship caregiver's home to resolve issues or concerns (see policy [19.3 Case Management: Solution-Focused Family Team Meetings](#)).
19. Adhere to confidentiality and the Health Insurance Portability and Accountability Act (HIPAA) in accordance with policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#).

Procedures

Social Services Case Manager

1. Develop an out-of-home safety plan with the family to address the identified safety threat in accordance with policy [19.12 Case Management: Safety Plan & Management](#).
2. Inform the parent(s) or legal guardian(s) who are considering utilizing a voluntary kinship:
 - a. An out-of-home safety plan to address current safety threat(s) must be completed prior to the child entering the home of the voluntary kinship caregiver.
 - b. The decision to allow a child to stay with a kinship caregiver is a voluntary option and is not legally binding.
 - c. Consensus must be reached on the specific circumstances or behaviors that must exist for the child(ren) to be safely returned home.
 - d. The recommended parent-child contact during the voluntary kinship arrangement (i.e. supervised, unsupervised, no contact).
 - e. The parent/legal guardian remain financially responsible for their child.
 - f. The parent/legal guardian must enter into a Voluntary Kinship Arrangement Agreement with the agency.
 - g. The parent/legal guardian has the option of establishing a Power of Attorney (POA) with the voluntary kinship caregiver, if the parent(s)/legal guardian(s) will not be readily available to exercise their parental authority, such as registering the child in school and authorizing medical care or treatment. See Practice Guidance: Power of Attorney for additional information regarding POA.

- h. To discuss with the child(ren) what will be occurring, obtain their feedback on who they prefer to temporarily reside with, and help them process their feelings about residing outside of the home.
3. Engage the parent(s)/legal guardian(s) in contacting the potential voluntary kinship caregiver(s) to determine interest in temporarily caring for the child(ren). Establish the following:
 - a. Transportation to/from school, including extra-curricular activities;
 - b. Upcoming medical/dental appointments; and
 - c. Recommended parent-child contact.
4. Have the parent(s)/legal guardian(s) sign the Voluntary Kinship Arrangement Agreement.
5. Enter the voluntary kinship arrangement on the Voluntary Kinship Detail page in Georgia SHINES.



The Regional Kinship Coordinator will receive a system generated alert in Georgia SHINES when the voluntary kinship arrangement is saved or when the Initial Safety Assessment (ISA) is saved with an out-of-home safety plan (voluntary kinship arrangement) selected.

6. Complete the Kinship Assessment in accordance with policy [22.3 Kinship: Kinship Assessment](#). If the Kinship Assessment is approved, in conjunction with SSS, review and determine whether to proceed with the voluntary kinship arrangement.
7. Maintain ongoing communication with the Kinship Coordinator.
8. Conduct a family meeting within 7-10 business days of the child entering the voluntary kinship caregivers' home. See Practice Guidance: 7-10 Day Family Meeting for the required attendees and areas to address.
9. Schedule a case transfer staffing in accordance with [19.4 Case Management: Case Transfer](#) to initiate FPS when it is determined that the case circumstance requires additional DFCS interventions, or the voluntary kinship arrangement will extend beyond the investigation timeframe.
10. Provide or arrange for individualized services to address the identified need(s) in accordance with policy [19.17 Case Management: Service Provision](#).
11. Engage formal and informal providers at a minimum bi-weekly to assess the sufficiency of the services to address the identified need(s) and progress toward meeting the conditions of return in accordance with policy [19.17 Case Management: Service Provision](#).
12. Engage the parent(s)/legal guardian(s), voluntary kinship caregiver(s), and child by phone weekly.
13. Conduct purposeful face-to-face contacts with the parent(s)/legal guardian(s), voluntary kinship caregiver(s), and child every 14 calendar days or more frequently if needed, while the child remains in the voluntary kinship caregiver's home (see policy [8.2 Family Preservation Services: Purposeful Contacts with Families Receiving Family Preservation Services](#)).
14. Complete collateral contacts to gather information to determine if the parent(s)/legal guardian(s) are making progress toward the conditions of return (see policy [19.16 Case Management: Collateral Contacts](#)).
15. Participate in a supervisor staffing, at minimum bi-weekly, to discuss the family's progress (see

policy [19.6 Case Management: Supervisor Staffing](#)).

16. Participate in the 45th day meeting with the Kinship Coordinator, family and voluntary kinship caregiver(s) to discuss:
 - a. Safety threats (see policy [19.11 Case Management: Safety Assessment](#)).
 - b. Safety plan sufficiency, including assessing if an in-home safety plan can be used to manage child safety (see policy [19.12 Case Management: Safety Plan & Management](#)).
 - c. Whether the parent(s)/legal guardian(s) is able to meet the conditions for return within the next 45 days.
 - d. The voluntary kinship caregiver's willingness to be a placement resource, if the child enters foster care.



The initial FPS FTM to develop the case plan can be conducted in conjunction with the 45th day meeting when all areas are addressed.

17. Prior to the expiration of the Voluntary Kinship Arrangement Agreement complete a case evaluation to measure progress toward conditions for return as outlined in policy [8.4 Family Preservation Services: Case Evaluation](#). In conjunction with the SSS, determine:
 - a. If the safety threats have been resolved and the child(ren) can safely return home.
 - b. If the safety threats have been mitigated and the child(ren) can return home with an in-home safety plan. When deemed necessary to support safety interventions, consult with the Special Assistant to the Attorney General (SAAG) to request:
 - i. Protective order (see policy [17.1 Legal: The Juvenile Court Process](#)).
 - c. If the safety threats continue and the child cannot safely return home, consult with the SAAG to request legal intervention in accordance with the policy [17.1 Legal: The Juvenile Court Process](#):
 - i. Guardianship (see policy [22.11 Kinship: Guardianship in Child Protection Services](#));
 - ii. Temporary custody to a third party (see policy [22.12 Kinship: Temporary Custody to a Third Party in Child Protective Services](#)); or
 - iii. DFCS custody (see policy [17.1 Legal: The Juvenile Court Process](#)).



When case circumstances do not warrant transfer to FPS, and the voluntary kinship agreement will terminate in Investigations, conduct a safety assessment in lieu of the case evaluation.

18. Terminate the Voluntary Kinship Arrangement Agreement within 90 days of the child entering the voluntary kinship caregiver's home:
 - a. Engage the parent/legal guardian to discuss:
 - i. Progress made to address the safety threats and if the child can be safely returned home or legal intervention will be sought.
 - ii. Any modification to service provision.
 - iii. The child's transition home or to foster care.

- iv. The child's needs, strengths and interest to assist with placement selection when applicable (see policy [10.1 Foster Care: Placement of a Child](#) and [10.4 Foster Care: Selecting a Placement Resource](#)).
 - v. The need to dissolve the POA, if applicable.
- b. Engage the voluntary kinship caregiver to discuss:
- i. The decision to safely return the child home or seek legal intervention.
 - ii. The child's transition home or to foster care.
 - iii. The transition from a voluntary kinship caregiver to a foster care kinship caregiver, if applicable.
- c. Notify the Kinship Coordinator that the voluntary kinship caregiver arrangement has ended and the need to provide a subsequent full disclosure if the kinship caregiver will transition to a different role (i.e., foster kinship caregiver, TAFC caregiver, etc.).
- d. End the voluntary kinship arrangement in Georgia SHINES within 72 hours of the change in status.

Social Services Supervisor

1. Participate in the development of the out-of-home safety plan in accordance with policy [19.12 Case Management: Safety Plan & Management](#).
2. Ensure the Voluntary Kinship Coordinator is notified of the voluntary kinship arrangement by verifying that the arrangement was timely entered on the Voluntary Kinship Detail page in Georgia SHINES.
3. Oversee the completion of the Kinship Assessment in accordance with the policy [22.3 Kinship: Kinship Assessment](#).
4. Ensure individualized services were provided or arranged for within 72 hours of identifying family needs in accordance with policy [19.17 Case Management: Service Provision](#). Track service provision, using the following LENSES reports:
 - a. Services Initiated within 3 Days of Out-of-Home Arrangement (Initial)
 - b. Services Initiated within 3 Days of ONG Stage Start (Subsequent)
5. Ensure required purposeful contacts are conducted with the parents/legal guardian, child and voluntary kinship caregiver(s) in accordance with policy [8.2 Family Preservation Services: Purposeful Contacts with Families Receiving Family Preservation Services](#). Track purposeful contacts using the following LENSES reports:
 - a. Child - Purposeful Contact (Every 14 Days)
 - b. Primary Caretaker - Purposeful Contact (Every 14 Days)
 - c. VKC - Purposeful Contact (Every 14 Days)
6. Ensure FPS is timely initiated when case circumstance required additional DFCS intervention or the voluntary kinship arrangement will extend beyond the investigation timeframe as outlined in policy [19.4 Case Management: Case Transfer](#).
7. Verify collateral contacts are occurring as frequently as necessary to assess and ensure safety, determine family functioning and measure progress toward conditions of returns as outlined in

policy [19.16: Case Management: Collateral Contacts](#).

8. Verify formal and informal providers are engaged at a minimum bi-weekly in accordance with policy [19.17 Case Management: Service Provision](#).
9. Conduct a supervisor staffing bi-weekly to discuss case progress and ongoing assessment of the voluntary kinship arrangement (see policy [19.6 Case Management: Supervisor Staffing](#)).
10. Participate in the 45th day meeting with the family and ensure all areas are addressed. Track completion of the meeting using the 45 Day Family Meeting Compliance report in LENSES.
11. Prior to the expiration of the Voluntary Kinship Arrangement Agreement, conduct a supervisor staffing to decide whether safety can be managed in the home or legal intervention is required. Include the Kinship Coordinator in the staffing, as applicable.



This supervisor staffing can be conducted as part of a case evaluation when the family is receiving FPS (see policy [8.4 Family Preservation Service: Case Evaluation](#)).

12. Initiate and participate in consultations with the SAAG when legal intervention is needed.
13. Ensure the Voluntary Kinship Arrangement Agreement is terminated within 90 calendar days of the child entering the voluntary kinship caregiver's home. Monitor voluntary kinship arrangements using the Number of Days in Arrangement report in LENSES.

The Regional Kinship Coordinator will:

1. Contact the voluntary kinship caregiver within 48 hours of receiving the notification of the voluntary kinship arrangement via Georgia SHINES to introduce themselves and explain their role to the family.
2. Complete a Kinship Caregiver Needs Assessment, within three calendar days of initial contact with the kinship family, to identify needs that would hinder the voluntary kinship caregiver from adequately providing for the care or needs of the child.
3. Inform the voluntary kinship caregiver of the option of establishing a POA with the parent(s)/legal guardian(s), if the parent(s)/legal guardian(s) will not be readily available to exercise their parental authority while the child(ren) is in the home of voluntary kinship caregiver(s).
4. Attend the 7-10 day family meeting to:
 - a. Support the Voluntary Kinship Caregiver.
 - b. Provide the results of the Kinship Caregiver Needs Assessment and provide insight of the child(ren) behavioral, medical/mental health, and educational needs while in the voluntary kinship caregiver's home.
 - c. Address any conflicts between the kinship caregiver and the parent(s)/legal guardian(s) that may negatively impact the voluntary kinship arrangement.
 - d. Obtain information that could influence the Kinship Caregiver Needs Assessment.
5. Provide full disclosure to the voluntary kinship caregiver, to assist the caregiver(s) in understanding their options and the implications of each:
 - a. Have the voluntary kinship caregiver sign the Disclosure Statement Form indicating receipt of full disclosure; and
 - b. Upload the signed Disclosure Statement Form into Georgia SHINES External Documentation.

6. Maintain face-to-face or telephone contact with the voluntary kinship caregiver weekly to provide resources and supports the voluntary kinship family will need to assist in caring for the child(ren).
7. Participate in the 45th day meeting to provide an update on:
 - a. The ongoing needs assessment of the voluntary kinship caregiver.
 - b. Status of any services they have initiated.
8. Participate in the supervisor staffing, via face-to-face or by telephone, prior to the 90th day, if it is determined that the child cannot safely return home within the 90-day timeframe.
9. Submit a case closure or transition plan at the termination of the voluntary kinship arrangement.
10. Maintain communication with the SSCM.

Practice Guidance

Kinship Care

The fulltime care and nurturing of a child by someone who is related to the child by family ties or by a significant prior relationship connection, including:

- Grandparents
- Siblings
- Extended family members
- Tribal members
- Godparents
- Stepparents
- Anyone with a “family like” relationship with the child

Some situations that may result in a voluntary kinship care arrangement could be, but are not limited to:

1. An immediate safety threat to a child currently exists, and safety cannot be ensured in the home while services are provided.
2. Allegations of abuse or neglect by the parent(s) exist, but evidence is not sufficient to take the child into DFCS custody; however, child safety cannot be assured while the allegations are being assessed.
3. Parent(s) decide voluntarily to have their child live with relatives while the parents receive treatment for substance abuse or mental health.

Kinship Care Consideration

It is often the best circumstance for a child in need of care to be placed with someone whom, he/she has an existing relationship. When children cannot remain safely with their parents, care provided by kin is preferred to maintain family connections and minimize trauma to the child. When considering a voluntary kinship arrangement, the SSCM has a vital role in helping the parent(s)/legal

guardian(s) in determining if the use of a voluntary kinship is a viable option for their family by explaining what is and what to expect during a voluntary kinship arrangement.

The SSCM, in collaboration with parents, should identify potential kin who can safely care for the child while parents receive services to help them address the issues that brought the child to the attention of child welfare and render them unsafe in the home. Factors to consider in identifying potential voluntary kinship caregivers:

1. Who would the parent most want to care for the child?
2. Who does the parent most often turn to in time of crisis?
3. Who has cared for the child in the past when parents were unable to?
4. With whom does the child have a close relationship?
5. Who does the parent feel most comfortable with sharing confidential information?
6. Voluntary kinship caregiver's relationship to the child and length of involvement with the family.
7. Description of the voluntary kinship caregiver's involvement with the family, i.e., provided care for the child and/or parent, assisted the family through crisis, provided moral support, member of church or community organization, neighbor, etc.
8. Whether the voluntary kinship caregiver ever resided in the home with the parent or child and, if so, how long and when.

A voluntary kinship arrangement should not be considered in situations involving chronic and/or severe child maltreatment. Such situations should be addressed with court intervention. In addition, a voluntary kinship caregiver should not be used when the safety threat cannot be mitigated or resolved within 90 calendar days or less. Circumstances that may require more than 90 days to resolve the safety threats should be staffed with the Supervisor and the SAAG consulted to determine the need for legal intervention. When voluntary kinships are utilized improperly, it can have a negative impact on the family, and result in the unnecessary placement of a child into foster care.

Out-of-State Voluntary Kinship Caregivers

DFCS shall not support the use of out-of-state voluntary kinship caregivers unless an Interstate Compact on the Placement of Children (ICPC) border agreement exists between the county and the other state. See policy [15.8 Interstate Compact on the Placement of Children: Border Agreements](#).

Non-Custodial Parents and Voluntary Kinship Caregivers

Non-custodial parents (absent parents, biological fathers, putative fathers, legal fathers, or biological mothers who do not reside with their child) are not voluntary kinship caregivers. The parent/legal guardian can elect to have a non-custodial parent care for their child in lieu of a voluntary kinship caregiver. Non-custodial parents providing care for their child is not a voluntary kinship arrangement. Under these circumstances, DFCS still has the responsibility to ensure child safety in the non-custodial parent's home. This includes conducting safety assessments and developing an in-home safety plan with the non-custodial parents to address identified safety issues and strategies (example: how long the child will reside with the non-custodial parent, custodial parent contact, access to the maltreater, etc.) (see policy [19.12 Case Management: Safety Plan & Management](#)).

When the Parent/Legal Guardian Moves In

When a parent/legal guardian moves into the home of the voluntary kinship caregiver, it is no longer a voluntary kinship arrangement. When this occurs, terminate the voluntary kinship arrangement in Georgia SHINES and conduct a safety assessment to evaluate child safety (see policy [19.11 Case Management: Safety Assessment](#)) to determine if a new or updated safety plan is needed.

Conditions for Return

Conditions for return are written statements related to the safety (present or impending dangers) and risk issues identified that justified implementing an out-of-home safety plan. These statements describe what needs to occur before the child(ren) can safely return to their home and are specific to a parent/legal guardian and/or the home environment. Statements must include:

1. The safety concerns and diminished caregiver protective capacities that created the need for the child(ren) to reside out of the home;
2. The specific conditions and circumstances required for the safe return of the child (based upon the type and degree of change that is needed);
3. How the changes will be implemented to achieve the safe and successful resolution of the safety concerns and the child(ren)'s return home; and
4. The parent(s)/legal guardian(s) response to intervention and willingness to make the changes necessary for the child(ren) to return home.

Parent-Child Contact Recommendations

The parent-child relationship should be protected and can be strengthened throughout a child's time in the home of a voluntary kinship caregiver by ensuring parents are fully encouraged and supported to participate in parenting activities and decisions. When considering parent-child contact during the voluntary kinship arrangement, safety is paramount. However, it is necessary to also consider the benefits of quality time children spend with their parents. The least limiting option necessary to ensure child safety should be recommended. In rare circumstances, DFCS may need to recommend no parent-child contact during a voluntary kinship arrangement to ensure child safety. These instances should be limited in duration, resolved quickly and safety assessed frequently to determine if parent-child contact can resume.

7-10 Day Family Meeting

The 7-10 day family meeting allows the family and kinship caregivers to build consensus on the roles and responsibilities of the kinship caregivers, parents/legal guardians and DFCS during the voluntary kinship arrangement. Individuals who play a role in supporting the family during Voluntary Kinship Arrangement should be included in the 7-10 day family meeting:

1. Parent(s)/legal guardian(s)
2. Investigations and Family Preservation SSCM
3. Voluntary kinship caregiver(s)
4. Kinship Coordinator

5. Service provider(s)
6. Child (if age appropriate)

While preparing for and conducting the 7-10 day family meeting, adhere to confidentiality and protected health information (PHI) laws. See policy [19.3 Case Management: Solution-Focused Family Team Meetings](#) for procedures for preparing the family and their family team members for the meeting. This includes exploring if disclosure of confidential information and/or PHI is relevant to addressing child safety and necessary for the purpose of the meeting and obtaining informed consent prior to disclosure.

The family meeting should:

1. Define the roles and responsibilities of all the kinship caregivers and discuss the requirements of the out-of-home safety plan;
2. Develop a plan with the parent and the voluntary kinship caregiver(s) to ensure the minimal disruption to the child's life and the child's needs are being met, including parent-child contact (if applicable);
3. Identify who is responsible for transporting the child to and from school, how medical needs will be addressed and any other well-being concerns;
4. Further explore the voluntary kinship caregiver's capacity to continue the care of the child on a temporary basis;
5. Explain the parent/caregiver remains financially responsible for the child while in the care of the voluntary kinship caregiver(s);
6. Clearly articulate that the child is not in DFCS custody;
7. Discuss alternative safety responses, including foster care or an in-home safety plan.

Kinship Caregiver 45th Day Meeting

The Kinship Caregiver 45th day meeting assists the SSCM, family and kinship caregivers in ensuring that the case is progressing as needed to return the child(ren) home within the 90-day timeframe. The meeting should be used to discuss:

1. The parent(s)/legal guardian(s) progress toward meeting the conditions of return;
2. Any additional safety threats that exist;
3. Barriers to returning the child home within the 90-day timeframe;
4. Families' progress with services;
5. The voluntary kinship caregiver's willingness to be a placement resource, if the child enters foster care; and
6. Next steps to ensure permanency for the children.

The case manager and supervisor must be honest and transparent with the family about the status of their case and the likelihood of them meeting the 90-day timeframe. The 45th day kinship caregiver meeting should be heavily focused on resolving or mitigating the safety threats that exist and prevent the child(ren) from returning home within the 90-day time frame.

The 45th day meeting may be conducted in conjunction with the initial FPS FTM if all areas are addressed.

Addressing Barriers and/or Lack of Progress in Voluntary Kinship Care

Barriers are defined as circumstances that prevent the parent/legal guardian(s) from obtaining the conditions of returns. When barriers arise, they should be thoroughly evaluated, including determining how the barriers impact safety. Engage the family, voluntary kinship caregivers, and service providers regarding the barriers and how it is impacting the parent(s)/legal guardian(s) from obtaining the conditions of return. Hold an FTM with the family, supervisor, Kinship Coordinator and the voluntary kinship caregiver to develop a plan to overcome the barrier(s). Some barriers may not be able to be addressed immediately. In addition, some barriers may require court interventions to allot time for the family and permanency for the children. If it is determined that court intervention is needed, make every effort to discuss within the FTM.

Multiple Voluntary Kinship Caregivers

In cases, involving large sibling groups it may be necessary to have multiple voluntary kinship caregivers. If multiple kinship caregivers are needed ensure the Kinship Assessment is completed for each voluntary kinship caregiver. Invite each voluntary kinship caregiver to the family meeting and ensure that communication with each caregiver is maintained during the voluntary kinship arrangement. There may also be times when a child has to be moved to another voluntary kinship caregiver during the 90-day time frame. If this occurs a family meeting should be convened to ensure everyone is clear on the expectations and timeframe for the kinship placement. A kinship assessment must be completed for the new voluntary kinship caregiver.

The 90-calendar day timeframe for a child to be in a voluntary kinship caregiver is calculated cumulatively from the date the initial voluntary kinship arrangement went into effect and does not begin again when/if a child has to be moved to another voluntary kinship caregiver. Under no circumstances should a child be in a voluntary kinship arrangement beyond 90 calendar days.

Kinship Coordinator

The Kinship Coordinators partner with kinship caregivers to identify needs of the caregivers and children that would impact the kinship caregivers' ability to provide adequate care for the child(ren). Following the Kinship Caregiver Needs Assessment, the Kinship Coordinator will partner with the SSCM to provide or arrange individualized services to address the identified needs. This includes providing kinship caregivers with information about how to access health care for the child, financial support and public benefits, legal assistance, emergency services, etc. and/or linking the kinship caregiver with community services such as support groups and counseling. In addition, kinship caregivers are provided information on the court system, including the different types of hearings, court procedures, and the kinship caregiver's role in any court proceedings. The Kinship Coordinator's involvement begins at the initiation of out-of-home care with a kinship caregiver and continues until the voluntary kinship arrangement is no longer needed or through the continuum if the child must enter foster care and is placed in a foster care kinship resource.

Full Disclosure

Full disclosures will be provided to the voluntary kinship caregiver by the Kinship Coordinator

when the child(ren) enters the home of the kinship caregiver.

1. Explain the role and responsibilities of a voluntary kinship caregiver.
2. Ensure that the kinship caregiver is willing to maintain the child(ren)'s safety and well-being.
3. Identify the role the kinship caregiver(s) has in assisting the parent(s)/legal guardian(s) in achieving the conditions for return.
4. Explain agency terms and definitions (i.e. kinship caregiver, TAFC, conditions for return), including DFCS requirement to abide by HIPAA) and confidentiality standards.
5. Explore the available services.
6. Inform of legal options and financial support.
7. Advise how to access the Kinship Navigator Program.
8. Explore short term and long-term implications for caring for a child(ren) who is unable to live with their parent(s)/legal guardian(s).
9. Provide the Kinship Pathway to help kin caregivers navigate DFCS.
10. Advise decisions will be made in partnership with the family based upon individual needs of the child(ren) and family, while considering safety, permanency, and well-being.

Although full disclosure is the discussion with the kinship caregiver, information will also be provided in writing to the kin caregivers via the Kinship Pathways. The kinship caregiver(s) will sign the Disclosure Statement Form acknowledging the discussion and receipt of the written information. The Kinship Coordinator will provide subsequent updated full disclosures when the permanency plan changes (i.e. non-reunification, adoption) or there is change in the kinship caregiver's role (i.e. a kinship placement caregiver that transitioning into a kinship foster parent).

Kinship Caregiver Needs Assessment

Kinship Caregiver Needs Assessment is a conduit to facilitate a discussion with the kinship caregivers regarding the tangible needs they will require to successfully care for the child(ren). The Needs Assessment assists the parent, kinship caregivers, case manager, and community providers to accurately identify what services and supports would be needed to strengthen the out-of-home arrangement. The Kinship Caregiver Needs Assessment is an ongoing evaluation that is child and caregiver focused. Every kinship caregiver will have different needs based on their parenting experience and skills, prior knowledge of the child, and community resource knowledge. It should be expected that the identified needs of the kinship caregiver will change throughout the agency involvement.

Power of Attorney

The Power of Attorney (POA) is a legal agreement between the parent(s)/legal guardian(s) and the voluntary kinship caregiver that enables the voluntary kinship caregiver to act in the parent's place on behalf of the child. A POA is used to support the voluntary kinship caregivers during a voluntary kinship arrangement, in instances where the parent is not readily available or accessible to exercise their parental authority such as registering the child in school and authorizing medical care or treatment.

Prior to initiating the voluntary kinship arrangement, the SSCM will inform the parent(s)/legal

guardian(s) of the option of entering into a POA with the voluntary kinship caregiver. The parent(s)/legal guardian(s)' decision to enter into the POA is their own and they should be encouraged to consult an attorney about any concerns prior to initiating the POA. If the parent(s)/legal guardian(s) wish to establish a POA, inform the parent(s)/legal guardian(s) the following:


1. The parent(s)/legal guardian(s) and voluntary kinship caregiver is responsible for completing the POA.
2. The parent(s)/legal guardian(s) and voluntary kinship caregiver need to file the POA in the probate court of the county where the child resides.
3. The voluntary kinship caregiver must maintain an original POA as proof of their authority to make decisions of behalf of the child.
4. A copy of the POA needs to be provided to the DFCS SSCM.
5. The parent(s)/legal guardian(s) has the right to dissolve the POA.

The POA does not terminate the parent's legal authority/right or dismiss DFCS involvement.

Forms and Tools

N/A

22.2 Use of Kinship Caregivers in Foster Care

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	Kinship		
	Policy Title:	Use of Kinship Caregivers in Foster Care		
	Policy Number:	22.2	Previous Policy Number(s):	10.5
	Effective Date:	September 2020	Manual Transmittal:	2020-06

Codes/References

N/A

Requirements

The Division of Family and Children Services (DFCS) will:

1. Utilize kinship caregivers to care for children in foster care to maintain family connections, minimize trauma, and promote placement stability and a sense of normalcy.
2. Through the diligent search process identify and locate kin who may be considered as a placement or permanency resource for the child.
3. Complete a Kinship Assessment to assess the suitability of kin to provide temporary care for a child(ren) and the physical home environment:
 - a. Abbreviated Kinship Assessment, within 72 hours of:

- i. An immediate foster care kinship placement (initial or placement change).
- ii. DFCS being granted legal custody of a child, when the child will remain with the same kinship caregiver from the voluntary kinship arrangement.



For continued placement, the Kinship Assessment must be completed within 30 calendar days of the foster care kinship placement.

- b. Kinship Assessment, within 30 days of:
 - i. An immediate foster care kinship placement.
 - ii. Being granted legal custody of a child, when the child will remain placed with the same kinship caregiver from the voluntary kinship arrangement.
 - iii. A kinship caregiver's request to be a placement resource or the referral to a Comprehensive Child and Family Assessment (CCFA) provider to conduct the Kinship Assessment.
4. Following approval of the Kinship Assessment, obtain approval for the placement of the child into the kinship caregiver's home and provide placement notifications:
 - a. When the kinship caregiver resides in the legal county:
 - i. Abbreviated Kinship Assessment or Kinship Assessment:
 1. Obtain placement approval from the legal County Director or Regional Resource Development Administrator (RRDA).
 - b. When the kinship caregiver resides in another county:
 - i. Abbreviated Kinship Assessment:
 1. Notify the boarding County Director or RRDA, of the immediate foster care kinship placement (include a copy of the approved abbreviated Kinship Assessment).
 - ii. Kinship Assessment:
 1. Obtain placement approval from the legal County Director or RRDA.
 2. Obtain placement approval from the boarding County Director or RRDA.
 3. Notify the boarding County Director or RRDA of the intended placement date with the kinship caregiver.
5. Prepare the child for transitioning from their home or current placement into the kinship caregiver's home in a manner that minimizes trauma.
6. Notify the Regional Kinship Coordinator of the foster care kinship placement.



The Regional Kinship Coordinator will receive an alert in Georgia SHINES when the Placement Information page is updated with the foster care kinship placement.

7. Conduct a Kinship Caregiver Needs Assessment within 72 hours of the foster care kinship placement to identify needs to support the kinship caregiver(s) in adequately providing for the care or needs of the child(ren).
8. Determine the kinship caregivers' eligibility for Enhanced Relative Rate (ERR), upon placement.
9. Make purposeful face-to-face contact with the child within seven calendar days of the initial placement with the kinship caregiver to assess the child's safety, adjustment to the placement,

and any needs of the child or caregiver.


10. Provide full disclosure to the kinship caregiver(s) within ten calendar days of the foster care kinship placement explaining the kinship caregiver's roles and responsibilities, service provision, financial and non-financial supports, implications of caring for a child in foster care, and legal options.
11. Provide or arrange for individualized services to address identified needs based on the developmental challenges they are experiencing in their everyday lives.
12. Initiate the initial home evaluation for the kinship caregivers to transition to kinship foster parents by referring the kinship caregiver to a Resource Development within 30 calendar days of the Kinship Coordinator's initial contact with the kinship caregivers.
13. Require foster care kinship caregivers to transition to kinship foster parents within 120 calendar days of the foster care kinship placement to ensure the continued readiness to meet the behavioral and psychological needs of child(ren) in their home.
14. Make at least one face-to-face purposeful contact each calendar month with the child placed with a kinship caregiver to assess child safety, well-being and permanency with the majority (over 50%) of the contacts occurring in the kinship caregiver residence.
15. Conduct a supervisor staffing as often as necessary, but at least once per calendar month, to provide oversight of case management activities intended to ensure the safety, permanency, and well-being of child(ren) placed with a kinship caregiver.
16. Make at least one face-to-face purposeful contact each calendar month with the kinship caregiver(s), to evaluate if the placement continues to meet the needs of the child, caregiver capacity and family functioning to assess child safety. If the placement resource is a two-parent household, ensure both parents are engaged.
17. Make purposeful face-to-face contact with any child in a kinship placement who is seriously injured or has attempted self-harm or suicide within 24 hours of notification to assess for maltreatment, the child's current condition and future treatment needs.
18. Make face-to-face contact with any child in foster care placed with a kinship caregiver who is the subject of a Child Protective Services (CPS) intake report that is screened out to confirm child safety and wellbeing. Contact shall be made with the child and their caregiver within 24 hours of notification of the screen out decision.
19. Continue diligent search efforts until a kin or other committed individual has been identified for the placement or permanency of the child or until such child is placed for adoption in accordance with policy [19.20 Case Management: Diligent Search](#).



Procedures

Social Services Case Manager

1. Identify and locate kin who may be considered as a placement resource for the child while in foster care in accordance with policy [19.20 Case Management: Diligent Search](#).
2. Contact the prospective kinship caregiver:
 - a. Confirm their willingness to care for the child(ren);
 - b. Discuss the requirements of being a kinship caregiver for a child in foster care;

- c. If an abbreviated Kinship Assessment is being completed, explain a Kinship Assessment is required to be completed within 30 days of the placement;
 - d. Explain for the kinship caregiver to continue as a placement resource for the child, he/she must be approved as a foster parent within 120 days from the date of the placement.
3. In conjunction with the Social Services Supervisor (SSS) determine whether a CCFA provider will complete the Kinship Assessment in accordance with policy [10.10 Foster Care: Comprehensive Child and Family Assessment \(CCFA\)](#).
 4. Conduct a Kinship Assessment to assess the suitability of kin (relatives or fictive kin) to provide temporary care for a child(ren) and to assess the physical home environment:
 - a. Abbreviated Kinship Assessment in accordance with policy [22.3 Kinship: Kinship Assessment](#).

 For continued placement, the Kinship Assessment must be completed within 30 calendar days of the foster care kinship placement.
 - b. Kinship Assessment in accordance with policy [22.3 Kinship: Kinship Assessment](#).
 5. When the Kinship Assessment is not approved:
 - a. Engage the caregiver:
 - i. Explain that the children already placed in the home will need to be moved.
 - ii. If the reasons for denial can be rectified, explain that once the issues have been resolved an updated Kinship Assessment or Home Evaluation is needed to be considered for future kinship placement.
 - iii. Ask for support with transitioning the child(ren) to a new placement.
 - iv. Identify other ways they can support the child(ren) in foster care, if they are unable to be a placement resource.
 - b. Select a new placement for the child(ren) in accordance with policy [10.4 Foster Care: Selecting a Placement Resource](#).
 6. When the Kinship Assessment is approved:
 - a. Obtain approval from the County Director or RRDA for the placement of the child into the kinship caregiver's home.
 - b. When the approved kinship caregiver resides in another county:
 - i. Obtain placement approval from the County Director or RRDA, where the kinship caregiver resides; and
 - ii. Notify the of the intended placement date with the kinship caregiver.
 7. Prepare the child for transitioning from their home or current placement into the kinship caregiver's home. Place the child into the home of the approved kinship caregiver.
 - a. If this is the initial placement into foster care, follow procedures in policy [10.1 Foster Care: Placement of a Child](#).
 - b. If this is a placement change, follow procedures in policy [10.3 Foster Care: Changes in Placement](#).

8. Indicate the child's placement with a Kinship Caregiver on the Placement Information page in Georgia SHINES.
9. Determine the Kinship Caregivers eligibility for Enhanced Relative Rate (ERR), upon placement in accordance with policy [22.8 Kinship: Financial and Non-Financial Support for Children in Foster Care or Who Have Achieved Permanency](#).
10. Assign the Regional Kinship Coordinator as secondary on the foster care case in Georgia SHINES within 48 hours of the placement with a foster care kinship caregiver.
11. Make purposeful face-to-face contact with the child(ren) within seven calendar days of the placement with the kinship caregiver.
12. Make at least one face-to-face purposeful contact each calendar month with each child placed with a kinship caregiver to assess child safety, well-being and permanency in accordance with policy [10.18 Foster Care: Purposeful Contacts in Foster Care](#).
13. Make at least one face-to-face purposeful contact each calendar month with the kinship caregiver(s), to evaluate if the placement continues to meet the needs of the child, caregiver capacity and family functioning to assess child safety in accordance with policy [10.18 Foster Care: Purposeful Contacts in Foster Care](#). If the placement resource is a two-parent household, ensure both parents are engaged.
14. Discuss with the kinship caregiver(s) their role and responsibilities, service provision, financial and non-financial supports, implications of caring for a child in foster care, and legal options.
15. When becoming aware of changes in the kinship caregiver's household circumstances:
 - a. Initiate a staffing with the SSS, within 72 hours to discuss the changes and the impact on the child's safety, permanency and well-being.
 -  Immediately staff any safety concerns.
 - b. Assess the impact the change has on the eligibility for ERR. Initiate any necessary adjustments to the subsidy payments in accordance with policy [22.8 Kinship: Financial and Non-Financial Supports for Children in Foster Care or Who Have Achieved Permanency](#).
 - c. Document the changes in the household circumstances, the impact on child safety and well-being, and any changes to the eligibility status of subsidy payments, in the narrative of the Contact Detail page of Georgia SHINES.
 - d. Notify Regional Accounting and the Resource Maintainer of the changes.
16. Participate in any staffings to discuss challenges in the kin caregivers foster home approval process and explore possible solutions, when requirements for foster home approval were not completed.
17. In conjunction with the SSS, determine if it is in the best interest of the child to remain with the kinship caregiver, when consensus cannot be achieved to overcome challenges to foster home approval.
 -  For continued placement with the current kinship caregiver, approval from the Regional Director/Designee is required.
18. Terminate ERR payments if the kinship caregiver has not completed the requirements for foster family home approval within 120 days, if the Regional Director/Designee has not granted

approval for continued placement in accordance with policy [22.8 Kinship: Financial and Non-Financial Supports for Children in Foster Care or Who Have Achieved Permanency](#).

Social Services Supervisor

1. Determine if the Kinship Assessment or Abbreviated Kinship Assessment is required to be completed based on case circumstances. Oversee the completion of the Kinship Assessment in accordance with the policy [22.3 Kinship: Kinship Assessment](#).
2. When the Kinship Assessment is approved, obtain approval from the applicable County Director(s) or RRDA(s) for the placement of the child with the kinship caregiver and provide notification of the intended placement or placement dates as outlined in the requirements.
3. Assist the SSCM in selecting a new placement for the child(ren) when the Kinship Assessment is not approved in accordance with policy [10.4 Foster Care: Selecting a Placement Resource](#).
4. Ensure the child is prepared for the transitioning from their home or current placement into the kinship caregiver's home in accordance with policy:
 - a. [10.1 Foster Care: Placement of a Child](#), if it's the initial placement into foster care.
 - b. [10.3 Foster Care: Changes in Placement](#), if this is a placement change.
5. Ensure the child is placed with the approved kinship caregiver, if not already in the kinship caregiver's home, in accordance with policy [10.1 Foster Care: Placement of a Child](#) or [10.3 Foster Care: Changes in Placement](#).
6. Ensure individualized services were provided or arranged to preserve and support the kinship foster care placement in accordance with policy [19.17 Case Management: Service Provision](#).
7. Ensure the SSCM conducts a visit within seven calendar days of the child(ren)'s placement with the kinship caregiver(s) (see policy [10.1 Foster Care: Placement of a Child](#) and [10.3 Foster Care: Changes in Placement](#)).
8. Ensure at least one face-to-face purposeful contact each calendar month with the child placed with a kinship caregiver in accordance with policy [10.18 Foster Care: Purposeful Contacts in Foster Care](#).
9. Ensure at least one face-to-face purposeful contact conducted with the kinship caregiver each calendar month in accordance with policy [10.18 Foster Care: Purposeful Contacts in Foster Care](#). If the placement resource is a two-parent household, ensure both parents are engaged.
10. Conduct a staffing with the SSCM on a monthly basis to provide oversight of case management activities intended to ensure the safety, permanency, and well-being of child(ren) in accordance with policy [19.6 Case Management: Supervisor Staffing](#).
11. Conduct a staffing with the SSCM when there are changes to the kinship caregiver household circumstances to assess the impact of the change on the child's safety, permanency and well-being and the impact on the eligibility for ERR.
12. Participate in any staffings to discuss challenges in the kin caregivers foster home approval process and explore possible solutions, when requirements for foster home approval were not completed. When consensus cannot be achieved to overcome challenges to foster home approval:
 - a. In conjunction with the SSCM, determine if it is in the best interest of the child to remain with the kinship caregiver.

- b. Obtain approval from the Regional Director/Designee for continued placement with the current kinship caregiver(s), if it is determined to be in the best interest of the child.
13. Ensure ERR payments are terminated if the kinship caregiver has not completed the requirements for foster family home approval within 120 days, if the Regional Director/Designee has not granted approval for continued placement (see policy [22.8 Kinship: Financial and Non-Financial Supports for Children in Foster Care or Who Have Achieved Permanency](#)).

The Regional Kinship Coordinator will:

1. Engage the kinship caregiver(s) within 72 hours of the child being placed in the kinship caregiver's home.



If an approved voluntary kinship caregiver is transitioning to a kinship caregiver for a child in foster care, contact should be made within 10 days of DFCS being granted legal custody of the child(ren).

2. Conduct a Kinship Caregiver Needs Assessment within 72 hours of the foster care kinship placement, to identify what services and supports would be needed to strengthen the out-of-home arrangement.
3. Upload the Needs Assessment into Georgia SHINES External Documentation.
4. Initiate individualized services to address identified needs based on the developmental challenges they are experiencing in their everyday lives in accordance with policy [19.17 Case Management: Service Provision](#).
5. Provide the Kinship Pathways (full disclosure) within ten calendar days of the foster care kinship placement (see Practice Guidance: Full Disclosure). Obtain the kinship caregiver(s) signatures on the disclosure Statement acknowledging the full disclosure discussion and receipt of the Kinship Pathway.
6. Engage the kinship caregiver(s) bi-weekly (face-to-face or telephone) to:
 - a. Provide resources and supports the to assist in caring for the child.
 - b. Continue discussion of the Kinship Pathway.
 - c. Conduct the ongoing Needs Assessment.



The contact method (face-to-face or by telephone) will be determined based on the needs of the kinship caregiver(s).

7. Refer the kinship caregiver to a Resource Development SSCM within 30 days of contact to initiate the kinship caregivers' transition to kinship foster parents (see policy [22.4 Kinship: Kinship Foster Home Evaluation](#)).
8. Monitor the kinship caregivers' transition to kinship foster parents to ensure timely completion in accordance with policy [22.4 Kinship: Kinship Foster Home Evaluation](#).

Practice Guidance

Kinship Care

Kinship care is the full-time care and nurturing of a child by a relative or someone with a significant emotional connection to the child, such as a close family friend, when parents are not able to provide care. Kin includes:

- Grandparents
- Siblings
- Extended family members
- Tribal members
- Godparents
- Stepparents
- Anyone with a “family like” relationship with the child

When out-of-home care is needed, kinship care is the preferred option because it can reduce trauma and help children maintain family bonds, a sense of belonging, and their identity. Research shows that children benefit from kinship care in many ways. Kinship care can reduce the trauma that children may have previously endured and the trauma that accompanies parental separation by providing them with a sense of stability and belonging in an otherwise unsettling time. Kinship care has the following benefits:

- Connections with a child’s birth family, extended family, siblings, and community—bonds that are essential to well-being
- Minimize trauma
- Preservation of cultural identity
- Increase the chances the siblings will remain together
- Placement stability compared to children in other out-of-home care arrangements

Prospective kinship caregivers should be provided all the information on the child’s needs and situation to allow the prospective caregiver and DFCS to make the best possible placement decision for the child.

Success of Placement with Kinship Caregivers

The success of placement with a kinship caregiver(s) can be positively impacted by:

1. The extent of kin caregiver’s preparation for meeting the child(ren)’s needs.
2. The accuracy of their kin caregiver’s perceptions of the requirements for managing the child(ren) and his/her needs (i.e., medical, physical, emotional, educational, and/or behavioral issues).
3. The open communication and information sharing between the DFCS, the family and kinship caregivers.
4. Their kin caregiver’s familiarity with and commitment to abide by the agency’s requirements regarding children in out-of-home placements.

Placement with a kinship caregiver(s) may not be appropriate when:

1. Child abuse has been substantiated on the kinship caregiver.
2. Unsatisfactory criminal records checks are received.
3. Safety concerns are identified.
4. They are unable to meet the on-going needs of the child(ren).
5. Parental interference in the placement would negatively affect the child(ren).
6. They are not willing to accept the placement.
7. They are openly or passively hostile or negative toward the parents, child(ren) or DFCS.
8. They are unable or unwilling to protect the child(ren) from risks or harm from others.
9. They are unable or unwilling to comply with agency or court ordered visitation plans or outcome of reunification.

Kinship Coordinator

The Kinship Coordinators partner with kinship caregivers to identify needs of the caregivers and children that would impact the kinship caregivers' ability to provide adequate care for the children. Following the Kinship Needs Assessment, the Kinship Coordinator will partner with the SSCM to provide or arrange individualized services to address the identified needs. This includes providing kinship caregivers with information about how to access health care, financial support and public benefits, legal assistance, emergency services, respite etc. and/or linking the kinship caregiver with community services such as support groups and counseling. In addition, kinship caregivers are provided information on the court system, including the different types of hearings, court procedures, and the kinship caregiver's role in any court proceedings. The Kinship Coordinator's involvement begins at the initiation of out-of-home care with a kinship caregiver and continues until the kinship arrangement or placement is no longer needed.

Full Disclosure

Full disclosures will be provided to the voluntary kinship caregiver by the Kinship Coordinator when the child(ren) enters the home of the kinship caregiver.

1. Explain the role and responsibilities of a voluntary kinship caregiver.
2. Ensure that the kinship caregiver is willing to maintain the child(ren)'s safety and well-being.
3. Identify the role kinship caregiver(s) has in assisting the parent(s)/guardian(s)/legal custodian(s) in achieving the conditions for return.
4. Explain agency terms and definitions (i.e. kinship caregiver, TAFC, conditions for return), including DFCS requirement to abide by Health Insurance Portability and Accountability Act (HIPAA) and confidentiality standards.
5. Explore the available services.
6. Inform of legal options and financial support.
7. Advise how to access the Kinship Navigator Program.
8. Explore short term and long-term implications for caring for a child(ren) who is unable to live

with their parent(s)/guardian(s)/legal custodian(s).

9. Provide the Kinship Pathway to help kin caregivers navigate DFCS.
10. Advise decisions will be made in partnership with the family based upon individual needs of the child(ren) and family, while considering safety, permanency, and well-being.

Although full disclosure is the discussion with the kinship caregiver, information will also be provided in writing to the kin caregivers via the Kinship Pathways. The kinship caregiver(s) will sign the Disclosure Statement Form acknowledging the discussion and receipt of the written information. The Kinship Coordinator will provide subsequent updated full disclosures when the permanency plan changes (i.e. non-reunification, adoption) or there is change in the kinship caregiver's role (i.e. a kinship placement caregiver that transitioning into a kinship foster parent).

Kinship Needs Assessment

Kinship Caregiver Needs Assessment is a conduit to facilitate a discussion with the kinship caregivers regarding the tangible needs they will require to successfully care for the child(ren). The Needs Assessment assists the parent, kinship caregivers, case manager, and community providers to accurately identify what services and supports would be needed to strengthen the out-of-home arrangement. The Kinship Needs Assessment is an ongoing evaluation that is child and caregiver focused. Every kinship caregiver will have different needs based on their parenting experience and skills, prior knowledge of the child, and community resource knowledge. It should be expected that the identified needs of the kinship caregiver will change throughout the agency involvement.

Tips for Supporting Kinship Caregivers


The following Tips should be considered when placing a child with Kin/ Fictive Kin Caregivers:

1. Ensure the caregiver is informed and supported throughout the kinship assessment and foster home evaluation process.
2. Maintain regular contact with the regional kinship coordinator and the resource development staff to assist with kinship placements.
3. Ensure the safety screens are completed prior to initiating a home assessment.
4. Inform the caregiver of the timeframes and keep them abreast of any delays.
5. Work with the caregiver to get forms or other information that may be needed to expedite the process.
6. Proactively address any barriers to the foster care kinship placement or foster home evaluation approval process.
7. Consideration should be given to approving the Abbreviated Kinship Assessment and the Subsidy Application simultaneously to ensure continuity of approval dates.

Forms and Tools

N/A

22.3 Kinship Assessment

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(22) Kinship		
	Policy Title:	Kinship Assessment		
	Policy Number:	22.3	Previous Policy Number(s):	5.6, 10.5
	Effective Date:	November 2024	Manual Transmittal:	2024-08

Codes/References

O.C.G.A. § 15-11-133.1 Temporary Alternatives to Foster Care; Orders; Minimal Preliminary Assessments; Preliminary Protective Hearing; Time for Hearings

Requirements

The Division of Family and Children Services (DFCS) will:

1. Complete a Kinship Assessment to assess the suitability of a kinship caregiver (relative or fictive kin) to provide temporary care for a child(ren) and to assess the physical home environment for a:
 - a. Voluntary Kinship Arrangement:
 - i. Prior to the child entering the kinship caregiver's home.
 - ii. Within 72 hours of the child entering the kinship caregiver's home when the arrangement was established in an emergency circumstance.
 - b. Temporary Alternative to Foster Care (TAFC):
 - i. Prior to seeking a temporary alternative to foster care order from the court for a child to be cared for by a kinship caregiver.
 - ii. Within 72 hours of the court issuing a TAFC order mandating DFCS assess the home of the kinship caregiver(s). If the order is issued on a weekend, the assessment shall be completed within five calendar days of the order.
 - c. Temporary Custody to a Third Party or Guardianship (Child Protective Services (CPS) cases)
 - i. Prior to seeking temporary custody to a third party or guardianship from the court for a child.
 - d. Foster Care Kinship Placement:
 - i. Within 30 calendar days of the kinship caregiver's request to be a placement resource;
or
 - ii. Within 30 calendar days of the referral to a Comprehensive Child and Family Assessment (CCFA) provider to conduct the Kinship Assessment.



See requirement below for completing an Abbreviated Kinship Assessment when an immediate foster care kinship placement is needed.

2. Engage and assess all kinship caregivers and their household members face-to-face in the home to determine if he/she can meet the needs of the child(ren).
3. Assess the physical home environment to confirm that it is safe and appropriate to meet the needs of each child, to include:
 - a. A walk through and examination of every room in the home. Also examine the exterior of the home, including the garage.
 - b. Sleeping arrangements for all household members. For additional information on assessing sleeping arrangements for children residing with kin caregivers see policy [22.6 Kinship: Waiver of Non-Safety Standards for Kinship Foster Homes](#).
 - c. Assessing and discussing infant safe sleep practices with all caregivers who have an infant (birth to 12 months of age) in the home and address any unsafe sleeping arrangements prior to leaving the home.
 - d. Discussing motor vehicle safety recommendations including hot car safety with caregivers (see policy [10.15 Foster Care: Child Safety Equipment](#) and [14.1 Resource Development: Safety and Quality Standards](#)).
4. Conduct safety screenings on kinship caregiver(s) and all adults residing in the kinship caregiver's home.
5. Conduct a check of the Georgia Crime Information Center (GCIC) database on each kinship caregiver and all adult residing in the kinship caregiver's home.



GCIC checks are only required when completing a Kinship Assessment for a voluntary kinship arrangement or TAFC.

6. Conduct a check of the National Crime Information Center (NCIC) database utilizing electronic fingerprinting (Live Scan) on any prospective kinship caregiver and all adults residing in the kinship caregiver's home.



NCIC checks are not required when completing a Kinship Assessment for a voluntary kinship arrangement or TAFC.

7. Conduct a drug screen on the primary and secondary kinship caregivers to support approval decision-making related to the care and/or placement of a child.



Drug screens are not required when completing a Kinship Assessment for a voluntary kinship arrangement or TAFC, unless there is reasonable suspicion of illegal drug use or prescription drug abuse.

8. Ensure a medical evaluation is completed on all adults residing in the home that includes a screening for Tuberculosis (TB) via blood or skin test.
 - a. The medical evaluation must be conducted and signed by a licensed physician, physician's assistant, or public health department within 12 months of the approval date of the Kinship Assessment.
 - b. The primary and secondary caregiver (as applicable) medical evaluation results must be documented using the Prospective Foster or Adoptive Parent Medical Evaluation Report; and

- c. Household members 18 years of age or older, other than the primary and secondary caregiver, medical evaluation results must be documented using the Additional Household Member Medical Evaluation Report.



Medical evaluations are not required when completing a Kinship Assessment for a voluntary kinship arrangement, TAFC, temporary custody to a third party or Guardianship.

9. Document the Kinship Assessment in Georgia SHINES, including uploading all supporting documents into External Documentation.



When the Kinship Assessment is conducted by the CCFA provider the SSCM shall enter the Kinship Assessment into Georgia SHINES.

10. Obtain final approval from the County Director/Designee of the Kinship Assessment, when the Kinship Assessment is for the placement of a child in foster care.
11. Complete an abbreviated Kinship Assessment to facilitate an immediate foster care placement with a kinship caregiver within 72 hours of a foster care kinship placement or DFCS being granted legal custody of a child, and the child will remain with the same kinship caregiver from the voluntary kinship arrangement.
 - a. Conduct safety screenings on any prospective kinship caregiver(s) and all adults residing in the home.
 - b. A check of the NCIC database utilizing electronic fingerprinting (Live Scan) on any prospective kinship caregiver and all adults residing in the home.
 - c. A home visit and face-to-face interview of each kinship caregiver and household members.
 - d. Assess the kinship caregiver's physical home environment to determine if it is safe and appropriate to meet the needs of each child.
 - e. Review, provide and obtain each kinship caregiver signatures on the following documents:
 - i. The Caregiver Child Safety Agreement
 - ii. Kinship Pathway
 - f. Document and obtain supervisor approval of the abbreviated Kinship Assessment in Georgia SHINES within 72 hours of the foster care kinship placement.
 - g. Complete the Kinship Assessment within 30 calendar days of the immediate foster care placement with the kinship caregiver.



It is necessary to only complete the components of an abbreviated Kinship Assessment not previously completed as part of the Kinship Assessment for a voluntary kinship arrangement, when DFCS has been granted legal custody of a child, and the child will remain with the same kinship caregiver. The abbreviated kinship assessment for immediate placement shall be completed by the legal county.

12. When the kinship caregiver(s) resides out-of-state, follow the procedures in policy [15.2 Interstate Compact on the Placement of Children: Placement of Georgia Children into Other States \(Georgia as the Sending State\)](#).
13. Adhere to confidentiality and the Health Insurance Portability and Accountability Act (HIPAA)

in accordance with policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and policy [2.6 Information Management: Confidentiality/Safeguarding Information](#).

14. Ensure that no prospective or existing caregiver is discriminated against or denied the opportunity to participate in the kinship programs, solely because of such individual's disability (see policy [1.5 Administration: Americans with Disabilities Act \(ADA\)/Section 504 and Reasonable Modifications](#)).

Procedures

Social Services Case Manager

1. Contact the prospective kinship caregiver prior to conducting a home visit:
 - a. Explain DFCS' obligation to maintain confidentiality and safeguard information to prevent unauthorized disclosure:
 - i. Personal information provided during the completion of the Kinship Assessment or while serving as a kin caregiver will be kept confidential and used for the purpose of determining their suitability for the care of the child, unless otherwise permitted by law. See policy [2.6 Information Management: Confidentiality/Safeguarding Information](#).
 - ii. DFCS cannot share protected health information (PHI) with any person, agency or contractor without prior written authorization from the owner of the PHI, unless otherwise permitted by law. Provide a copy of the Notice of Privacy Practices and obtain signature(s). See policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#).
 - b. Gather demographic (name, DOB, SSN, gender, marital status, all previous addresses (within the last five years) and contact information and for all household members; and
 - c. Schedule the home visit to complete the Kinship Assessment when all household members will be home or inform the kinship caregiver a CCFA provider will be in contact to schedule the home visit.
2. Enter the demographic and contact information for each household member in the Person Detail page in Georgia SHINES.
3. Conduct safety screenings on all prospective kinship caregivers and their adult (18 years or older) household members in accordance with policy [19.9 Case Management: Safety Screenings](#).
4. Conduct a check of the GCIC database on all prospective kinship caregivers and all adults residing in the home in accordance with policy [19.8 Case Management: Criminal Records Checks \(CRC\)](#).



GCIC checks are only required when completing a Kinship Assessment for a voluntary kinship arrangement or TAFC.

5. Conduct a check of the NCIC database utilizing electronic fingerprinting (Live Scan) on all prospective kinship caregivers and all adults residing in the home in accordance with policy [19.8 Case Management: Criminal Records Checks \(CRC\)](#).





NCIC checks are not required when completing a Kinship Assessment for a voluntary kin-

ship arrangement or TAFC.

6. Conduct a home visit to engage and interview face-to-face all household members (kinship caregivers, other adults and children) to assess their protective capacities and the home environment:
 - a. Explain any court related requirements:
 - i. The adherence to stipulations outlined in any orders issued by the court, including parent(s)/guardian/legal guardian(s) and child contact; and
 - ii. Any upcoming court hearings.
 - b. Discuss the out-of-home arrangement:
 - i. How long the kinship caregiver can care for the child;
 - ii. Service needs and implementation for the child(ren) during their stay in the home of the kin caregiver;
 - iii. The role and responsibilities of the kin caregiver.
 - c. Gather or verify demographic information, if not already obtained.
 - i. Kinship Caregiver(s): Name, DOB, SSN, gender, marital status, all previous addresses (within the last five years), contact information and verification of citizenship/identity.
 - ii. Other Kinship Caregiver Household Member(s): Name, DOB, SSN, gender, marital status, all previous addresses (within the last five years), contact information and verification of citizenship/identity.
 - iii. Obtain a copy of the driver's license of all motor vehicle operators in the home.
 - d. History – DFCS, Safety Screenings and Criminal Records
 - i. Review the results of the safety screenings and address any concerns.
 - ii. Analyze DFCS history in accordance with policy [19.10 Case Management: Analyzing DFCS History](#). Discuss DFCS history and any concerns with the kinship caregiver(s) and/or adult(s) residing in the home and how issues were resolved.
 - iii. Fully explore any criminal history of the kinship caregiver(s) and/or adults residing in the home.
 - e. Observe the physical home environment and determine if it is safe and appropriate to meet the needs of each child:
 - i. Discuss the residence (rented or owned), if any special permission is needed to allow additional residents to reside in the home.
 - ii. Examine the exterior of the home, including the garage;
 - iii. Complete a walk-through of the residence;
 1. Examine every room in the home;
 2. Examine bathroom facilities and bathing arrangements;
 3. Identify sleeping arrangements for all household members (indicate the number of bedrooms). Discuss safe sleep practices, when an infant (birth to 12 months of age) is living in the home or is the subject of the out-of-home safety plan. Take appropriate

action to remedy unsafe sleep situations prior to leaving the home such as helping the kin caregiver(s) prepare a safe sleeping area for an infant (see [Forms and Tools: Infant Safe to Sleep Guidelines and Protocol](#)).

- iv. Verify the following:
 1. Working smoke and carbon monoxide detectors on each level of the residence (see policy [14.1 Resource Development: Safety and Quality Standards \(SQS\)](#)).
 2. Utilities are operating and in good working order.
 3. Telephone accessibility.
 4. Functioning of the kitchen appliances.
 5. Childproofing based on the age and developmental needs of the child (i.e. electrical outlets covered, cleaning supplies and medications in locked cabinets, etc.).
 6. Heating and cooling system.
 - v. Identify any safety concerns within the home and any repairs required to prevent harm or danger to the child(ren).
- f. Discuss the presence of any of the following and the measures taken by the kinship caregiver(s) for child safety and injury prevention and their views and practices regarding child supervision in, near or while using:
- i. Water (pools, hot tubs, ponds, lakes, rivers, etc.) and whether fencing, gate with lock, pool alarm or pool cover is used.
 - ii. Pets: list of all animals and whether they are current on their vaccinations.
 - iii. Weapons: number, type, location (inside and outside of the home) and method of securing.
 -  All weapons must be secured in a lock box or cabinet. Ammunition must be stored separately away from the weapon.
 - iv. Vehicles/Appliances: unlocked and inoperable vehicles or appliances inside or outside of the home.
 - v. High traffic streets or highways nearby.
 - vi. Trampolines and whether a safety nets are utilized.
 - vii. Bicycles and the use of safety helmets.
 - viii. All-terrain vehicles (ATV).
 -  The kinship caregiver(s) must consult with the SSCM before allowing a child to operate or be a passenger on an ATV.
- g. Discuss transportation and child passenger safety including:
- i. Whether the family owns a vehicle with child safety features.
 - ii. Whether the identified driver(s) have a valid driver's license. Obtain a copy of the valid driver's license.
 - iii. Availability and use of child restraint devices (i.e. car seats, booster seats, etc.)

- iv. Motor vehicle safety recommendations including hot car safety with caregivers. See Practice Guidance: Motor Vehicle “Hot Car” Safety Recommendations.
 - v. At minimum liability insurance coverage or current transportation plan until insurance is obtained.
 - vi. The mode of transportation readily available if the family does not own a vehicle or if the vehicle is unsafe.
- h. Discuss employment and finances to determine whether the kinship caregiver(s) has sufficient income to meet their own needs and to provide temporary care for the child(ren).
- i. Provide full disclosure of all financial and non-financial supports available in accordance with policy [22.8 Kinship: Financial and Non-Financial Supports for Children in Foster Care or Who Have Achieved Permanency](#).
 - ii. Any assistance needed in applying for benefits



The parent or legal custodian remains financially responsible for their child when using a voluntary kinship caregiver.

- i. General
 - i. Identify who will provide direct care for the child.
 - ii. Discuss the kinship caregiver’s plan for childcare due to employment, child’s after school needs or other reasons. Discuss whether the child is eligible for childcare assistance.
 - iii. Discuss the relationship between the parent(s) and kinship caregiver(s).
 - iv. Identify with the kinship caregiver(s) their strengths and needs.
 - v. Explore how the child’s presence in the kinship caregiver’s home impacts the current family functioning or dynamics.
 - vi. Observe and assess:
 - 1. The interaction between the kinship caregiver(s) and the child.
 - 2. The childcare skills of the kinship caregiver(s).
 - 3. All children living in the home and describe the quality of care they receive.
 - 4. The physical, psychological, emotional and intellectual well-being of the kinship caregiver(s) and whether there are any limitations that impair their ability to care for the child(ren).
- j. Complete the following additional steps, when conducting a Kinship Assessment for a child in foster care:
 - i. Discuss the child in the home:
 - 1. The medical, emotional and physical needs of the child and whether the kinship caregiver(s) has the capacity to meet any special needs of the child(ren).
 - 2. Whether the kinship caregiver(s) is willing and able to meet the basic needs (educational, clothing, food and medical) of the child. What arrangements have been made to maintain the child(ren) in their same school? What is the plan for medical treatment for the child(ren)?

3. Parental access to the child and whether unsupervised contact is allowed. Identify the steps the kinship caregiver(s) should take if the parents attempt to take physical custody of the child without DFCS approval.
 4. Practices and views on maintaining the child's parental, sibling and other family ties.
 5. The child's interpersonal relationships with other household members.
- ii. Discuss and describe the kinship caregiver's views and practices on discipline and corporal punishment.
 1. How the kinship caregiver(s) discipline their own children and the reasons for the discipline.
 2. DFCS discipline policy for a child in foster care and the reason for such a policy (see policy [14.20 Resource Development: Discipline and Behavior Management](#)).
 3. Whether the kinship caregiver(s) and other direct caregiver(s) commit to refraining from using corporal punishment. Assist the kinship caregiver(s) in identifying appropriate discipline techniques, if applicable.
 - iii. Obtain the health history of all kinship caregiver(s) and their household members.
 1. Request the primary and secondary kinship caregivers and their current household members complete a medical evaluation. The medical evaluation must be conducted and signed by a licensed physician, physician's assistant, or public health department within 12 months of the approval date for the Kinship Assessment (see policy [22.4 Kinship: Kinship Foster Home Evaluation](#)).
 2. Mental health in accordance with policy [14.1 Resource Development: Safety and Quality Standards \(SQS\)](#).
 3. Request all kinship caregivers complete a drug screen in accordance with policy [19.25 Case Management: Drug Screens](#). Address any concerns with drug screen results.
 - iv. Request the kinship caregiver provide two references that can describe their ability to provide care for the child(ren).
 - v. Additional Information
- k. Review, provide and obtain the kinship caregiver(s) signatures (as applicable) on the following documents:
 - i. Caregiver Child Safety Agreement
 - ii. Kinship Pathway
 - iii. CRC authorizations (see policy [19.8 Case Management: Criminal Records Checks \(CRC\)](#))
 - l. Advise of any changes that are required to approve the assessment (i.e. home repairs, child-proofing, etc.).
7. Contact the references provided by the kinship caregiver(s), when the Kinship Assessment is for the placement of a child in foster care, and discuss at minimum:
 - a. How long have they known the family;
 - b. What type of relationship they have with the family (friend, employer, doctor, minister, etc.);

- c. Their opinion of the marital and family relationships;
 - d. The family's relationships outside the home (neighborhood, church, etc.);
 - e. Their opinion and observations of the kinship caregiver(s) with the child; and
 - f. Any other areas of concern or anything the reference would like to share.
8. Consult with the SSS to discuss the results of the Kinship Assessment and if necessary next steps. Discuss safety screenings and CRC results, interviews, and observations.
 9. Document the Kinship Assessment in Georgia Shines:
 - a. Complete all components of the Kinship Assessment
 - b. Upload into External Documentation the:
 - i. Caregiver Child Safety Agreement
 - ii. Kinship Pathway
 - iii. Drug Screen results (if applicable)
 - iv. NCIC/GCIC results (if not uploaded by Office of Inspector General)
 - v. Copy of the driver's license of all motor vehicle operators in the home
 - vi. Prospective Foster or Adoptive Parent Medical Evaluation Report (if applicable)
 - vii. Additional Household Member Medical Evaluation Report form (if applicable)
 - viii. Submit the Kinship Assessment to the SSS for review and approval.



When the Kinship Assessment is completed by the CCFA provider the SSCM will enter the Kinship Assessment into Georgia SHINES including uploading all supporting documents in External Documentation.

10. Notify the kinship caregiver(s) of the Kinship Assessment approval decision. If the Kinship Assessment is not approved, build consensus regarding the denial reason(s) and develop an action plan to correct them if the reason(s) for denial can be rectified. Document the denial reason(s) in Georgia SHINES.

The Social Services Supervisor will

1. Track and monitor the completion of Kinship Assessments using the Timeliness to Complete Kinship Assessment and Kinship Home Approval LENSES reports.
2. Ensure the Kinship Assessment or the abbreviated Kinship Assessment is completed as appropriate for the case circumstances.
3. Conduct a staffing with the SSCM to discuss the information gathered, as applicable:
 - a. Review and consider safety screenings, including the exploration of any history with the individual, in accordance with policy [19.9 Case Management: Safety Screenings](#).
 - b. Review and consider CRCs, including the exploration of any criminal history with the individual, in accordance with policy [19.8 Case Management: Criminal Records Check \(CRC\)](#).
 - c. Review the drug screen results of the kinship caregivers to assess caregiver protective capacities.

- d. The home visit and face-to-face interview with all household members (kinship caregivers, other adults and children), including family functioning and the observation of interactions between the kinship caregivers and their children (if applicable) and any children in the home subject to the Kinship Assessment.
 - e. The environmental assessment of the home, including any safety concerns and any recommendations for changes to the home environment.
 - f. The medical evaluation(s) to determine if the kinship caregiver's health and capabilities are sufficient to care for the child(ren).
 - g. Determine the kinship caregiver's ability to provide temporary care and meet the needs of each child and the suitability of their home. If the Kinship Assessment cannot be approved, in conjunction with the SSCM, build consensus regarding the denial reason(s) and develop a plan to address the concern(s), if the reason(s) for denial can be rectified.
4. Review the Kinship Assessment and make approval decision in Georgia SHINES, ensure:
 - a. The assessment is thoroughly completed.
 - b. Observation of the interactions of the kinship caregiver and their household members are documented.
 - c. The required documents are uploaded to External Documentation.
 5. Submit the approved Kinship Assessment to the County Director/Designee for final approval, when the Kinship Assessment is for the placement of a child in foster care.
 6. When an abbreviated Kinship Assessment is required for the immediate placement of a child in foster care:
 - a. Ensure the abbreviated Kinship Assessment is thoroughly completed and documented in Georgia SHINES.
 - b. Conduct a staffing with the SSCM to review information gathered.
 - c. Review and make the abbreviated Kinship Assessment approval decision in Georgia SHINES within 72 hours of the immediate placement.
 - d. Ensure the Kinship Assessment is completed within 30 calendar days of the immediate placement.

Practice Guidance

Kinship Assessment

The Kinship Assessment is an evaluation of the kinship caregiver(s), the home environment and whether the kinship caregiver(s) can safely meet the needs of the children.

Kinship Assessments Across County Lines

When it is necessary to utilize a kinship caregiver that is in a different county from the county with case management responsibilities (legal county). The County Division where the kinship caregiver resides (boarding county) has the responsibility to complete the Kinship Assessment and make an approval decision in Georgia SHINES, upon request from the legal county. The legal county's decision should be communicated to the boarding county. If the boarding county approved the Kinship

Assessment, the legal county shall make the determination if the child will be placed in the kinship caregiver's home. If the boarding county, denied the Kinship Assessment, the legal county is not permitted to place the child in the boarding county's jurisdiction. When the legal county disagrees with the boarding county's approval decision of the Kinship Assessment, a staffing should be immediately held to discuss the reasons for the denial.

When an abbreviated Kinship Assessment is required for the immediate placement of a child in foster care and the kinship caregiver resides in a different county than the legal county, the legal county is solely responsible for completing and approving the abbreviated Kinship Assessment in Georgia SHINES.

Kinship Assessment for Voluntary Kinship Arrangement

A Kinship Assessment for a voluntary kinship arrangement is used to evaluate voluntary kinship caregivers who has been selected by the family to care for their children, when a consensus with the family has been reached that an out-of-home safety plan is necessary to control or resolve safety threats. The child remains in the legal custody of their parent, guardian or legal custodian. The parent, guardian or legal custodian remains financially responsible for the child. For additional information on voluntary kinship arrangements see policy [22.1 Kinship: Use of Voluntary Kinship Caregivers in Child Protection Services](#).

Kinship Assessment for Temporary Alternative to Foster Care

A Kinship Assessment for temporary alternative to foster care is used to evaluate a kinship caregiver, who has been selected by the court to care for the child(ren) when the court orders a child placed in their care. The child remains in the legal custody of their parent, guardian or legal custodian. The parent, guardian or legal remains financially responsible for the child. For additional information on Temporary Alternative to Foster Care see policy [17.1 Legal: The Juvenile Court Process](#).

Kinship Assessment for Temporary Custody to a Third Party

A Kinship Assessment for temporary custody to a third party is used to evaluate a kinship caregiver, when DFCS will recommend temporary custody to a third party through juvenile court for a child in an open CPS case. Physical custody and the care of the child is transferred to third party custodian. The third party custodian has financial responsibility for the child. For additional information on Temporary Custody to a Third Party see policy [22.12 Kinship: Temporary Custody to a Third Party in Child Protective Services](#).

Kinship Assessment for Guardianship

A Kinship Assessment for guardianship is used to evaluate a kinship caregiver when DFCS will recommend guardianship through probate or juvenile court when guardianship is the most appropriate plan to achieve permanency for a child in an open CPS case. Physical custody and the care of the child is transferred to the legal guardian. The legal guardian has financial responsibility for the child. For additional information on Guardianship in Child Protective Services see policy [22.11 Kinship: Guardianship in Child Protective Services](#).

Kinship Assessment for Foster Care Placement

A Kinship Assessment for Foster Care Placement is used to evaluate a kinship caregiver who is identified through the diligent search process (see policy [19.20 Case Management: Diligent Search](#)) to care for a child in foster care. The child is in the legal custody of DFCS, and additional requirements are necessary when evaluating the kinship caregivers. DFCS is financially responsible for the child. For additional information on foster kinship placements see policy [22.2 Use of Kinship Caregivers in Foster Care](#).

Forms and Tools

[Additional Household Member Medical Evaluation Report](#)


[Infant Safe to Sleep Guidelines and Protocol](#)

[Notice of Privacy Practices](#)

[Notice of Privacy Practices \(Spanish\)](#)

[Prospective Foster or Adoptive Parent Medical Evaluation Report](#)

22.4 Kinship Foster Home Evaluation

Georgia Division of Family and Children Services Child Welfare Policy Manual				
	Chapter:	(22) Kinship		
	Policy Title:	Kinship Foster Home Evaluation		
	Policy Number:	22.4	Previous Policy Number(s):	N/A
	Effective Date:	November 2024	Manual Transmittal:	2024-09

Codes/References

O.C.G.A. § 12-5-134 (J) Standards for wells and boreholes (Georgia Water Wells Standards Act of 1985)

Public Law (PL) 104-191 Health Insurance Portability and Accountability Act (HIPAA) of 1996

PL 109-248 Adam Walsh Child Protection and Safety Act of 2006

Requirements

The Division of Family and Children Services (DFCS) will:

1. Conduct a comprehensive written evaluation of prospective kinship caregivers who apply to become foster or adoptive parents.
 - a. All components of the evaluation must follow the Structured Analysis Family Evaluation (SAFE) model.
 - b. The SAFE Home Study must be completed by a home study practitioner (HSP) who is certified in the SAFE model. The HSP may be a certified DFCS staff member, Child Placing Agency (CPA) staff member or approved contractor.
 - c. The evaluation process must be supervised throughout by a supervisor who is certified in

the SAFE model and has successfully completed the SAFE Supervisor Training.

- d. All home study interviews must be conducted in the applicant's home.
- e. The final approval authority must be a SAFE certified DFCS County Director/Designee or CPA Director/Designee.

 Home studies must be updated for each subsequent adoption.

2. Afford any qualified individual the opportunity to become an adoptive or foster parent without regard to race, color, or national origin of the individual or of the child involved (see policy [1.4 Administration: Non-Discriminatory Child Welfare Services](#)).
3. Afford qualified individuals with disabilities an equal opportunity to participate in or benefit from the DFCS foster care and adoption programs (see policy [1.5 Administration: Americans with Disabilities Act \(ADA\)/Section 504 and Reasonable Modification](#)).
4. Allow waivers of non-safety approval standards for specific children on a case-by-case basis (see policy [22.6 Kinship: Waiver of Non-Safety Approval Standards for Kinship Foster Homes](#)).
5. Evaluate applicants and their household members in accordance with policy [14.1 Resource Development: Safety and Quality Standards](#).
6. Perform applicable safety screening of all adult household members (see policy [19.9 Case Management: Safety Screenings](#)).
7. Conduct a fingerprint-based criminal records check (CRC) on all caregivers and adult household members in accordance with policy [19.8 Case Management: Criminal Records Checks](#).
8. Obtain information from the primary and secondary caregivers regarding their health (see policy [14.1 Resource Development: Safety and Quality Standards](#)).
9. Verify that primary and secondary caregivers have undergone drug screening within the 12 consecutive months prior to final approval of the home study (see policy [19.25 Case Management: Drug Screens](#)).
10. Verify that primary and secondary caregivers have current certification in First Aid, including cardiopulmonary resuscitation (CPR).
11. Complete the kinship foster home evaluation within 120 calendar days.
 - a. If a child in a voluntary kinship arrangement prior to entering DFCS custody remains in that same home, then the foster home evaluation is due within 120 days from the date the child entered DFCS custody.
 - b. If a child is placed with a kinship caregiver after entering DFCS custody, then the foster home evaluation is due within 120 days of the kinship placement.
 - c. The final approval authority (SAFE certified DFCS County Director/Designee or CPA Director/Designee) has three business days to review and make the approval decision, which is part of the 120-day timeframe.
 - d. Full approval status must not be granted to an applicant prior to the completion of an approved SAFE Home Study.
12. Complete home studies on families in Georgia (fostering or adopting) from another state within 45 calendar days of case assignment from the Georgia Interstate Compact on the Placement of Children (ICPC) Administrator (see policy [15.3 Interstate Compact on the Placement of Children](#):

Placement of Children from Other States into Georgia (Georgia as the Receiving State)).

13. Complete home studies related to ICPC Expedited Placement Decision Requests within 20 business days of receipt (see policy [15.4 Interstate Compact on the Placement of Children: Expedited Placements](#)).
14. Provide written notification to applicants regarding their approval status within one business day of the approval decision.
15. Adhere to confidentiality and the Health Insurance Portability and Accountability Act (HIPAA) in accordance with policies [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#).

Procedures

Social Services Case Manager

1. Inform the kinship caregiver that a Kinship Coordinator will be available to help them work with DFCS Caregiver Recruitment and Retention Specialists (CRRS)/CPA Resource Development (RD) Staff to become an approved foster parent.
2. Discuss the desired permanency plan outcome for the child(ren) in DFCS custody and inform the kinship caregivers of the direction in which the case is moving (e.g., reunification or non-reunification).

Kinship Coordinator

1. Notify the Caregiver Recruitment and Retention Specialist (CRRS)/CPA Resource Development (RD) Staff when a kinship caregiver expresses interest in becoming a foster parent and provide RD staff with the demographic and contact information within 30 calendar days of the kinship caregiver expressing interest.
2. Inform the kinship caregiver that the RD staff will contact them to schedule an information session to discuss the process/requirements for becoming a foster parent (see policy [14.7 Resource Development: Inquiries and Information Sessions](#)).
3. Work with the RD staff and kinship caregivers to help facilitate the enrollment of kinship caregivers in pre-service training.
4. Discuss with kinship caregivers other possible financial and non-financial supports available until approval as a foster parent.
5. Ensure kinship caregivers have a clear understanding of the permanency plan for the child(ren) placed in the home or the child(ren) they are seeking to have placed in their home.
6. Maintain ongoing contact with the RD staff and kinship caregiver to facilitate timely completion of the foster home evaluation.
 - a. Provide support to all parties involved (Kinship caregivers, SSCM, RD staff, HSP) to help overcome barriers to completion of the foster home evaluation.
 - b. Monitor the foster home evaluation process and request a staffing (as needed) with the SSCM, RD staff, HSP and SAFE supervisor to address any issues or concerns that appear to be hindering the kinship foster home evaluation from being completed within 120 days.

7. Document all contacts and case activity performed in the Narrative section of the Contact Detail page in Georgia SHINES within 72 hours of occurrence.

DFCS Caregiver Recruitment and Retention Specialist / CPA Resource Development Staff

1. Review any Kinship Assessments completed on kinship caregivers in Georgia SHINES.
 - a. Gather information from the Kinship Care Assessments that might help expedite the foster home evaluation process.
 - b. Work in collaboration with the Kinship Coordinator to obtain information that may have already been provided by kinship caregivers to minimize duplication of efforts (e.g., references, supplemental verifications, etc.).
2. Upon receipt of the Prospective Caregiver Application and Live Scan Application Form(s) from the applicants (see policy [14.7 Resource Development: Inquiries and Information Sessions](#)).
 - a. Make an appointment with an Electronic Fingerprint Technician to complete a fingerprint-based criminal history records check of the National Crime Information Center (NCIC) database within ten business days (see policy [19.8 Case Management: Criminal Records Checks](#)). Inform the applicants of their appointment and bring a copy of their driver's license, state issued identification, or other accepted form of identification.
 - b. Complete required safety screenings in accordance with policy [19.9 Case Management: Safety Screenings](#).




CPA staff may decide to proceed with the home visit prior to receiving screening results from the DFCS Screening Unit.

3. Meet with the SAFE Supervisor to review the results of the safety screenings and criminal history records checks. Document a discussion of negative findings and justification for approval to proceed with the home study process, if granted (see policy [19.8 Case Management: Criminal Records Checks](#)).
4. Contact applicants to plan a home visit to assess their physical home environment.
 - a. Explain DFCS obligation to maintain confidentiality and safeguard information to prevent unauthorized disclosure:
 - i. Personal information provided during the completion of the Kinship Assessment or while serving as a kin caregiver will be kept confidential and used for the purpose of determining their suitability for the care of the child, unless otherwise permitted by law. See policy [2.6 Information Management: Confidentiality/Safeguarding Information](#).
 - ii. DFCS cannot share protected health information (PHI) with any person, agency or contractor without prior written authorization from the owner of the PHI, unless otherwise permitted by law. Provide a copy of the Notice of Privacy Practices and obtain signature. See policy [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#).
 - b. Obtain identifying information (i.e., DOB and SSN) on all adult household members that was not previously obtained.
5. Visit each applicant's place of residence and carefully assess the physical environment (e.g., living space, condition of the home).

 This is not a Home Study Interview.


- a. Complete the Caregiver Home Inspection Safety and Compliance Checklist.
- b. Take photos of the home environment (interior and exterior), including the sleeping areas proposed for the children.
- c. When there is a well on the property, inquire about its maintenance.
 - i. If the applicant confirms that the well meets the Georgia water well standards, request the applicant complete an attestation affirming the continued maintenance of the well and that they will promptly inform DFCS of any issues that arise.
 - ii. Take pictures of the well showing its covering.
- d. When there is a septic tank on the property, inquire about its maintenance. If the applicant confirms the septic tank is properly maintained and meets applicable legal standards, request the applicant complete an attestation affirming the septic tank meets the standards and that they will promptly inform DFCS of any issues that arise.
- e. Complete a water safety assessment for homes that have swimming pools, spas, etc. and take pictures.

 See policy [14.1 Resource Development: Safety and Quality Standards](#) for information on home safety standards.

6. Meet with the SAFE Supervisor to discuss the results of the home inspection to determine whether the family is eligible to continue the family evaluation process.

7. If all findings are acceptable:

- a. Email applicants the required Caregiver Onboarding Forms and Instructions.
 - i. Additional Household Member Initial Onboarding Instructions (to be kept by the applicant)
 - ii. HIPAA Notice of Privacy Practices
 - iii. Authorization for the Release of Information
 - iv. SAFE Questionnaire 1 (Q1) - Primary and Secondary Caregiver (download from the SAFE Home Study website)
 - v. Safety and Quality Standards (SQS) Acknowledgement Statement
 - vi. Caregiver Child Safety Agreement
 - vii. Confidentiality and Privacy Agreement
 - viii. Prospective Foster or Adoptive Parent Medical Evaluation Report (due within 30 calendar days of receipt).

 Documentation of the physical exam on a health care provider's form with comparable information is also acceptable.

ix. Additional Household Member Medical Evaluation Report (if applicable) (due within 30 calendar days of receipt).

 Documentation of the physical exam on a health care provider's form with comparable information is also acceptable.

rable information is also acceptable.



The primary caregiver, secondary caregiver, and other adult household members shall be given their own onboarding forms which must be reviewed and returned.

- b. Request the following supplemental verifications from the prospective caregiver (due within 30 calendar days from the beginning of preservice training):
 - i. Marriage license/divorce decree
 - ii. Death certificate (if applicable)
 - iii. Income verification
 - iv. Lease/mortgage verification
 - v. Automobile insurance verification
 - vi. TB skin test results – if not completed during medical examination
 - vii. Drug screening results
 - viii. Pet vaccination record – consistent with Georgia law
 - ix. Immunization records for household members under the age of 18 (unless an exception applies)
 - x. CPR/first aid certification
8. Complete procedures 1-7 before sending a referral to a Foster Home Development Contractor or some other HSP for completion of the SAFE Home Study Evaluation.

SAFE Home Study Practitioner

1. Acknowledge receipt of a referral for completion of a SAFE Home Study within one business day.



This applies to contractors and may be accomplished via email.

2. Confirm receipt of the onboarding documents and supplemental verifications from prospective caregivers before scheduling the introductory home visit.
3. Schedule the introductory home visit with the prospective caregiver applicant(s) to begin the SAFE Home Study process within three business days of receipt of the referral. The visit shall be held no later than five calendar days after receipt of the referral.
4. Use the Q1 Harvesting Sheet to review the Prospective Caregiver Application, Q1, and other documents submitted by each applicant.
 - a. Make notes on the Q1 Harvesting Sheet regarding issues that generate curiosity about each applicant in preparation for home study interviews.
 - b. Curiosity should be prompted by possible strengths, inconsistencies and issues that might be of concern.
 - c. Review the results of safety screening and criminal records history check.
5. Meet with the SAFE Supervisor prior to the first home study interview to review the Prospective Caregiver Application, Questionnaire 1 (Q1) and Q1 Harvesting Sheet.

- a. Organize all the information that has been received up to this point and plan the home study interviews. Identify things that generate curiosity and plan to address them over the span of all the home study interviews, not in a single interview.
 - b. If the results of the home inspection, safety screenings and criminal records history checks, etc. are satisfactory, contact the applicant to schedule the first home study visit. If the results are not satisfactory, consider other ways to partner with applicants (see policy [14.7 Resource Development: Inquiries and Information Sessions](#) for ideas).
 - c. Plan to conduct home study visits no less than seven and no more than 10 days apart.
6. Conduct the number of home study visits and interviews necessary to complete the SAFE Home Study (see Practice Guidance: [Home Study Interviews](#)).
 - a. Interview all children and adults who reside in the home or are frequently in the home.
 - b. Discuss things that made the HSP and SAFE Supervisor curious.
 - c. Complete the Psychosocial Inventory (PSI) following each home visit.
 7. Directly administer Q2 to applicants while maintaining sight and control of the tool at all times.
 - a. Do not provide Q2 to applicants before the moment it is administered.
 - b. Administer Q2 in a private setting. For couples administer Q2 with both applicants present and together.
 - c. Instruct members of a couple not to communicate with each other or ask any questions of each other or the HSP while completing Q2.
 - d. Conduct a private, one-on-one interview with each applicant after Q2 has been completed.
 - e. For couples, ask one applicant to leave or go to another area of the home and interview the other applicant privately. Repeat the process with the other applicant.
 - f. Interview applicants privately and individually for no longer than 45 minutes each.
 8. Meet with the SAFE Supervisor following each home visit for consultation and feedback.
 9. Send all references the Reference Questionnaire. After receiving a response, speak with each reference as needed to gather more information and seek clarification of any of the information provided.
 10. If applicants indicate they were approved in other states, take steps to secure confirmation and begin collecting information for the home study:
 - a. Obtain a Release of Information;
 - b. Contact the other state in writing;
 - c. Obtain a description of the training content and number of hours earned as part of pre-service and in-service hours;
 - d. Request a copy of the family's initial evaluation and any subsequent evaluations;
 - e. Request a written recommendation from the state regarding the capabilities and protective capacities of the family; upload into Georgia SHINES.

 Do not make this a barrier to approval.

11. Send a written explanation, signed by the County Director/Designee or CPA Director/Designee, to

all families whose Kinship Foster Home Evaluation will not be completed within the 120-day timeframe.

12. Provide applicants the opportunity to read the authorized portion of the Home Study Report pertaining to their family and have them acknowledge doing so by signing the document.
13. Provide written notification to applicants of the approval decision (approved or disapproved) via email within one business day of the decision.
 - a. Initial contact may be made by telephone but must be immediately followed by the email.
 - b. If approval is granted, cordially welcome approved caregivers to the foster/adoption team and advise them of subsequent procedures.
 - c. If approval is not granted, inform the applicants in a clear, concise, and non-judgmental manner.
14. Conduct a home visit with the approved Kinship Caregivers within three business days of approval for the review and signing of the Caregiver Child Safety Assessment Agreement.

Social Services Supervisor

1. Ensure all required safety screenings, criminal history records checks, and the Caregiver Home Inspection Safety and Compliance Checklist are completed before the HSP is assigned to begin the SAFE Home Study.
2. Meet with the Caregiver Recruitment and Retention Specialist (CRRS)/CPA Resource Development (RD) Staff to review the results of the safety screenings, criminal history records checks and Caregiver Home Inspection Safety and Compliance Checklist to determine whether the family is eligible to continue the family evaluation process.
3. Assign the home study for completion to a SAFE certified HSP who can address sensitive and difficult issues in an appropriate manner.
4. Ensure all SAFE tools [Questionnaire1 (Q1), Questionnaire 2 (Q2), Q1 Harvesting Sheet, SAFE Desk Guide, Psychosocial Inventory (PSI) and Home Study Report] are used correctly.
5. Meet with the HSP to discuss the Prospective Caregiver Application, results of Q1, and Q1 Harvesting Sheet to help organize the information and plan the home study interviews.
6. Meet with the HSP following each home study interview.
 - a. Meet with the HSP timely to prevent delays in the home study process.
 - b. Review the Interview Worksheet to identify potential concerns and missed issues.
 - c. Review the PSI after each home study interview and provide feedback to the HSP prior to the next home visit so the appropriate action can be taken regarding any concerns.
 - d. Review Q2 after the Q2 home study interview.
 - e. Review Desk Guide Ratings carefully. Check for expected SAFE Desk Guide ratings of 3, 4 or 5 as well as any surprise ratings that may require more discussion with the HSP.
 - f. Ensure the HSP completes a sufficient number of interviews at the appropriate intervals (seven to 10 days apart).
7. Meet with the HSP to discuss the final desk guide ratings and mitigation. Ensure that mitigation of a SAFE Desk Guide rating of 3, 4 or 5 is appropriate and supported by outside sources.

8. Review the SAFE Home Study Report to ensure that it is thorough and that all issues are identified and discussed prior to final approval.
9. Complete the SAFE Supervisor Home Study Certification and include in the file.
10. Ensure applicants are given the opportunity to read the authorized portion of the Home Study Report pertaining to their family and have so acknowledged by signing the document.
11. Routinely assess the foundational skills of the HSP (engagement and forensic interviewing skills; analytical and evaluation skills; and writing skills) and provide the education and support necessary to help the HSP strengthen skills as needed.

Practice Guidance

Structured Analysis Family Evaluation (SAFE) Home Study Components

The SAFE Home Study is a placement document, an investigation, a psychosocial evaluation, and a clear written report. It has four components:

1. **Information Gathering Tools** - These tools support the Home Study Report and are designed to prompt the HSP to ask questions **not** provide answers:
 - a. **Questionnaire 1 (Q1)** - It is completed by each applicant and covers eight areas of family history and functioning (i.e., Personal History; Parenting Practices; Personal and Family Values; Health; Support System; Work; Family Relationships; Marital/Partner Relationship).
 - b. **Q1 Harvesting Sheet** - It is used to review the Prospective Caregiver Application, Q1 and other documents submitted by applicants. It helps organize information to provide a complete overview of each applicant's specific issues, behaviors, or events that should be addressed in upcoming home study interviews.
 - c. **Questionnaire 2 (Q2)** - It contains the sensitive and critical questions that need to be addressed in a home study (i.e., problem issues/behaviors; personal alcohol consumption; personal legal/illegal drug usage; family substance abuse; history of sexual, emotional, or physical victimization; child abuse allegations/convictions; family violence and crime; family sexual perpetrators; domestic violence; mental illness). Each applicant is interviewed privately and individually (one-on-one) immediately after the administration of Q2. Due to the sensitive and complex nature of these topics, this can be a very emotionally charged interview.
 - d. **Reference Letter** - It was designed to enable the HSP to obtain more complex information about applicants for analysis and follow-up. After receiving the SAFE Reference Letter, the HSP should speak with each reference to gather more information and seek clarification of anything in the letter. Other than indicating they received the required references, the HSP should not mention the individual references specifically in the narration of the SAFE Home Study Report. Issues raised by references should be addressed with applicants. Any issues that merit a SAFE Desk Guide Rating of 3, 4, or 5 should be discussed in the Psychosocial Evaluation Section of the SAFE Home Study Report without revealing sources.
2. **Structured Analysis** - SAFE has identified 70 Psychosocial Factors that research has demonstrated to be necessary for safe and effective parenting whether through adoption, kin, or foster care. The Psychosocial Inventory (PSI) and SAFE Desk Guide allow the HSP to systematically analyze information gathered during the home study process, as well facilitate a clear and uni-

form identification of specific family strengths and issues of concern. The PSI and Desk Guide are grouped into the following nine sections: History; Personal Characteristics; Marital/Partner Relationship; Children/Others Residing/Frequently in the Home; Extended Family Relationships; Physical/Social Environment; General Parenting; Specialized Parenting; and Adoption/Foster Care Issues.

The PSI is designed to look at a person's history of issues, concerns, behaviors, and events and determine how they affect the person's current functioning and ability to parent. The PSI strives to help the HSP determine whether an applicant can parent, and if so, who they can parent. Only one PSI is used per family and is completed after each home study visit. The SAFE Desk Guide is a severity scale that indicates the potential seriousness of an issue, behavior or event experienced by an applicant.

The PSI and SAFE Desk Guide contain research-based factors that support safe and effective family functioning and the ability to parent. The factors are rated on a scale of 1 to 5 and marked on the PSI. The ratings represent the following: 1=Exceptional Strength; 2= Strength; 3=Concern; 4=Serious Concern; 5=Extremely Serious Concern. A rating of 2 is the default rating until proven otherwise. A rating of 2 may also be used early in the home study process when the HSP does not have enough information to rate a factor. In other words, it can function as the "I don't know" rating until more information is gathered. A completed home study report should not have an abundance of "2" ratings which is not indicative of a thorough assessment. Any psychosocial factor that merits a rating of 3 (Concern), 4 (Serious Concern) or 5 (Extremely Serious Concern) must be specifically addressed in the Home Study Report. As more information is gathered during the home study interview process, a rating may move to a more serious rating, but not in reverse.

As soon as possible following each home study visit, the HSP should mark the applicable SAFE Desk Guide ratings on the PSI. Entering the ratings while the visit is still fresh in one's mind prevents one from forgetting issues of concern or confusing them with other studies. A different symbol is used to mark the ratings on the PSI for each home visit. For example, the symbol used to mark the rating for the first home study visit is a backward slash, whereas the symbol used to mark the second home study visit is a forward slash. The SAFE Desk Guide ratings should reflect everything the HSP knows up to that point. After each interview, the HSP submits the PSI to the Supervisor for review and feedback. The final SAFE Desk Guide Rating is made after the last home study visit and must be made with a high degree of confidence based on the HSP and the SAFE Supervisor's professional assessment.

3. **Home Study Report** – The narrative is designed to assist the HSP in focusing on the issues of concern within a family that will or could impact its ability to care for a child placed in the home. A home study should be specific to the applicant. The HSPs should use behaviorally specific language and avoid repeating the same thing throughout the study. There are six sections to a SAFE Home Study Report:
 - a. Non-narrative reporting required by the agency (i.e., general information; contact information; household demographics; medical/school reports; safety screening and criminal records history results; confirmation statements; attachments and verifications)
 - b. Motivation, Profile and Lifestyles of Applicants
 - c. SAFE Psychosocial Evaluation

- d. Conclusions and Placement Considerations
- e. Signatures and Approvals
- f. SAFE Psychosocial Inventory Results



This page should be removed when the SAFE Home Study Report is shared with applicants.

- 4. **Compatibility Inventory** - This is an optional matching tool designed to facilitate successful placements. This tool helps the HSP determine the willingness and ability of an applicant to parent children with certain issues and behaviors.

Home Study Interviews

The home study interview is the foundation of the home study process. The various gathering tools used with the SAFE model support the interviews and help the HSP develop questions for the applicants. HSPs learn more from applicants when applicants are interviewed at home where they are most comfortable. During interviews, HSPs should avoid using standardized questions and rushing ahead with their own agenda. Instead, the HSP should seek a natural, organic flow of communication with applicants. HSPs should trust their instincts but must be mindful of their own biases. HSPs must also remain keenly aware of non-verbal communication which guides about 80% of human interaction. No interview should take longer than an hour and a half. It is unlikely that any party will remain as alert as they need to be for longer than that period of time. Home visits should be no closer or further than a week apart because applicants need time to process the information covered between visits, but not so much time that they begin to lose information.

The initial visit to during which the Caregiver Home Inspection Safety and Compliance Checklist is completed should not be confused with a Home Study Interview. These are two different things and should not be done at the same time. The home inspection is authoritative and regulatory whereas the home study interview is collaborative and transparent. The more interviews a HSP has with an applicant, the more comfortable the HSP will be about recommending approval or denial. SAFE recommends a minimum of four interviews (three meetings) to complete an acceptable home study report. Depending on the circumstances, more than four interviews may be required. HSPs should prepare a plan for which interviews will be conducted during each visit such as the following:

Home Study Visit 1 (1st Interview)

- This is an introductory interview to develop the relationship between the HSP and the applicants.
- SAFE Questionnaire 1 (Q1) is discussed.

Home Study Visit 2 (2nd and 3rd Interview if it is a two-parent home)

- The HSP administers SAFE Questionnaire 2 (Q2), and it must never be out of the sight or control of the HSP.
- This is a one-on-one history interview. The purpose is to examine issues, behaviors, and events that affect or could affect the applicant's current functioning or ability to parent and how the applicant has resolved those issues. The focus is on past patterns of behavior.
- The HSP observes all applicants while they complete Q2. The applicants are instructed not to

talk or discuss the questionnaire. When Q2 is completed, the HSP immediately interviews each applicant separately and privately. No children or other adults should be in the home when Q2 is administered. If others must remain in the home, they should not be in an area near where Q2 is being administered. The HSP must be skilled and prepared to handle sensitive and complex issues and work with emotionally charged situations.

- Q2 interviews should be no longer than 45 minutes each. However, due to their complexity, additional one-on-one/history interviews might be necessary before the marriage or support interview.

Home Study Visit 3 (4th Interview)

- This is a marriage or support interview.
- The family and others residing or frequently in the home can be interviewed at this time. The number of interviews performed will depend on the number of individuals involved.
- The HSP should examine the applicants' relationship with a focus towards the strength and dynamics of their marriage/partnership. For single applicants, the focus should be on their support systems.

Mitigation

Within the SAFE model, mitigation is where the HSP balances the truth (Final SAFE Desk Guide Ratings) and Justice (the HSP's clinical analysis of how those issues affect an applicant's current functioning and ability to parent). Mitigation is a fact or series of facts that exist to support the decision to mitigate an issue/behavior/event and must be corroborated by outside sources (e.g., other family members, professionals, clinicians). The HSP does not use the SAFE Desk Guide during the mitigation process. Mitigation is applied to all Final SAFE Desk Guide Ratings of 3, 4 and 5. Mitigation always focuses on current functioning or ability to parent rather than what happened in the past. The goal is to capture how the applicant's ability to parent is presently affected. Mitigation results in a mitigation rating using the SAFE severity scale. The mitigation rating should reflect the HSP and their supervisor's professional assessment (supported by evidence) of whether a Final SAFE Desk Guide Rating of 3, 4 or 5 is warranted based upon how an applicant is currently affected by the issue, behavior, or event. The mitigation rating is handwritten into the blank column to the right of all the Psychosocial Inventory factors with a final SAFE Desk Guide Rating of 3, 4 or 5. The three choices in mitigation are as follows:

1. Sustain: The issue/behavior/event is not resolved.
2. Reduce: The applicant has a degree of resolution, but the issue/behavior/event still affects their current functioning or ability to parent.
3. Erase: The issue/behavior/event is totally resolved and does not affect the applicant's current functioning or ability to parent.

Who is qualified to complete the SAFE Home Study?

SAFE Certified DFCS staff, SAFE Certified CPA Resource Development staff, or contractors may qualify as a SAFE Home Study Practitioner (HSP) able to complete the Initial Family Evaluation. Private contractors must meet the following criteria:

1. Certification in the SAFE model.
2. A minimum of a bachelor's level of education in Social Work, Counseling, Psychology, or a related field.
3. Ability to understand and implement the philosophy and conceptualizations inherent in pre-service training.
4. A functional understanding of the agency's mission.
5. Ability to provide thorough, well-written home studies with supported recommendations.



The SAFE Home Study Practitioner Skills Assessment can be used to help supervisors assess their Home Study Practitioners' foundational skills (engagement and forensic interviewing skills; analytical and evaluation skills; and writing skills).

Reimbursement of Expenses

If approved, applicants may be reimbursed for certain expenses incurred during the approval process. The guidelines are in Field Fiscal Services' COSTAR manual located at ffs.dhs.ga.gov/ffs/manuals/costar/index.php.

Forms and Tools

[Caregiver Child Safety Agreement](#)

[Caregiver Child Safety Agreement \(Spanish\)](#)

[Caregiver Child Safety Agreement - Adult Household Member](#)

[Caregiver Child Safety Agreement - Adult Household Member \(Spanish\)](#)

[Caregiver Home Inspection Safety and Compliance Checklist](#)

[Caregiver Placement Preferences](#)

[Caregiver Reference and List Form](#)

[Caregiver Reference and List Form \(Spanish\)](#)

[Confidentiality and Privacy Standards Agreement](#)

[Confidentiality and Privacy Standards Agreement \(Spanish\)](#)

[Financial Statement for Resource Parenting](#)

[Financial Statement for Resource Parenting \(Spanish\)](#)

[Home Inspection Safety and Quality Requirements](#)

[Home Inspection Safety and Quality Requirements \(Spanish\)](#)

[Medical Evaluation Report - Additional Household Member](#)

[Medical Evaluation Report - Prospective Caregiver](#)

[Notice of Privacy Practice](#)

[Notice of Privacy Practice - Spanish](#)

[Prospective Caregiver Application & Instructions](#)

[Prospective Caregiver Application & Instructions \(Spanish\)](#)

[Prospective Caregiver Onboarding Pathway – Adult Household Member Packet](#)

[Prospective Caregiver Onboarding Pathway – Adult Household Member Packet \(Spanish\)](#)


[Prospective Caregiver Onboarding Pathway – Caregiver Packet](#)

[Prospective Caregiver Onboarding Pathway – Caregiver Packet \(Spanish\)](#)

[Safety and Quality Standards Acknowledgement](#)

[Safety and Quality Standards Acknowledgement \(Spanish\)](#)

22.5 Kinship Foster Home Re-evaluation

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(22) Kinship		
	Policy Title:	Kinship Foster Home Re-evaluation		
	Policy Number:	22.5	Previous Policy Number(s):	N/A
	Effective Date:	November 2024	Manual Transmittal:	2024-09

Codes/References

O.C.G.A. § 12-5-134 (J) Standards for wells and boreholes (Georgia Water Wells Standards Act of 1985)

Public Law (PL) 113-183 Preventing Sex Trafficking and Strengthening Families Act of 2014

Requirements

The Division of Family and Children Services (DFCS) will:

1. Complete a comprehensive, written, Structured Analysis Family Evaluation (SAFE) Update regarding the overall quality and functioning of each approved caregiver every two years, prior to the expiration of the home’s current approval period, and under the following circumstances:
 - a. There are significant changes in a household that impact the caregivers’ ability to meet the Safety and Quality standards (SQS) and the issues of concern cannot be adequately addressed through an addendum to the most recent Family Evaluation (see policy [14.14 Resource Development: Family Evaluation Addendums](#)).
 - b. Previously approved caregivers request to return to service within five years of a voluntary closure.
2. Ensure all components of the SAFE Update follow the SAFE model (see Practice Guidance: Updating a SAFE Home Study).
 - a. The SAFE Update must be completed by a home study practitioner (HSP) who is certified in the SAFE model. The HSP may be a certified DFCS staff member, Child Placing Agency (CPA) staff member or approved contractor.
 - b. The SAFE Update process must be supervised throughout by a supervisor who is certified in the SAFE model and has successfully completed the SAFE Supervisor Training.
 - c. All home study interviews must be conducted in the applicant’s home.
 - d. Each household member must be interviewed.
 - e. Obtain input from children not currently placed in the home but were household members at some point during the previous approval period, when practical and appropriate.
 - f. The SAFE Update must include a recommendation for re-approval or disapproval and the signature of the final approving authority.
 - i. The final approving authority must be a SAFE certified DFCS County Director/Designee

or CPA Director/Designee.

- ii. The date the SAFE Update is signed by the final approving authority is the official date of approval for the re-evaluation.
 - iii. If the SAFE Update is not approved timely, the foster home status must be changed from full approval status in Georgia SHINES accordingly (see policy [14.15 Resource Development: Household Approval Status](#)).
3. Afford qualified individuals with disabilities an equal opportunity to participate in or benefit from the DFCS foster care and adoption programs (see policy [1.5 Administration: Americans with Disabilities Act \(ADA\)/Section 504 and Reasonable Modification](#)).
4. Evaluate applicants and their household members compliance with the SQS. Review any waiver of non-safety standards previously approved for the home and determine if they are still appropriate, have expired, or need to be modified.
5. Perform applicable safety screening of all adult household members.
6. Conduct a fingerprint-based criminal records check (CRC) on all caregivers and adult household members in accordance with policy [19.8 Case Management: Criminal Records Checks](#). This includes household members who reached age 18 during the re-evaluation period.
7. Obtain information from the primary and secondary caregivers regarding their health.
 - a. If primary or secondary caregivers (as applicable) have any medical, cognitive, or other condition that will affect their ability to care for a child, or a chronic medical condition, then they must be medically re-evaluated during each re-evaluation period until the condition is controlled.
 - b. If primary or secondary caregivers (as applicable) do not have any medical, cognitive, or other condition that will affect their ability to care for a child, or a chronic medical condition, obtain an attestation affirming this information.
8. Request primary and secondary caregivers undergo drug screening at any time there is reasonable suspicion of substance misuse (see policy [19.25 Case Management: Drug Screens](#)). Caregivers shall not be approved if positive results are reported for any illegal drug.
9. Evaluate primary and secondary caregivers' financial stability.
10. Verify that primary and secondary caregivers have completed the required amount of continued parent development.
11. Verify that primary and secondary caregivers have current certification in First Aid, including cardiopulmonary resuscitation (CPR), for the ages of the children in placed in their home.
12. Suspend completion of a SAFE Update on caregivers who are the subject of an active Policy Violation Assessment or Child Protective Services (CPS) Investigation. If no disposition has been reached by the time the SAFE Update is due, then the home shall be moved to 'unapproved' status until a decision can be made regarding the future approval status of the home.
13. Review the Caregiver Child Safety Agreement with the caregivers and obtain their signatures as confirmation of the review.
14. Review the Confidentiality and Privacy Standards Agreement with caregivers and obtain their signatures as confirmation of the review.
15. Restrict the use or disclosure of information concerning caregivers and their household mem-

bers, including maintaining the privacy of protected health information (see policies [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information management: Confidentiality/Safeguarding Information](#)).

16. Provide written notification to caregiver(s) regarding their approval status within one business day of the approval decision.

Procedures

DFCS Caregiver Recruitment and Retention Specialist / CPA Resource Development Staff

1. Track when SAFE Updates are due for completion to ensure each is approved prior to the last day of the current approval term.
 - a. Under the Resource Development Staff Dashboard in Georgia SHINES, users can select the 'Retention' tab to view homes for which SAFE Updates are due.
 - b. Under the Resource Development Staff Dashboard in Georgia SHINES, users can select the 'Compliance' tab to view homes for which SAFE Updates are overdue.
2. Initiate a SAFE Update at least 90 calendar days prior to the expiration of the current approval term to allow adequate time to gather medical evaluations, update criminal records, etc. if needed.
3. Provide caregivers at least 90 calendar days' notice of the need for any medical evaluations or criminal records checks for themselves or household members.
4. Gather information from Social Services Case Managers (SSCMs) who have supervised placements in the foster home during the period being evaluated.
5. Gather information from children that were placed in the home during the previous review period, when practical and appropriate.
6. Engage the kinship coordinator during the course of the SAFE Update to obtain a comprehensive picture of caregiver capacity.
7. Conduct safety screening on all adult household members in accordance with policy [19.9 Case Management: Safety Screenings](#).
8. Conduct a fingerprint-based CRC of the National Crime Information Center (NCIC) database on all caregivers and all adult household members in accordance with policy [19.8 Case Management: Criminal Records Checks](#). This includes household members who reached the age of 18 during the re-evaluation period.
9. Assess the home's compliance with Safety and Quality Standards (see policy [14.1 Resource Development: Safety and Quality Standards](#)).
10. Gather basic data to determine present household status, including significant information on the current household, health, employment, and financial status. Require proof of current motor vehicle license and insurance. Include a verification statement that the documents were reviewed and are current and valid.
11. Obtain feedback from primary and secondary caregivers. Give caregivers an opportunity to formally review their experience working with DFCS, and to share their view on the fostering experience by completing the Primary Caregiver Feedback Survey or Secondary Caregiver Feedback Survey.

12. Confirm that primary and secondary caregivers have completed the required hours of continued parent development (see policy [14.9 Resource Development: Continued Parent Development](#)).
13. Confirm that primary and secondary caregivers have current certification in First Aid, including CPR, for the ages of children placed in their home.
14. Interview/obtain feedback from all household members.
 - a. Ask caregivers if there have been any 911 calls or arrests at their home. Caregivers are expected to report all arrests and 911 calls to their home by the next calendar day following the occurrence.
 - b. Include the children who have been placed in the home during the past year, the caregivers' interaction with these children, and their ability to meet the children's needs.
 - c. Examine the need for childcare services to continue, if applicable.
15. Submit the completed SAFE Update to the Resource Development (RD) Supervisor and County Director for approval prior to the expiration of the current approval period.
16. Notify the caregivers of the approval status of their home within one business day of the approval decision.
17. Update information on the FA Home page in Georgia SHINES.

Kinship Coordinator

1. Work in partnership with the DFCS Caregiver Recruitment and Retention Specialist (CRRS)/CPA Resource Development (RD) Staff and kinship caregivers to help support the SAFE Update process.
2. Encourage kinship caregivers to provide open and honest feedback to DFCS/CPA.
3. Ensure kinship caregivers have a clear understanding of the permanency plan for the child(ren) placed in the home.
4. Maintain ongoing contact with the RD staff and kinship caregiver to support timely completion of the SAFE Update.
5. Document all contacts and case activity performed in the Narrative section of the Contact Detail page in Georgia SHINES within 72 hours of occurrence.

Social Services Supervisor

1. Monitor and track SAFE Updates to ensure each is approved prior to the last day of the current approval term.
2. Verify that all required safety screenings, criminal history records checks, and the Caregiver Home Inspection Safety and Compliance Checklist are completed.
3. Meet with the Caregiver Recruitment and Retention Specialist (CRRS)/CPA Resource Development (RD) staff to review the results of the safety screenings, criminal history records checks and Caregiver Home Inspection Safety and Compliance Checklist.
4. Ensure all SAFE tools are used correctly.
5. Review the SAFE Home Study Report to ensure that it is thorough and that all issues are identi-

fied and discussed prior to final approval.

6. Complete the SAFE Supervisor Home Study Certification and include in the file.
7. Ensure caregivers are given the opportunity to read the authorized portion of the Home Study Report pertaining to their family and have so acknowledged by signing the document.
8. Routinely assess the foundational skills of the HSP (i.e., engagement and forensic interviewing skills; analytical and evaluation skills; and writing skills) and provide the education and support necessary to help the HSP strengthen skills as needed.

Practice Guidance

What is the purpose of the SAFE Update?

The assessment of an approved home is an ongoing process between DFCS/CPA and caregivers. A SAFE Update may be completed at any time during an approved home's one-year approval period but is usually completed just prior to the expiration of the current approval period. The key purpose of the SAFE Update is to utilize information gathered during the approval term to determine if a home continues to be a safe and suitable environment for the placement of children in foster care and meets Safety and Quality Standards. Information gathered from various sources (e.g., in-home consultation, feedback from caregivers, case managers, children placed in the home, documentation, safety screening, training logs) is used to conduct a holistic review of the caregiver and household.

SAFE Update Approval Period

No home shall have more than 24 months of approval. If a SAFE Update is completed within 30 calendar days of the due date, then the approval period (starting month to ending month) will remain the same as it was previously. If the SAFE Update is completed more than 30 calendar days early or late, then the approval period must change

Who is qualified to complete the SAFE Update?

SAFE Certified DFCS staff, SAFE Certified CPA Case staff, or contractors may qualify as a SAFE Home Study Practitioner (HSP) able to complete the SAFE Update. Private contractors must meet the following criteria:

1. Certification in the SAFE model.
2. A minimum of a bachelor's level of education in Social Work, Counseling, Psychology, or a related field.
3. Ability to understand and implement the philosophy and conceptualizations inherent in pre-service training.
4. A functional understanding of the agency's mission.
5. Ability to provide thorough, well-written home studies with supported recommendations.

Updating a SAFE Home Study

1. Go to www.safehomestudy.org.

2. Select 'Download Reports'.



In order to download SAFE forms and templates you must have completed the full two-day SAFE training and be a certified SAFE user.

3. Enter your email address and select 'validate' to receive an email that includes a link.

4. Use the link received via email to access the applicable section of the website.

5. Select the tab labeled 'Tutorials' on the left side of the screen.

6. Select the PowerPoint and PDF for updating a SAFE home study.

Supplemental Verifications

Primary Caregivers:

1. Copy of Driver's License – if they transport foster children
2. Copy of Automobile Insurance – if they own a vehicle and transport foster children
3. Verification of Household Income
4. Proof of current utility payment
5. Proof of current rent/mortgage payment
6. Pet Vaccination Record
7. Immunization Records for household members under the age of 18 (unless an exception applies)
8. Continued Parent Development Training Certificates

Secondary Caregivers:

1. Copy of Driver's License – if they transport children in foster care.
2. Copy of Automobile Insurance – if they own a vehicle and transport children in foster care.
3. Continued Parent Development Training Certificates


A copy of the following documents may be required if significant events have occurred since the initial family evaluation:

1. Marriage Certificates/Divorce Decrees
2. Death Certificates
3. Water/Sewage Bill/Environmental Statement
4. Verification of Mortgage or Lease Agreement – if the re-evaluation is due to relocation
5. TB Test Results – (if not completed during medical exam)
6. Proof of Citizenship (e.g., birth certificate, naturalization papers, US Passport, Permanent Resident Alien Form/Green Card)
7. CPR/First Aid Certification

Forms and Tools

- [Caregiver Child Safety Agreement](#)
- [Caregiver Child Safety Agreement \(Spanish\)](#)
- [Caregiver Child Safety Agreement - Adult Household Member](#)
- [Caregiver Child Safety Agreement - Adult Household Member \(Spanish\)](#)
- [Caregiver Feedback Survey](#)
- [Caregiver Feedback Survey \(Spanish\)](#)
- [Caregiver Home Inspection Safety and Compliance Checklist](#)
- [Confidentiality and Privacy Standards Agreement](#)
- [Confidentiality and Privacy Standards Agreement \(Spanish\)](#)
- [Foster, Adoptive & Kinship Caregiver Re-Evaluation Instructions – Adult Household Member](#)
- [Foster, Adoptive & Kinship Caregiver Re-Evaluation Instructions – Adult Household Member \(Spanish\)](#)
- [Foster, Adoptive & Kinship Caregiver Re-Evaluation Instructions – Caregiver\(s\)](#)
- [Foster, Adoptive & Kinship Caregiver Re-Evaluation Instructions – Caregiver\(s\) \(Spanish\)](#)
- [Home Inspection Safety and Quality Requirements](#)
- [Home Inspection Safety and Quality Requirement \(Spanish\)](#)
- [Medical Evaluation Report – Caregiver Update](#)
- [Safety and Quality Standards \(SQS\) Acknowledgement](#)
- [Safety and Quality Standards \(SQS\) Acknowledgement \(Spanish\)](#)

22.6 Waiver of Non-Safety Approval Standards for Kinship Foster Homes

 Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(22) Kinship		
Policy Title:	Waiver of Non-Safety Approval Standards for Kinship Foster Homes		
Policy Number:	22.6	Previous Policy Number(s):	N/A
Effective Date:	November 2024	Manual Transmittal:	2024-09

Codes/References

Title IV-E of the Social Security Act, Section 471(a)(10)
Public Law (PL) 110-351 Fostering Connections to Success and Increasing Adoptions Act of 2008

Requirements

The Division of Family and Children Services (DFCS) will:

1. Allow waivers of non-safety standards in kinship foster family homes for specific children in care on a case-by-case basis.
 - a. Standards related to safety may not be waived (see policy [14.1 Resource Development: Safety and Quality Standards](#) for details regarding approval standards).

- b. Commonly waived non-safety standards include, but are not limited to income, sleeping arrangements and completion of pre-service training within 120 days after foster home approval (see Practice Guidance: [Commonly Waived Non-Safety Standards](#)).
 - c. Waiver approval must be obtained from the Regional Director/Designee for DFCS foster family homes.
 - d. Waiver approval must be obtained from the Office of Provider Management (OPM) Director/Designee for private agency foster family homes.
 - e. Waiver approval must be documented in Georgia SHINES.
2. Require kinship caregivers to have the protective capacity to meet the safety and well-being needs of each child in their care.
 3. Review and document the continuing appropriateness of each approved waiver during the annual re-evaluation of the foster family home.

Procedures

DFCS Caregiver Recruitment and Retention Specialist / Child Placing Agency Resource Development Staff

1. Determine the need for the waiver of any non-safety standard and how the safety and well-being of the child(ren) will be maintained if a waiver is approved;
2. Submit waiver requests to the Regional Director/Designee. CPA providers will submit waiver requests to their designated Resource Developer.
3. Notify the applicant once a final decision has been made on whether to approve their home.
4. Document the waiver of non-safety standards on the Contact Detail page in Georgia SHINES; and
5. Upload the approved/denied waiver into External Documentation in Georgia SHINES.

Regional Director/Designee or OPM Director/Designee

1. Review the waiver request and all applicable documentation; and
2. Approve or disapprove a waiver request within five business days of receipt.

Practice Guidance

Commonly Waived Non-Safety Standards

1. **Income:** Consider flexibility regarding the income verification process. Assess how the kinship caregivers are currently maintaining sufficiency. For example, if they are showing an income deficit, ask them about other resources to meet the family needs (e.g., a grandmother or other kin who lives in or out of the home who helps financially)
2. **Sleeping Arrangements:** Consider flexibility for potential kinship caregivers who may have limited living space which could result in situations such as rooms other than bedrooms being used as sleeping spaces, a child over the age of one sharing a bedroom with an adult, or more than three children sharing a room. The circumstances of each of these situations must be care-

fully assessed considering the background and history of the children involved.

- 3. Pre-service Training:** Consider flexibility regarding the timeframe in which kinship caregivers must complete pre-service training. If kinship caregivers are unable to complete pre-service training prior to initial approval as a foster home, they may be allowed to complete pre-service training within 120 days after initial approval.



Other non-safety standards not identified above may be considered for a waiver but must be reviewed and documented in the waiver request. Approval by the Regional Director must be obtained prior to foster home approval.

Requests for Waivers

Requests for waivers of non-safety standards must be considered on an individual case-by-case basis and should indicate its applicability to a specific child or sibling group. Multiple non-safety standards may be included in one waiver, but each standard must be individually justified. Waivers must be approved (signed and dated) before the kinship caregiver can receive full approval status. The Regional Director/Designee may request a State Office review to help determine the appropriateness of a waiver request. Requests for such a review should be sent to the office of the State Placement and Permanency Director via the state waiver mailbox: dfcs-waivers@dhs.ga.gov. The Regional Director/Designee or CPA Resource Developer/Designee should keep track of approved waivers including each non-safety standard being waived and the date of the approval.

Post-Waiver Monitoring

After a waiver of a non-safety standard has been approved, the DFCS Caregiver Recruitment and Retention Specialist (CRRS)/CPA Resource Development team must ensure the ongoing monitoring of the home addresses the standard that was waived. This is to ensure no child's safety or well-being is adversely affected and to assess the continued appropriateness of the waiver.


IV-E Eligibility

A kinship foster home for which a non-safety approval standard is waived will be considered to have full approval status if it satisfies all other approval requirements. Consequently, title IV-E eligible placements may be reimbursable through title IV-E.

Forms and Tools

N/A

22.7 Family Evaluation for Relative Adoptions

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(22) Kinship		
	Policy Title:	Family Evaluation for Relative Adoptions		
	Policy Number:	22.7	Previous Policy Number(s):	N/A
	Effective Date:	November 2024	Manual Transmittal:	2024-09

Codes/References

O.C.G.A §19-8-17 Report and Findings of Investigating Agent; Dismissal of Petition; Appointment of Guardian Ad Litem

Requirements

The Division of Family and Children Services (DFCS) will:

1. Complete a written Family Evaluation of a relative of a child in DFCS custody for the purpose of adoption when each of the following conditions exists:
 - a. The relative meets the eligibility criteria required to petition the court to adopt a child (see policy [11.0 Adoption: Introduction to Adoption](#));
 - b. The relative is related to the child by blood or marriage as a grandparent, great-grandparent, aunt, uncle, great-aunt, great-uncle, or sibling and is not an approved partnership parent or resource parent;
 - c. A Kinship Assessment was previously completed and approved on the relative; and
 - d. The child has been placed with the relative for a period of at least six consecutive months while in DFCS custody.



Pre-service training may be waived by the State Permanency Connection Section Director/Designee for relatives who meet the above criteria.

2. Conduct a fingerprint-based criminal records check of the National Crime Information Center (NCIC) database on all household members 18 years of age and older.
3. Conduct safety screening on all household members 18 years of age and older.
4. Ensure a comprehensive medical evaluation is completed on all household members 18 years of age and older that includes a screening for Tuberculosis (TB) via blood or skin test. The medical evaluation must be conducted and signed by a licensed physician, physician's assistant, or public health department within 12 months of the approval date of the Family Evaluation.
 - a. The primary and secondary caregiver (as applicable) medical evaluation results must be documented using the Prospective Foster or Adoptive Parent Medical Evaluation Report; and
 - b. Household members 18 years of age or older, other than the primary and secondary caregiver, medical evaluation results must be documented using the Other Household Member Medical Evaluation Report.

5. Include a recommendation for approval or disapproval within the written evaluation signed by final approval authority.
6. Provide written notification to the relatives regarding their approval status within five business days of the approval decision.

Procedures

Resource Development Social Services Case Manager

1. Conduct at least one in-home consultation with the family:
 - a. Conduct individual interviews with each household member and at least one family interview with all household members; and
 - b. Interview each child being considered for adoption if the child has the ability to express his/her feelings and desires.
2. Document any approval to waive pre-service training and file verification of the waiver in the case record.
3. Conduct safety screening in accordance with policy [19.9 Case Management: Safety Screenings](#).
4. Conduct criminal records checks in accordance with policy [19.8 Case Management: Criminal Records Check \(CRC\)](#).
5. Obtain written results of the required medical evaluations from the prospective adoptive parent(s):
 - a. Prospective Foster or Adoptive Parent Medical Evaluation Report; and
 - b. Other Household Member Medical Evaluation Report (if applicable).
6. Complete the written Family Evaluation using the outline below.
7. Submit the completed Family Evaluation to the Social Services Supervisor for review and submission to the County Director for final approval.



The official approval/disapproval date is the date it is signed by the County Director.

8. Document the approval decision in the Family Evaluation.
9. Provide the relatives written notification of the final approval decision within five business days of the approval decision.
10. Register approved families with the Adoption Exchange.

Family Evaluation Outline

The following outline will be used to complete the written evaluation:

1. **General Information**
 - a. Name, address, home, and work phone numbers of the caregiver(s);
 - b. Marital status of caregiver(s);
 - c. Name and age of household members and their relationship to the caregiver(s);

- d. Names and species of any pets; and
- e. Name of person completing the evaluation and agency affiliation.

2. **Motivation**

Describe the relatives' motivation to adopt, including the length of time they have been considering adoption.

3. **Background Information**

- a. Biological/Legal family history:
 - i. Current circumstances for agency's involvement;
 - ii. Termination of parental rights or voluntary surrender information; and
 - iii. Child siblings.
- b. Describe how the child came to be placed with the relative;
- c. Indicate when the Kinship Assessment was completed and how long the child has been placed in the home;
- d. Describe the relationship between the prospective adoptive parents and the biological/legal parents; and
- e. Parents' financial support of the child.

4. **Criminal Records Checks and Safety Screening**

- a. List each adult's name, the date of the screen, and whether or not they are eligible to proceed based on criteria established in the following policies: [19.8 Case Management: Criminal Records Checks \(CRC\)](#) and [19.9 Case Management: Safety Screenings](#).
- b. Do not disclose any criminal records information. Document that an applicant is either "eligible to proceed as of (date of screening)" or "ineligible to proceed as of (date of screening)."

5. **Financial, Physical, and Mental Health Status of Caregivers**

- a. Evaluation of financial stability
 - i. List the current and most recent types of employment;
 - ii. List total income for each caregiver, sources, and frequency of pay; and
 - iii. Describe how the caregivers' income is or is not sufficient to support the adoptive child.
- b. Evaluation of physical and mental health status
 - i. Summarize the physical health of each family member;
 - ii. Describe the emotional and mental health of each household member, including any supports that may be required from external sources; and
 - iii. Document any disabilities, physical or mental health conditions that affect a caregiver's ability to care for a child.

6. **Physical and Mental Conditions of the Child**

- a. Describe the child, including likes, dislikes, achievements, school information, adjustment in the home, medical and mental health information, etc.;
- b. Document the child's feelings about being adopted by the relatives; and

- c. Document observations of the child’s interactions with the relatives and other household members.

7. Physical Home Environment

- a. Description of the home and neighborhood, including proximity to busy streets or highways;
- b. Description of the soundness of the physical dwelling (e.g. roofing, porches, steps, doors, windows, flooring, operability of utilities, etc.). If a home is not on county/city water and/or sewage systems, a statement is required confirming that an approved environmental inspection has been completed within the preceding 12 months;
- c. Description of housekeeping standards (e.g. cleanliness, appearance of household furnishings, management of waste/trash, etc.);
- d. Description of the sleeping arrangements for each household member, including the number of rooms and types of beds in each bedroom and whether there is a safe sleeping environment for infants (if applicable);
- e. Description of whether there is adequate space to accommodate all household members (e.g. bathrooms).
- f. Confirmation that all firearms and ammunition are stored under lock and key inaccessible to children;
- g. Confirmation that any swimming pool on the property meets the standards for water safety outlined in policy [14.1 Resource Development: Safety and Quality Standards \(SQS\)](#);
- h. Confirmation that smoke alarms are present and functioning on all levels of the home;
- i. Confirmation that a functioning ABC rated fire extinguisher is present in the home;
- j. Confirmation that carbon monoxide detectors are present and functioning on all sleeping levels of the home;
- k. Confirmation that any gas heaters in the home are vented to avoid fire and health hazards and that any unvented fuel-fired heaters are equipped with oxygen depletion safety shut-off systems;
- l. Assessment of community resources, including accessibility to schools, religious institutions, recreation, and medical facilities; and
- m. Confirmation that all animals have vaccinations required by Georgia law.
 - i. Dogs, cats, and ferrets must be vaccinated for rabies;
 - ii. Homes with exotic animals (e.g. chimpanzees, snakes, raccoons, large mammals, etc.) require a health and suitability statement from a licensed veterinarian and approval by the DFCS Regional Director;



Issues or concerns related to any pets must be thoroughly discussed and documented during the evaluation process.

8. Parenting Knowledge and Skills

- a. Evaluation of parenting practices, including behavior management practices;
- b. Evaluation of the caregivers’ understanding of adoption and how it will impact the child (e.g. feelings of loss, anxiety) and other members of the adoptive family (including extended

family);

- c. Sensitivity to the child's need to stay connected to people who have been important in the child's life (e.g. siblings);
- d. Attitude toward the child's biological parents;
- e. Expectations of the adopted child, including intellectual achievement;
- f. Plan for protecting the child from exposure to the conditions from which the child was removed; and
- g. Availability of a support network.

9. References

- a. Name and contact information for at least three character references; for couples, references cannot apply to just one caregiver;
- b. Document the manner in which each reference was obtained (e.g. in writing, in person, or via telephone);
- c. Contact at least one extended family member not residing in the home as one of the required three references;
- d. Obtain permission from the caregivers to contact each of their children residing outside of the household. If permission is not granted or if a caregiver refuses to provide a reference, the reasons must be reviewed with the caregiver and taken into consideration when making the approval decision; and
- e. Obtain additional references if conflicting, ambivalent or inadequate statements are received from the initial references.

10. Summary and Recommendations

Ensure the written Family Evaluation reflects the consideration of all information gathered during the evaluation process (e.g. interviews, verifications, documentation, references, safety screening, etc.) and represents a holistic review of the prospective adoptive family. Describe why adoption by the relatives is or is not in the best interest of the child.

11. Attachments and Verifications

- a. Results of medical evaluations: Prospective Foster or Adoptive Parent Medical Evaluation Report and Other Household Member Medical Evaluation Report (if applicable)
- b. Immunizations for household members under 18 years of age (unless an exception applies)
- c. Verification of fingerprint-based criminal records check on all adults
- d. Verification of safety screening
- e. References
- f. Financial statement
- g. Verification of income
- h. Copy of marriage certificate (if applicable)
- i. Copy of divorce decree from any previous marriages (if applicable)
- j. Copy of death certificate(s) if any previous marriage ended due to death

- k. Copy of birth certificate, naturalization papers, U.S. passport, or Permanent Resident Alien Form
- l. Verification of pet inoculations
- m. Verification of auto insurance
- n. Verification of driver's license

Practice Guidance

Things to consider when evaluating relatives as potential adoptive resources

DFCS values family continuity and this is supported by allowing children to remain with relatives whenever it is possible and appropriate to do so. Nonetheless, relatives must be thoroughly evaluated to ensure they can provide a safe, stable, and nurturing home for children transitioning out of foster care. DFCS wants to make sure the relatives are physically, financially, and mentally able to provide a permanent home for the child. It is also important to consider the physical and mental condition of the child to assess whether the child's needs can be adequately met with the relatives. DFCS must also consider the ability of the relatives to handle any potential interference from the child's biological parents in the management of the child. This can be challenging with relative adoptions because they may frequently encounter the biological parents at family events and gatherings.

Requests to waive pre-service training

Requests to waive pre-service training must relate to a specific relative placement that meets the criteria in requirement 1 of this policy section. Waiver requests will be considered for applicable relative placements on a case-by-case basis. Waiver requests should be submitted in writing to the State Permanency Connection Section Director/Designee.

Confirmation Statements

Confirmation Statements are statements within the body of the written evaluation confirming that results, documents, or visual inspections (as applicable) were conducted and deemed satisfactory. Each of the following confirmation statements should be included in the narrative or indicated as not applicable:

1. **Citizenship/Legal Residence:** A copy of birth certificate, naturalization papers, US passport, or Permanent Resident Alien Form ("Green Card") has been provided.
2. **Driver's License and Insurance** (If applicable): The relatives have a valid State of Georgia driver's license and proof of insurance in order to transport children.
3. **Marital Status:** The relatives' marital status is declared to be married or single.
4. **Smoke Alarms:** Functioning smoke alarms are present on each level of the home
5. **Fire Extinguisher:** A functioning ABC rated fire extinguisher is present in the home.
6. **Carbon Monoxide Detector:** A functioning carbon monoxide detector is located on the sleeping level(s) of the home.
7. **Home Environment:** The home was observed to be clean and free of hazards and provides a

livable atmosphere.

8. **Immunizations:** All household members under 18 years of age are current with immunizations unless an exception applies (see policy [14.1 Resource Development: Safety and Quality Standards](#)).
9. **Pet Inoculations:** (Name/Breed/Type pet) has been inoculated for rabies as required by state law.
10. **Firearms:** All firearms are secured (list location and how secured); **or** there are no firearms in the home.
11. **Gas Heaters:** Gas heaters are vented to avoid fire and health hazards.
12. **Unvented Fuel-Fired Heaters:** All unvented fuel-fired heater are equipped with an oxygen depletion safety shut off **or** there are no unvented fuel-fired heaters in the home.
13. **Swimming Pools:** In-ground and above ground swimming pools are secured as required by policy **or** there are no swimming pools on the property.
14. **Water/Sewage:** The utility bills were reviewed, and the home is on county/city water and/or sewage system; **or** the home does not use the county/city water and/or sewage system, and an approved environmental inspection has been completed.
15. **References** The minimum number of required references was received and were acceptable.


Forms and Tools

[Adoption Exchange Family Registration](#)

[Additional Household Member Medical Evaluation Report](#)

[Medical Evaluation Report-Prospective Caregiver](#)

22.8 Financial and Non-Financial Supports for Children in Foster Care or Who Have Achieved Permanency

 Georgia Division of Family and Children Services Child Welfare Policy Manual			
Chapter:	(22) Kinship		
Policy Title:	Financial and Non-Financial Supports for Children in Foster Care or Who Have Achieved Permanency		
Policy Number:	22.8	Previous Policy Number(s):	N/A
Effective Date:	March 2022	Manual Transmittal:	2022-02


Codes/References

N/A


Requirements

The Division of Family and Children Services (DFCS) will:

1. Discuss with prospective caregivers the financial supports available for children in foster care or when children achieve permanency from foster care:
 - a. For Placement:
 - i. Foster Care Per Diem
 - ii. Enhanced Relative Rate (ERR)
 - iii. Temporary Assistance to Needy Families (TANF)
 - b. For Permanency:
 - i. Adoption Assistance (AA) (see policy [12.1 Adoption Assistance: Eligibility-Adoption Assistance Payments, Medicaid and Non-Recurring](#))
 - ii. Subsidized Guardianship (SG)
 - iii. Non-Relative Subsidized Guardianship (NRSG)
 - iv. TANF
2. Discuss non-financial supports with prospective placement or permanency caregivers of children in DFCS custody (see Practice Guidance for non-financial supports).
3. Utilize the following eligibility criteria for ERR payments for children in foster care:
 - a. The child is a citizen or legal permanent resident of the United States (U.S.);



If the child is undocumented, the caregiver must be a citizen or legal permanent resident of the U.S.
 - b. The kinship caregiver meets the TANF specified degree of relationship as outlined in Practice Guidance: TANF Specified Degrees of Relationship and TANF Manual [1335 Living with a Specified Relative](#).
 - c. There is an approved Kinship Assessment or abbreviated Kinship Assessment (see policy [22.3 Kinship: Kinship Assessment](#)); and



If the placement is made subject to an approved abbreviated Kinship Assessment or Kinship Assessment, foster home approval must be completed within 120 days from the date of the placement (see Practice Guidance: Enhanced Relative Rate).
 - d. An Enhanced Relative Rate Application or Agreement has been completed and signed by the caregiver and approved by the County Director/Designee.
4. Utilize the following eligibility criteria for SG payments for children in foster care who achieve permanency through permanent guardianship with a kinship caregiver who meets the TANF degree of relationship:
 - a. The child is a citizen or legal permanent resident of the U.S.;
 - b. The income of the child, excluding the child's wages is less than the amount of the SG payments;

- c. The kinship caregiver meets the TANF degree of relationship as outlined in Practice Guidance: TANF Specified Degree of Relationship and TANF Manual [1335 Living with a Specified Relative](#);
- d. There is an approved Kinship Assessment or current approved foster family home evaluation;
- e. A Subsidized Guardianship/Non-Relative Subsidized Guardianship Application and Agreement has been completed and signed by the caregiver and approved by the County Director/Designee;

i The Subsidized Guardianship/Non-Relative Subsidized Guardianship Application and Agreement must be signed by the caregiver prior to the transfer of permanent guardianship.

- f. Non-reunification was granted by the court and verified via a court order;
- g. The caregiver was granted permanent guardianship of the child until age 18; and
- h. The child has resided with the caregiver under DFCS supervision for a minimum of six months prior to the transfer of permanent guardianship.

i *DFCS has opted out of the Title IV-E Kinship Guardianship Program and therefore, the requirements of Section (2)(E)(2) of the State Plan for IV-E for Title XIX and Title XX related to a child receiving a kinship guardianship payment being a dependent child and a recipient of AFDC (as in effect 7/16/96) are not applicable.*

5. Utilize the following eligibility criteria for NRSG payments for children in foster care who achieve permanency through permanent guardianship with a kinship caregiver:

- a. The child is a citizen or legal permanent resident of the U.S.;
- b. The income of the child, excluding the child's wages, is less than the amount of the NRSG payments;
- c. There is an approved Kinship Assessment or current approved foster family home evaluation;
- d. A Subsidized Guardianship/Non-Relative Subsidized Guardianship Application and Agreement has been completed and signed by the caregiver and approved by the County Director/Designee;

i The Subsidized Guardianship/Non-Relative Subsidized Guardianship Application and Agreement must be signed by the caregiver prior to the transfer of permanent guardianship.

- e. Non-reunification was granted by the court and verified via a court order;
- f. The caregiver was granted permanent guardianship of the child until age 18; and
- g. The child has resided with the caregiver under DFCS supervision for a minimum of six months prior to the transfer of permanent guardianship.

6. Utilize the following effective and initiation dates for subsidy payments:

- a. For ERR: Initiate the subsidy payments upon the approval of the Kinship Assessment/abbreviated

viated Kinship Assessment and the Enhanced Relative Rate Application and Agreement. Payments are effective from the first day of the child's placement in the caregiver's home.

- b. For SG or NRSB: Initiate the subsidy payments the first day of the month following the transfer of permanent guardianship. Payments are effective from the first day of the month following the transfer of permanent guardianship.



If the caregiver is receiving TANF payments for the child, subsidy payments are effective the first day of the month following the termination of TANF as TANF payments are made for the entire month.

7. Verify funding availability prior to the initiation of subsidy payments.
8. Make subsidy payments based on funding availability until the child reaches their 18th birthday.



If the child has reached their 18th birthday and is still enrolled and participating in a public or private education program (K through 12), registered home study program or accredited GED course, the subsidy payments will continue until the child reaches his/her 19th birthday. This exception is intended to support the child working towards the completion of high school or GED.

9. Maintain responsibility for subsidy payments as long as a Georgia court retains legal jurisdiction, and the child remains eligible. If the child moves out-of-state the legal county is responsible for making the subsidy payments.
10. Refrain from transferring SG or NRSB payments from one caregiver to another.
11. Suspend subsidy payments when any of the following occurs:
 - a. For ERR:
 - i. The required 12-month subsidy review is not completed timely (see policy [22.9 Kinship: Subsidy Review](#));
 - ii. The whereabouts of the child and/or caregiver become unknown;
 - iii. The child is on runaway status for 30 days or longer.
 - b. For SG or NRSB:
 - i. The required six and annual (12-month) subsidy review is not completed timely;
 - ii. The caregiver dies, and the agency is attempting to initiate subsidy payments to another caregiver;
 - iii. The whereabouts of the child and/or the caregiver becomes unknown;
 - iv. The child is on runaway status for 30 days or longer;
 - v. The child is not enrolled and participating in a public or private school system, registered home study program or accredited GED course;
 - vi. The child's monthly income, excluding the child's wages, is equal to or exceeds the amount of the subsidy.



The Social Security Administration (SSA) considers the subsidy programs as income to the child; therefore, the child is rarely eligible to receive both. Any subsidy paid will need to be reported to the SSA and the child's benefits from SSA will be

reduced and/or eliminated.

12. Terminate subsidy payments when any of the following occurs:

a. For ERR:

- i. The payment has been suspended for at least three months;
- ii. The child dies;
- iii. The parent moves into the caregiver's home or is caring for the child;

 This includes any legal or putative parents.

- iv. The child is no longer living with the caregiver;
- v. The caregiver has become approved as a foster home and the foster care per diem has been initiated.
- vi. The caregiver has not completed the requirements for foster family home approval within 120 days of the child's placement in the home, and the delay in completing the approval requirements was caused by the caregiver ERR should also be terminated (see Practice Guidance: Enhanced Relative Rate).
- vii. Maltreatment is substantiated against the caregiver and the child is removed from the home;
- viii. The whereabouts of the child and/or caregiver remain unknown for at least three months;
- ix. The child is on runaway status for 90 days or longer;

 Reinstatement requires a justification and Regional Director approval.

- x. The child is incarcerated for 90 days or longer or will not be released from incarceration until after his/her 18th birthday (reinstatement requires a justification and Regional Director approval);
- xi. The child is returned to the parent, guardian or legal custodian;
- xii. The child marries;
- xiii. The child reaches their 18th birthday. If the child has reached their 18th birthday and is still enrolled and participating in a public or private education program, registered home study program or accredited GED course, ERR payments will terminate when the child reaches his/her 19th birthday.

b. For SG or NRSF:

- i. The payment has been suspended for at least three months;
- ii. The child dies;
- iii. The parent moves into the caregiver's home or is caring for the child;


 This includes any legal or putative parents.

- iv. The child is no longer living with the caregiver;


- v. Maltreatment is substantiated against the caregiver and the child is removed from the home;
- vi. The whereabouts of the child and/or caregiver remain unknown for at least three months;
- vii. The child is on runaway status for 90 days or longer;

 Reinstatement requires a justification and Regional Director approval.

- viii. The child is incarcerated for 90 days or longer or will not be released from incarceration until after his/her 18th birthday (reinstatement requires a justification and Regional Director approval);
- ix. The child is returned to the parent, guardian or legal custodian;
- x. The child's income, excluding the child's wages, is equal to or greater than the subsidy;


 The Social Security Administration (SSA) considers the subsidy programs as income to the child; therefore, the child is rarely eligible to receive both. Any subsidy paid will need to be reported to the SSA and the child's benefits from SSA will be reduced and/or eliminated.

- xi. The child marries;
- xii. The child reaches their 18th birthday. If the child has reached their 18th birthday and is still enrolled and participating in a public or private education program, registered home study program or accredited GED course, SG/NRSG payments will terminate when the child reaches his/her 19th birthday.

 Any of these circumstances require prompt notification to the legal county's Regional Accounting to ensure action is taken to terminate ERR/SG/NRSG.

13. Reinstate terminated subsidies upon the approval of the County Director. Additional approval is required as follows:

- a. The Regional Director shall approve the reinstatement if the child was on runaway or incarcerated longer than 90 days.
- b. The State Office Placement and Permanency Section shall approve reinstatement when a child is returned to the caregiver after a child abuse allegation/investigation.

 The County Department shall conduct a staffing with the Field Program Specialist and State Office Placement and Permanency Section prior to returning the child to a caregiver and reinstating the subsidy when the child was removed subsequent to a child abuse allegation/investigation.

14. Recoup overpayments from caregivers as follows:

- a. Negotiate a recoupment or repayment agreement with any caregiver who receives an overpayment of ERR, SG or NRSG within five business days of knowledge of the overpayment;
- b. Consult with the State Office Placement and Permanency Section for consideration of a referral to the Department of Human Services (DHS) Office of General Counsel for further action including possible legal proceedings:

- i. When the caregiver refuses to enter a Recoupment/Repayment Agreement;
 - ii. When the caregiver misses a total of two monthly payments;
 - iii. When the caregiver fails to comply with the terms of the recoupment/repayment agreement;
 - iv. Anytime fraud or abuse is suspected.
15. Document all case management activities related to the financial and non-financial supports in Georgia SHINES within 72 hours of occurrence, including uploading supporting documents in External Documentation.
16. Designate an individual to manage the ERR/RCS/SG/NRSG case record, monitor payments, and complete the required subsidy reviews (see Practice Guidance: Maintaining Records for Subsidies).
17. Ensure ongoing review of all subsidies (ERR/RCS/SG/NRSG) in accordance with policy [22.9 Kinship: Subsidy Review](#).

Procedures

Discuss Supports with Prospective Kinship Caregivers

Financial and Non-Financial Supports


The Social Services Case Manager (SSCM), in coordination with the Kinship Coordinator will:

1. Prior to the placement of a child in DFCS custody with a prospective kinship caregiver, discuss the following:
 - a. Availability and eligibility of financial and non-financial supports for the placement or permanency of a child in DFCS custody. For a detailed explanation of available supports refer to Practice Guidance: Financial Supports and Non-financial Supports; and Forms and Tools: Guide to Kinship Caregiver Supports;
 - b. Benefits and criteria for kin to become foster parents for a child in foster care (see policy [14.1 Resource Development: Safety and Quality Standards \(SQS\)](#) and [22.4 Kinship: Kinship Foster Home Evaluation](#));
 - c. Initial funding available for kin caregivers who meet the TANF degree of relationship pending foster family home approval.
 - d. Caregivers who does not meet the TANF degree of relationship must become a foster parent to receive financial assistance to care for the child while him/her is in foster care.
2. Document the discussion with the prospective caregiver in Georgia SHINES within 72 hours of occurrence.


Initiation of ERR Payments

The SSCM will:

1. Determine if the child and caregiver meet eligibility criteria as follows:
 - a. Verify the child is a citizen or legal permanent resident of the U.S.;

 If the child is undocumented, verify the caregiver is a citizen or legal permanent resident of the U.S.

- b. Verify that caregiver meets the TANF degree of relationship as outlined in Practice Guidance: TANF Specified Degree of Relationship and TANF Manual [1335 Living with a Specified Relative](#);
- c. Verify the approval of the Kinship Assessment or an abbreviated Kinship Assessment in Georgia SHINES;
- d. Complete and obtain approval of the Enhanced Relative Rate Application and Agreement:
 - i. Discuss and review all of the terms and conditions that are outlined in the Enhanced Relative Rate Application and Agreement with the caregiver(s).
 - ii. Request the caregiver(s) complete and sign the Enhanced Relative Rate Application and Agreement. Provide assistance as needed.
 - iii. Obtain the approval from the County Director/ Designee.
 - iv. Upload the approved Enhanced Relative Rate Application and Agreement Georgia SHINES External Documentation.

 If the caregiver is out-of-state, request assistance from the out-of-state caseworker to complete the application (see policy [15.2 Interstate Compact on the Placement of Children \(ICPC\): Placement of Georgia Children into Other States \(Georgia as the Sending State\)](#)).

2. Complete and obtain approval of the Payment of Care (POC) and updated Placement Information in Georgia SHINES.
3. Submit a copy of the approved Enhanced Relative Rate Application and Agreement to Regional Accounting.

 Electronic submission is acceptable.

4. Notify the Office of Family Independence (OFI) to terminate any TANF payments being made on the child's behalf.

Initiation of SG/NRSG Payments

The SSCM will:

1. Discuss supports available for the care of the child once permanent guardianship is granted, including:
 - a. The benefits and impact of available funding;
 - b. Medical insurance options;
 - c. The current services being provided and whether the child remains eligible;
 - d. Additional services that may be needed.
2. Determine that eligibility criteria have been met:
 - a. Verify through monthly purposeful visits that the child has been in the placement for a mini-

num of six months prior to the transfer of permanent guardianship to the caregiver from DFCS custody;

- b. Verify that the child is a citizen or legal permanent resident of the U.S.;
 - c. Confirm that the income of the child, excluding the child's wages, is less than the amount of the SG/NRSG payments;
 - d. For SG payments, verify that the caregiver meets the TANF specified degree of relationship as outlined in Practice Guidance: TANF Specified Degree of Relationship and TANF Manual [1335 Living with a Specified Relative](#);
 - e. Verify the approval of a Kinship Assessment or current foster family home evaluation;
 - f. Confirm that the caregiver is an approved resource with a contract in Georgia SHINES;
 - g. Complete and obtain approval of the Subsidized Guardianship/Non-Relative Subsidized Guardianship Application and Agreement:
 - i. Review and discuss all of the terms and conditions that are outlined in the Subsidized Guardianship/Non-Relative Subsidized Guardianship Application and Agreement with the caregiver(s).
 - ii. Request the caregiver(s) complete and sign the Subsidized Guardianship/Non-Relative Subsidized Guardianship Application and Agreement. Provide assistance if needed.
 - iii. Obtain approval from the County Director/Designee.
 - iv. Upload the approved Subsidized Guardianship/Non-Relative Subsidized Guardianship Application and Agreement to Georgia SHINES External Documentation.
 - h. Review the court order to verify:
 - i. Non-reunification has been granted by the court; and
 - ii. The caregiver(s) was granted permanent guardianship of the child until age 18.
3. Complete and obtain approval of the Payment of Care (POC) and updated Placement Information in Georgia SHINES.
 4. Submit a copy of the completed and approved Subsidized Guardianship/Non-Relative Subsidized Guardianship Application and Agreement and applicable court orders to Regional Accounting.




The Subsidized Guardianship/Non-Relative Subsidized Guardianship Application and Agreement must be completed prior to the transfer of permanent guardianship to the caregiver. If the caregiver resides out-of-state, request assistance from the out-of-state caseworker to assist the caregiver in completing the Application and Agreement see policy [15.2 Interstate Compact on the Placement of Children \(ICPC\): Placement of Georgia Children into Other States \(Georgia as the Sending State\)](#)).



Electronic submission is acceptable.

Changes in Household Circumstances

The SSCM will:

1. Determine if the caregiver is caring for a child in DFCS custody.
 2. Immediately assess the impact the reported change has on the safety and well-being of the child(ren) and the eligibility for ERR/RCS/SG/NRSG (see policy [22.9 Kinship: Subsidy Review](#)).
 3. Initiate a staffing with the Social Services Supervisor (SSS) within 72 hours to discuss:
 - a. The reported changes and the impact on the child's safety and well-being;
 - b. Whether the child is in DFCS' custody or the permanent custody or guardianship of the caregiver.
-  Immediately staff any safety concerns.
4. Document the staffing outcome of the Contact Detail page in Georgia SHINES.
 5. Suspend or terminate the subsidy payments, if required.
 6. Document the changes in the household circumstances, the impact on child safety and well-being, and any changes to the eligibility status of the subsidy payments in the Narrative section of the Contact Detail page of Georgia SHINES within 72 hours.
 7. Notify Regional Accounting and the Resource Maintainer of changes.

Termination of Subsidy Payments

The SSCM will:

1. Provide written notification to the caregiver and child at the last known address, indicating:
 - a. The reason(s) for the termination;
 - b. The effective date of the termination; and
 - c. Whether any action can be taken to reinstate the subsidy.
2. Provide prompt written notification to Regional Accounting indicating:
 - a. The termination of the subsidy;
 - b. The effective date of the termination;
 - c. The reason for the termination.
3. Indicate on the Relative Care Per Diem Report provided by Regional Accounting that the subsidy has been terminated.
4. End date the placement on the Placement Detail page and update the Kinship Care Assessment tabs in Georgia SHINES as needed.
5. Terminate the POC in Georgia SHINES.
6. Close the Post Foster Care (PFC) stage in Georgia SHINES if the SG or NRSG payment is terminating.

Reinstatement of Terminated Subsidy Payments

The SSCM will:

1. Stage progress an intake to the PFC stage to initiate the case in accordance with policy [3.30](#)

[Intake: Non-Incident Request Types \(DJJ, ICPC, PAD, and PFC\).](#)

2. Conduct a purposeful visit at the home with the child and caregiver to complete a renewal evaluation:
 - a. Interview the caregiver and the child separately to assess the following (see policy [10.18 Foster Care: Purposeful Contacts in Foster Care](#)):
 - i. Current family functioning.
 - ii. The caregiver's capacity to continue to provide for the child(ren)'s safety, permanency and well-being.
 - iii. Reason the subsidy was terminated.
 - iv. Reason the subsidy needs to be reinstated.
 - b. Discuss and have the caregiver complete the Subsidy Review.
 - c. Conduct a walkthrough of the home to assess the current home environment (see policy [10.18 Foster Care: Purposeful Contacts in Foster Care](#))
 - d. Obtain verification regarding the child's income or information on any new household members.
3. Contact collaterals including the school, health care providers, other service providers and other relevant parties to obtain/verify information.



An Authorization for the Release of Information form must be signed by the caregiver before any contact is made with professional collaterals.

4. Discuss the terms of the Subsidized Guardianship/Non-Relative Subsidized Guardianship Application and Agreement with the caregiver and obtain appropriate signatures on the form.
5. Inform the caregiver that the reinstatement must be approved by the County Director, Regional Director or State Office Placement and Permanency Section based on the case circumstances.
6. Participate in a staffing with the SSS, County Director (include Regional Director and State Office Permanency Unit when required) to discuss the following:
 - a. Safety of the home environment;
 - b. The caregiver's protective capacities to continue to provide for the child's safety, permanency and well-being;
 - c. Any changes in household composition, income, well-being needs and/or visitation with the parents;
 - d. Collateral information obtained;
 - e. Reason the subsidy was terminated, and reason reinstatement is needed;
 - f. Approval decision to reinstate the subsidy.
7. Obtain appropriate signature of approval on the Application and Agreement.
8. Complete a new POC and update the Placement tab in Georgia SHINES.
9. Provide Regional Accounting with a copy of the approved application and agreement.
10. Provide the caregiver with a copy of the approved application and agreement.

11. Document all activities related to the reinstatement in the Narrative on the Contact Detail page within 72 hours of occurrence.

Recoupment or Repayment of Overpayments

When a change in household circumstances results in an over payment of ERR, SG or NRSG, the SSCM will:

1. Notify the caregiver via written correspondence of the overpayment and the need for a meeting to discuss recoupment/repayment.
2. Conduct a face-to-face meeting with the caregiver to discuss the reason for the overpayment and the need to recoup the funds.
3. Negotiate a recoupment/repayment agreement.
4. Obtain appropriate signatures on the recoupment/repayment agreement.

Family Receiving Subsidy Relocates Out-of-County or Out-of-State

When the family moves out-of-county, the SSCM will:

1. Provide written notification to the DFCS office in the new county of residence indicating:
 - a. The family's subsidy status and relocation to their county;
 - b. Request a purposeful visit to the family's new residence to:
 - i. Verify the family's new address;
 - ii. Update the application and agreement with the new address; and
 - iii. Ensure the child's safety and well-being.
2. Upon receipt of confirmation/approval of the current residence, document the confirmation/approval in the Narrative of the Contact Detail and update the address of the caregiver in the Person Detail page in Georgia SHINES within 72 hours.
3. Upload the updated application and agreement in Georgia SHINES External Documentation.
4. Notify Regional Accounting and the Resource Maintainer of the family's new address.
5. Ensure the legal county completes any renewal assessments.



It is the court's discretion to maintain or negotiate a transfer of jurisdiction to another venue.

When the family moves to another state, the legal county SSCM will:

1. Notify the other state of the child's status and relocation to their state. Notifications of the child's custody and subsidy status are sent through the Interstate Compact on the Placement of Children (ICPC) to the other state following any current ICPC guidelines governing the two case types:
 - a. Children in the legal custody of DFCS; or
 - b. Children no longer in DFCS custody, but for whom permanent guardianship (until age 18) has been transferred to a caregiver.

2. For cases where the child is in DFCS custody:
 - a. Follow all ICPC guidelines regarding the child relocating to another state (see policy [15.6 Interstate Compact on the Placement of Children \(ICPC\): Court Jurisdiction Cases and Other ICPC Components](#));
 - b. Notify Regional Accounting and the Resource Maintainer of the family's relocation.
3. For cases where permanent guardianship has been transferred to a caregiver:
 - a. Submit with the ICPC request the following information:
 - i. Court order granting permanent guardianship;
 - ii. Comprehensive Child and Family Assessment;
 - iii. Kinship Assessment;
 - iv. Subsidized Guardianship/Non-Relative Subsidized Guardianship Application and Agreement;
 - v. Parents' names;
 - vi. Name(s) of the caregiver(s);
 - vii. Child's name and date of birth;
 - viii. New address;
 - ix. Date of move;
 - x. Identifying information from the court of jurisdiction and DFCS agency responsible for continuation of the subsidy payments and agency (annual) renewal report.
 - b. Request the receiving state send a written report, based on a home visit and face-to-face interview with the family and child (if appropriate).

The SSS will:


1. Review and make an approval determination on the following, as appropriate:
 - a. Kinship Assessment (including approval of an abbreviated Kinship Assessment for an immediate placement);
 - b. Enhanced Relative Rate Application and Agreement;
 - c. Subsidized Guardianship/Non-Relative Subsidized Guardianship Application and Agreement;
 - d. Subsidy Recoupment/Repayment Agreement
2. Confirm through a review of Georgia SHINES that all portions of the abbreviated Kinship Assessment for an immediate placement is completed prior to the placement of the child in the home.
3. Initiate a staffing to discuss:
 - a. Initiation of any subsidies
 - b. Changes in the caregiver's household circumstances including:
 - i. Any impact the changes have on child safety and/or eligibility for the subsidy
 - ii. Whether the subsidy needs to be suspended or terminated


- iii. Any additional information that is needed
 - iv. Next steps with the family or case
 - c. Barriers that may lead to the termination of ERR including the caregiver’s not completing the requirements to become approved as a foster family home;
 - d. Reinstatement of terminated subsidies;
 - e. Recoupment or repayment of any overpayments.
4. Ensure the SSCM provides appropriate notifications including written notification to:
- a. The caregiver prior to any termination of the subsidy;
 - b. Regional Accounting regarding the termination of any subsidy;
 - c. The caregiver of an overpayment and the need to discuss recoupment or repayment;
 - d. Another county or state that a family receiving a subsidy has relocated to their area.

Practice Guidance

Financial Supports

Federal and state funds that support the financial programs available for the placement or permanency of children in DFCS custody. Because of constraints with these funding streams, it is imperative that SSCMs are good stewards of these funds. Caregivers should be thoroughly assessed to determine their appropriateness as well as the supports they will need to properly care for the child. The family’s circumstances should be monitored to ensure continued eligibility for the programs. When it is determined that a caregiver is no longer eligible to receive the financial support provided, the SSCM must act expeditiously to ensure the financial assistance ceases and that any overpayments are repaid.


Temporary Assistance to Needy Families (TANF)	<p>A federally funded grant program that provides monthly financial assistance to needy families so children may be cared for in their own homes. The caregiver must follow the application procedures established by the agency’s Office of Family Independence (OFI) and meet all eligibility requirements, including being a specified relative. Refer to the TANF Policy Manual: Chapter 1300.</p> <p> If a caregiver is approved for another subsidy, OFI must be immediately notified to stop TANF payments. A caregiver may only receive one financial subsidy at a time.</p>
Food Stamps/Supplemental Nutrition Assistance Program (SNAP)	<p>A federally funded grant program that provides monthly benefits to low-income households to help pay for the cost of food. The caregiver must complete and submit an application for SNAP to the Office of Family Independence for eligibility review. See Food Stamps Policy Manual: Chapter 3000.</p>
Foster Care Per Diem	<p>A monthly financial payment received by approved foster family homes for a child in foster care in Georgia. The amount of the per diem is based upon the child’s age and changes accordingly. A caregiver may receive the foster care per diem after completing all the requirements for becoming an approved foster family home (see policy 14.0 Resource Development: Introduction to Resource Development).</p>
Initial or Annual Clothing Allowance	<p>Children in DFCS custody are eligible to receive an initial and annual clothing allowance as outlined in the COSTAR Manual.</p>




Sibling Incentive	A Sibling Incentive (SI) is paid for each sibling in addition to the per diem, if eligible. To be eligible, the siblings must be placed together in groups of three or more in a foster family home (including kinship foster home). The SI continues as long as the siblings remain together; at least three or more siblings remain in the same foster home; or the sibling group achieves permanency. Refer to the COSTAR Manual for more information.
Adoption Assistance	Refer to policy 12.0 Adoption Assistance: Introduction to Adoption Assistance for detailed information on adoption assistance.
Supplemental Security Income (SSI)/ Retirement, Survivors, Disability Insurance (RSDI)/Child Support	<p>An application must be submitted to the Social Security Administration (SSA) and/or the Division of Child Support Services (DCSS) to become the payee for a child in DFCS' custody receiving SSI/RSDI, or child support. DFCS receives the benefit payments while the child is in DFCS custody. The funds are used to meet the child's needs. As subsidy payments and SSI are both federally funded, a child is ineligible to receive funding from both programs. Any DFCS subsidy payment will be reduced dollar for dollar against the SSI. SSI payments may not be sent from DFCS directly to the caregiver (see Field Fiscal Services' Administrative Policies and Procedures manual Financial Section II: 2400 Restricted Funds regarding the distribution of SSI funds received on behalf of a child).</p> <p> If permanent guardianship is transferred from DFCS to a caregiver, the SSCM notifies the SSA and request that payee responsibility be transferred to the new legal guardian. A copy of the notification should be given to the caregiver and a copy placed in the subsidy file.</p>
Prevention of Unnecessary Placement (PUP)	See policy 18.3 Support Services to Preserve or Reunify Families: Prevention of Unnecessary Placement and COSTAR Manual for eligibility and services provided through PUP.

Subsidy Programs: ERR, SG, NRSB, RCS

These are financial supports for a child in foster care placed with an approved kinship caregiver or transferred to the permanent guardianship of an approved caregiver to help defray basic expenses that otherwise may jeopardize the child's opportunity to experience stability and permanence. Payments must be used for the child's needs or expenses, such as clothing, special dietary needs, medical and dental care, special educational needs not covered by P.L. 94-142, childcare expenses, extracurricular activities, mental health services/counseling. The monthly subsidy payments are less than the basic foster care per diem for the child's age. A caregiver may not receive a subsidy and foster care per diem in the same month. Initiation of a subsidy should not result in a break in financial payments for meeting the needs of the child, Medicaid coverage, or childcare services.

Timely approval of the caregiver's home is necessary to ensure safety of the child and for the caregiver to have the necessary financial supports to help meet the child's needs.

 Parents (biological, legal, putative, adoptive, stepparents, etc.), are not eligible to receive these subsidies. Caregivers from whom the child was removed and placed in foster care (removal home), are also not eligible to receive these subsidies. See [COSTAR Manual](#) for more information on the Subsidy Programs

<p>Enhanced Relative Rate (ERR):</p> <p>UAS Code 542, 548</p>	<p>Provides an initial monthly financial payment to assist with the basic care of a child in Georgia DFCS custody placed with a caregiver who meets the TANF degree of relationship, while the caregiver completes the foster family home approval process. ERR payments follow a rate/age schedule. ERR payments must be terminated prior to receipt of the Foster Care Per Diem. ERR may be terminated if the caregiver fails to complete the foster home approval process within 120 days of the child being placed in their home.</p> <p> Prior to the termination of ERR due to the caregiver not completing the requirements for foster home approval within 120 days of the child’s placement in their home, the SSCM, SSS, and Kinship Coordinator should make efforts to address barriers that may be causing the delay. If a viable solution cannot be reached, other kin caregivers should be explored. If the County determines that it is in the best interest of the children to remain with the current caregiver, despite not completing the foster home approval process, a final decision regarding the continuation of the foster care placement and ERR shall be obtained from the Regional Director or Designee. In order to remain a placement resource, the full Kinship Assessment will need to be completed and approved.</p>
<p>Subsidized Guardianship (SG):</p> <p>UAS Code 552</p>	<p>A monthly financial payment that follows a rate/age schedule. SG payments are initiated after non-reunification is granted, the child has been placed with the caregiver who meets the TANF degree of relationship, for at least six months under DFCS supervision, and permanent guardianship is transferred to the caregiver. Only children who achieved permanency via a permanent guardianship from Georgia DFCS custody are eligible for SG. Other eligibility criteria and restrictions apply.</p> <p> Policy prior to August 1, 2014 allowed for caregivers to receive either an enhanced subsidized guardianship for relative caregivers (ERSG). If the ERSG (type and amount) was initiated prior to August 1, 2014 payments will continue to be available upon renewal, continued eligibility and funding availability.</p>
<p>Non-Relative Subsidized Guardianship (NRSG):</p> <p>UAS Code 550</p>	<p>A monthly financial payment that follows a rate/age schedule. NRSG payments are initiated after non-reunification is granted, the child has been placed with the caregiver for at least 6 months under DFCS supervision, and permanent guardianship is transferred to the caregiver. Only children who achieved permanency via a permanent guardianship from Georgia DFCS custody are eligible for NRSG. Other eligibility criteria and restrictions apply.</p> <p> Policy prior to August 1, 2014 allowed for eligible caregivers to receive or an enhanced subsidized guardianship for non-relative caregivers (ENRSG). If the ENRSG (type and amount) was initiated prior to August 1, 2014, payments will continue to be available upon renewal, continued eligibility and funding availability.</p>
<p>Relative Care Subsidy (RCS)/Enhanced Relative Care Subsidy (ERCS):</p> <p>UAS Code 553</p>	<p>RCS/ERCS was available prior to January 1, 2014, for relatives providing a permanent placement for children in DFCS custody through a permanent custody. Effective January 1, 2014, RCS/ERCS shall no longer be selected as a financial option for relatives as state law no longer recognizes “live with a fit and willing relative” as a permanent placement for children. Children receiving the subsidy prior to January 1, 2014 shall continue to be eligible to receive it as long as all other eligibility criteria are met and funding continues to be available.</p>

Non-Financial Supports

Formal or informal services that are crucial in addressing the child’s needs, support caregiving, facilitate or preserve the placement, and support permanency for children in DFCS custody. The SSCM should discuss with caregivers, the availability and eligibility criteria of services available to them and the children in their care.

Childcare and Parent Services (CAPS)	Refer to policy 10.16 Foster Care: Childcare and Early Education
HeadStart or Early HeadStart	Refer to policy 10.16 Foster Care: Childcare and Early Education
Respite Care	Refer to policy 14.18 Resource Development: Supervision of Children

Supplemental supervision or other alternative supervision	Refer to policy 14.18 Resource Development: Supervision of Children
Mental or behavioral health services	For the child, kinship caregiver or household member
Parent Aide	Refer to policy 18.4 Support Services to Preserve or Reunify Families: Parent Aide Services
Homestead	Refer to policy 18.5 Support Services to Preserve or Reunify Families: Homestead
Wrap-Around Services	Refer to policy 18.6 Support Services to Preserve or Reunify Families: Wrap-Around Services
Promoting Safe and Stable Families (PSSF)	Refer to policy 18.2 Support Services to Preserve or Reunify Families: Promoting Safe and Stable Families (PSSF)
Medicaid or other medical coverage	Refer to policy 9.2 Eligibility: Applying for Medical Services at Initial Entry and Exit
Emergency Assistance and Referrals	Assistance to facilitate or maintain the placement determined by the SSCM/Kinship Coordinator assessment. Assistance may include clothing, food, furniture, utility assistance or other basic items
Training/educational support	Support the child, caregiver or household member

TANF Specified Degree of Relationship

To receive ERR or SG, the relative must meet the TANF degree of relationship criteria. The following relationships meet the requirement:

1. Grandparent (up to great-great-great)
2. Sibling (half, whole, step)
3. Aunt/uncle (up to great-great)
4. Niece/nephew (including child and grandchild of niece/nephew).
5. First cousin
6. First cousin once removed (the child of a first cousin)

This includes the spouse of any person named in the above group even after the marriage is terminated by death or divorce, unless the child is born after termination of the marriage. The spouse of a stepparent or the spouse of a stepsibling is not within the specified degree of relationship.

To establish a child's relationship to a paternal relative, paternity must first be legally established. Verification of the degree of relationship must be documented in Georgia SHINES.

Staffing of Removal Related to Child Abuse Allegation/Investigation

The staffing must determine the appropriate permanency plan for the child and that all child safety and well-being issues have been addressed to solidify the placement prior to returning the child to the caregiver and reinstating the subsidy payment. Document the staffing in Georgia SHINES. If the staffing determines that continued subsidy would be appropriate, complete a new agreement to reinstate the subsidy payment. If the subsidy renewal is due or past due, immediately complete the renewal process.

Maintaining ERR/RCS/SG/NRSG Case Records

The case record/Georgia SHINES must contain the following:

1. The signed application and agreement and all renewal forms.
2. The non-reunification and permanent guardianship order.
3. Notification to discontinue TANF and/or transfer the payee of the child's income (SSI, RSDI or child support) to the caregiver.
4. Documentation of six and 12-month subsidy reviews including required home visits with separate interviews with the caregiver and children.
5. Copies of any subsidy termination notifications.

Forms and Tools

[Authorization for Release of Information](#)

[Authorization for Release of Information \(Spanish\)](#)

[Enhanced Relative Rate Application and Agreement](#)

[Enhanced Relative Rate Application and Agreement \(Spanish\)](#)

[Guide for Kinship Caregiver Supports](#)


[Subsidy Recoupment/Repayment Agreement](#)

[Subsidy Recoupment/Repayment Agreement \(Spanish\)](#)

[Subsidized Guardianship/Non-Relative Subsidized Guardianship Application and Agreement](#)

[Subsidized Guardianship/Non-Relative Subsidized Guardianship Application and Agreement \(Spanish\)](#)

22.9 Subsidy Review

	Georgia Division of Family and Children Services Child Welfare Policy Manual			
	Chapter:	(22) Kinship		
	Policy Title:	Subsidy Review		
	Policy Number:	22.9	Previous Policy Number(s):	10.9
	Effective Date:	September 2020	Manual Transmittal:	2020-06

Codes/References


N/A

Requirements

The Division of Family and Children Services (DFCS) will:


1. Conduct Subsidy Reviews of the Enhanced Relative Rate (ERR) subsidy on an annual basis following the initiation of ERR payments to determine the child's continued eligibility for ERR (see policy [22.8 Kinship: Financial and Non-Financial Supports for Children in Foster Care or Who](#)

Have Achieved Permanency for eligibility criteria for ERR).


 The annual (12th month) subsidy review is subsidy renewal review that must be completed prior to the end of the 12th month following the initial or most recent approval of ERR.

2. Conduct a six-month and annual (12-month) Subsidy Review following the initiation of subsidy payments for Subsidized Guardianship (SG), Non-Relative Subsidized Guardianship (NRSG) and Relative Care Subsidy (RCS) to determine the child's continued eligibility for the subsidy (see policy [22.8 Kinship: Financial and Non-Financial Supports for Children in Foster Care or Who Have Achieved Permanency](#) for eligibility criteria for SG and NRSG).


a. The six-month subsidy review is a paper review completed prior to the end of the six months from the initial or most recent approval of SG/NRSG/RCS.

 A six-month paper review is not required on ERR cases as a minimum of monthly purposeful contacts are conducted with the child and caregiver.

b. The annual (12th month) subsidy review is a subsidy renewal review completed prior to the end of the 12th month following the initial or most recent approval of SG/NRSG/RCS.

 While RCS is no longer an option available to relatives as of 01/01/2014, relative caregivers already receiving RCS shall be subject to the required subsidy reviews.

3. Conduct a home visit as part of the annual Subsidy Review for ERR, SG, NRSG, and RCS. Conduct face to face and in private interviews with the caregiver(s), child (when age and developmentally appropriate) and any other household members present during the home visit.

 The annual subsidy review can be completed via a telephone interview if the caregiver(s) live out-of-state and the Interstate Compact on the Placement of Children (ICPC) request to complete the subsidy review was denied.

4. Report all suspected or known allegations of child maltreatment identified through the subsidy review process to the CPS Intake Communication Center in accordance with policy [3.24 Intake: Mandated Reporters](#).

5. Suspend ERR, SG, NRSG, and RCS payments if the subsidy review is not completed prior to the end of the current approval certification.

6. Terminate the subsidy if the Subsidy Review determines that eligibility criteria are not met as outlined in policy [22.8 Kinship: Financial and Non-Financial Supports for Children in Foster Care or Who Have Achieved Permanency](#).


7. Adhere to confidentiality and Health Insurance Portability and Accountability Act (HIPAA) provisions outlined in policies [2.6 Information Management: Confidentiality/Safeguarding Information](#) and [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#). Obtain a signed Authorization for Release of Information (ROI), when applicable.

Procedures

Six-Month Subsidy Review for SG, NRSG or RCS

The Social Services Case Manager (SSCM) will:

1. Mail, email or fax the Notice of Six-Month Subsidy Review, along with the Subsidy Review form to the caregiver informing them of:
 - a. The required completion the Subsidy Review form; and
 - b. The timeframe for completion of the form and returning it to DFCS.
2. Review the completed Subsidy Review form received from the caregiver:
 - a. Discuss any changes reported on the Subsidy Review form with the caregiver.

 This may be done via telephone. Contact with the child may also be necessary to verify information reported.
 - b. Obtain any needed verification of the child's income, school verification, and information on new household members reported;
3. Determine the following:
 - a. The caregiver's capacity to continue to provide for the child's safety, permanency and well-being; and
 - b. The continued eligibility for subsidy payments.
4. Staff with the Social Services Supervisor (SSS) to determine continued eligibility for the subsidy, and obtain his/her approval of the continued eligibility decision;
5. If the Subsidy Review form is not received by the 20th day of the 6th month:
 - a. Send a letter of non-receipt of the completed Subsidy Review form to the caregiver.
 - b. Contact the caregiver by telephone when possible to find out if they received the form and determine whether there are any barriers in completing and returning the form.
 - c. In conjunction with the SSS, suspend SG, NRSRG, and RCS payments for the 7th month if the review is not received and completed by the end of the 6th month.
6. Document the review and/or attempts to complete the six-month subsidy review in the Narrative of the Contact Detail page in Georgia SHINES within 72 hours of occurrence. Upload the Subsidy Review form and any other information obtained in External Documentation.

Annual (12-Month) Subsidy Review for ERR, SG, NRSRG, and RCS

The SSCM will:

1. Schedule a home visit with the caregiver(s) and child.
2. Mail, email or fax the Subsidy Review form to the caregiver for their review and completion prior to the home visit.
3. Screen the child on the Clearinghouse for any income.
4. Assess family functioning and the caregiver's capacity to continue to provide for the child(ren)'s safety, permanency and well-being (see Practice Guidance: [Subsidy Review and Renewal Assessment](#)).
 - a. Interview the child, caregiver and other household members present at the home visit:
 - i. Discuss any changes to the developmental stages of the family including the tasks associ-

ated with the stages and the involvement of the family to accomplish these tasks (see policy [19.2 Case Management: Family Developmental Stages and Tasks](#));

- ii. Gain an understanding of any challenges the family/individual is having in accomplishing the tasks;
- iii. Evaluate the need for services to assist the family in completing everyday tasks;
- iv. Discuss all information included in the Subsidy Review form;



A portion of the interview with the child must be conducted in private, away from the caregiver and any other household members.

- v. Discuss the Terms and Conditions included in the Enhance Relative Rate Application and Agreement, Subsidized Guardianship/Non-Relative Subsidized Guardianship Application and Agreement, or Relative Care Subsidy Renewal Application and Agreement with all caregivers receiving subsidy payments and obtain their signatures;
 - vi. If the caregivers are receiving ERR, inform him or her that any new adult household members will need to be screened (see policy [19.8 Case Management: Criminal Records Checks](#) and [19.9 Case Management: Safety Screenings](#)); and
 - vii. Inform the caregiver that he/she will be notified of the re-approval decision after SSS review of the information gathered.
- b. Complete a walkthrough of the home noting and addressing any safety concerns with the caregiver;



If there is an infant in the home, discuss and address Infant Safe to Sleep in accordance with Infant Safe to Sleep Guidance and Protocol.

- c. Obtain any needed verification of the child's income or information on new household members.
- d. Contact collaterals including the school, health care providers, other service providers and other relevant parties to obtain/verify information. An Authorization for Release of Information form must be signed by the caregiver before any contact is made with collaterals.



If based on the Subsidy Review, there is suspected or known child abuse, report to CICC in accordance with policy [3.24 Intake: Mandated Reporters](#).

5. Staff with the SSS to obtain a re-approval decision. The discussion should include, but is not limited to the following:
- a. The safety of the home environment;
 - b. Any changes in household composition, developmental stages of the family, daily tasks and challenges associated with the developmental stages, income, well-being needs and/or visitation with the parents;
 - c. Collateral information obtained;
 - d. Decision to reapprove the ERR, SG, NRSG, and RCS payments for another 12 months.
 - e. Document the staffing discussion and re-approval decision in the Narrative section of the Contact Detail page in Georgia SHINES within 72 hours of the staffing.

6. Notify the caregiver of the decision regarding the re-approval of ERR, SG, NRSG or RCS payments;
7. Send a copy of the approved ERR, SG, NRSG or RCS Renewal Application and Agreement to the caregiver;
8. Complete a new Payment of Care (POC) in Georgia SHINES;



A new POC must be completed every 12 months. Upload the Subsidy Review form and ERR, RCS Renewal or SG/NRSG Application and Agreement into External Documentation in Georgia SHINES;

9. Suspend payments until the renewal process can be completed if the SSCM is unable to contact the caregiver prior to the expiration of the current ERR/RCS/SG/NRSG approval period.

Out-of-County Annual Subsidy Review

Utilize one of the options below to complete the annual subsidy review, if the caregiver resides out-of-county:

1. Contact the DFCS County Director/designee where the caregiver resides to request permission to cross county lines and complete the ERR, SG, NRSG or RCS renewal process; or
2. Request that the local DFCS office where the caregiver resides complete the ERR/RCS/SG/NRSG renewal process. If the receiving county decides that they are unable to complete the renewal process, approval may be granted to the legal county of the child to complete the renewal.

Out-of-State Annual Subsidy Review

1. Contact the caregiver to notify them of the need for renewal of the ERR, SG, NRSG, or RCS payments and that payments will be suspended if the renewal process is not completed timely.
2. Mail, email or fax the letter of notification of the subsidy review, Subsidy Review form, and the ERR, RCS Renewal or SG/NRSG Application and Agreement to the caregiver.
3. Make an ICPC request to conduct a home visit to interview the caregiver, the child and any other household members present. Include the following in your request:
 - a. ICPC Request-Form 100A;
 - b. ICPC Request Letter;
 - c. ERR, RCS Renewal or SG/NRSG Application and Agreement.
4. Inform the other state that if the renewal process is not completed timely, the ERR/RCS/SG/NRSG payments will be suspended;



If the ICPC denies the request to conduct the review, complete the annual subsidy review via telephone.

The SSS will:

1. Review and make an approval determination on the following, as appropriate:
 - a. Subsidy Review form;
 - b. Enhanced Relative Rate Application and Agreement;

- c. Relative Care Subsidy Renewal Application and Agreement;
 - d. Subsidized Guardianship/Non-Relative Subsidized Guardianship Application and Agreement.
2. Initiate a staffing with the SSCM when the following occurs:
 - a. The outcome of the subsidy review to make an approval decision on continuation of the subsidy.
 - b. Changes in the caregiver household circumstances including:
 - i. Any impact the changes have on child safety and/or eligibility for the subsidy;
 - ii. Whether the subsidy needs to be suspended or terminated;
 - iii. Any additional information that is needed;
 - iv. Next steps with the family or case.
 - c. Reinstatement of suspended or terminated subsidies is requested.
 3. Ensure the SSCM provides appropriate notifications including written notification to:
 - a. The caregiver prior to any suspension or termination of the subsidy;
 - b. Regional Accounting regarding the suspension, termination or renewal of any subsidy.
 4. Review Georgia SHINES to ensure all pertinent subsidy forms and documentation is completed, updated and uploaded.

Practice Guidance

Subsidy Review and Renewal Assessment

Subsidy reviews are conducted to ensure the child and caregiver continue to meet the eligibility criteria to receive a subsidy payment as well as to determine whether the caregiver continues to be qualified to provide care for the child. During the subsidy review process, observation and/or an understanding of the family's involvement in completing the everyday tasks is essential in providing insight into the family's parenting practices, strengths and areas for continued caregiver development. The subsidy review process also provides the opportunity to determine whether the family may have additional needs through which offering community supports may be critical to maintain and stabilize the home and consequently prevent re-entry of the child into foster care.

When assessing the caregiver to determine whether they continue to be qualified to provide care for the child, parental capacity and child vulnerabilities must be assessed to assure the child's safety, permanency and well-being. Also determine the following:

1. What are the current developmental stages of the family?
2. What tasks are associated with the developmental stages, i.e. waking to feed an infant; getting children off to school; disciplining teenagers; etc., and what is the involvement of the family in completing the tasks?
3. What are the challenges the family is having in meeting the daily tasks? Are there competing needs within the family, impacting the caregiver's ability to continue to provide appropriate care for the child?

4. How are the child(ren)'s health and medical needs being met?
5. How are the child(ren)'s emotional needs being met?
6. How are the child(ren)'s educational needs being met?
7. What services have the caregiver sought for the child when there are identified needs? What services are needed to ensure daily tasks are completed?
8. Who cares for the child in the caregiver's absence?
9. Describe how the child is thriving in the care of the caregiver.
10. Is the living environment safe? Are there immediate threats of harm or impending dangers?
11. Does the caregiver continue to meet eligibility requirements for ERR, RCS, SG or NRSRG?
12. What information was provided by collateral contacts (health provider, school officials, etc.) regarding child vulnerabilities and parental capacity?

Forms and Tools

[Authorization for Release of Information](#)

[Authorization for Release of Information \(Spanish\)](#)

[Enhanced Relative Rate Application and Agreement](#)

[Enhanced Relative Rate Application and Agreement \(Spanish\)](#)

[ICPC Cover Letter for Subsidy Reviews](#)

[Infant Safe to Sleep Guidelines and Protocol](#)

[Notice of Six-Month Subsidy Review](#)

[Notice of Six-Month Subsidy Review \(Spanish\)](#)

[Notice of Annual \(12-Month\) Subsidy Review](#)

[Notice of Annual \(12-Month\) Subsidy Review \(Spanish\)](#)

[Relative Care Subsidy Renewal Application and Agreement](#)

[Relative Care Subsidy Renewal Application and Agreement \(Spanish\)](#)


[Subsidized Guardianship/Non-Relative Subsidized Guardianship Application and Agreement](#)

[Subsidized Guardianship/Non-Relative Subsidized Guardianship Application and Agreement \(Spanish\)](#)

[Subsidy Review](#)

[Subsidy Review \(Spanish\)](#)

22.11 Guardianship in Child Protective Services

	Georgia Division of Family and Children Services		
	Child Welfare Policy Manual		
	Chapter:	(22) Kinship	
	Policy Title:	Guardianship in Child Protective Services	
	Policy Number:	22.11	Previous Policy Number(s):
Effective Date:	March 2023	Manual Transmittal:	2023-01

Codes/References

O.C.G.A. § 15-11-13 Appointment of Guardian or Conservator
O.C.G.A. § 15-11-14 Transfers from Probate Court
O.C.G.A. § 15-11-26 Best Interests of Child
O.C.G.A. § 15-11-29 Protective Orders
O.C.G.A. § 15-11-29.1 Parental Accountability; Court Orders; Enforcement
O.C.G.A. § 15-11-30 Rights and Duties of Legal Custodian
O.C.G.A. § 15-11-240 Appointment of Permanent Guardian; Jurisdiction; Findings
O.C.G.A. § 15-11-242 (a)(3) Effect of Guardianship Order
O.C.G.A. § 29-2-5 Petitions for Temporary Guardianship; Requirements of Petition
O.C.G.A. § 29-2-6 Parental Consent to Temporary Guardianship; Failure to Consent; Minor's Preference
O.C.G.A. § 29-2-7 Powers of Temporary Guardians; Medical Insurance Coverage for Minors
O.C.G.A. § 29-2-8 Termination of Temporary Guardianship; Petition for Termination of Guardianship
O.C.G.A. § 29-2-17 Petition for Appointment of Permanent Guardian; Requirements of Petition; Notice

Requirements

The Division of Family and Children Services (DFCS) will:

1. Have the option to recommend guardianship through probate or juvenile court when guardianship is the most appropriate plan to achieve permanency for a child in an open Child Protective Services (CPS) case, and the following case circumstances apply:
 - a. Chronic parental absence is demonstrated;
 - b. Chronic un-rehabilitated parental concerns;
 - c. A history of caretaking for the child(ren) by the proposed guardian;
 - d. Reasonable efforts were made to maintain the family unit and prevent the unnecessary removal of the child from the home; and
 - e. A Kinship Assessment was completed confirming the ability of the proposed guardian to provide long term supervision and care for the child(ren).



In cases involving children under the age of ten other permanency options shall be strongly considered and pursued before a guardianship is considered.

2. Afford all rights under the Indian Child Welfare Act (ICWA) to any child who is a member of a federally recognized Indian Tribe, or eligible for membership and has a biological parent who is an enrolled member and is subject to removal, placement and/or any other legal action involving DFCS to promote the stability and security of Indian Tribes and their families (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).
3. Conduct a Case Evaluation to track and measure progress toward case plan outcome achievement, prior to completing a petition for guardianship.
4. Provide full disclosure regarding guardianship to the parent/legal guardian and proposed

guardian.

5. Obtain written approval from the County Director (CD) and the Regional Director/Designee (RD) to seek guardianship in CPS cases when determined to be in the best interest of the child.

Procedures

Social Services Case Manager

1. Conduct a Case Evaluation in accordance with policy [8.4 Family Preservation Services: Case Evaluation](#):
 - a. Document in the Family Functioning Assessment (FFA) evidence of:
 - i. Chronic parental absence and chronic un-rehabilitated parental concerns; and
 - ii. The proposed guardian's history of caring for the child:
 1. Specify the extended periods the proposed guardian was responsible for the care and supervision of the child arranged by the parent/legal guardian;
 2. Indicate the guardian's ability to meet the physical and wellbeing needs of the child; and
 3. Indicate the bond between the proposed guardian and the child (demonstrated and observed).
 - b. Discuss the following in the staffing with the Social Services Supervisor (SSS):
 - i. The age of each child and why guardianship is the best permanency option. If the child is under the age of ten other permanency options considered and pursued.
 - ii. Were reasonable efforts to maintain the family unit and prevent the unnecessary removal of the child from the home made (family preservation services, service provision, etc.) in accordance with policy [9.5 Eligibility: Reasonable Efforts](#).
 - iii. Any child or family Indian heritage and tribal membership (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).
2. Conduct a purposeful contact with the parent(s)/legal guardian(s) of the child, if available:
 - a. Discuss the consensus reached regarding what needed to change to achieve child safety and the services and supports provided to assist in making the changes;
 - b. Explain the protective capacity concerns that still exist that do not allow the child to be safely maintained in the home;
 - c. Provide full disclosure regarding guardianship, including:
 - i. Guardianship is a legal relationship ordered by court, giving the guardian responsibility for the care of a child (education, medical, and welfare of the minor).
 - ii. Parental rights are not terminated.
 - iii. The court has the authority to order visitation giving the parent/legal custodian the opportunity to maintain contact with the child.
 - iv. The court has the authority to order the parent/legal custodian to pay child support.

- v. The guardian can execute a surrender of parental rights to enable adoption of the child.
 - d. Assess their willingness to grant guardianship to the proposed guardian; and
 - e. Discuss why he/she feels the proposed guardian is the best choice to care for the child.
 - 3. Conduct a purposeful contact with the proposed guardian:
 - a. Provide full disclosure regarding guardianship including:
 - i. Guardianship is a legal relationship ordered by court, giving the guardian responsibility for the care of a child (education, medical, and welfare of the minor).
 - ii. Parental rights are not terminated.
 - iii. The court has the authority to order visitation giving the parent/legal custodian the opportunity to maintain contact with the child.
 - iv. The court has the authority to order the parent/legal custodian to pay child support.
 - v. The guardian can execute a surrender of parental rights to enable adoption of the child.
 - b. Examine the reason(s) for preferring guardianship;
 - c. Discuss the plan to assure child safety in the future; and
 - d. Review supports and services in place and the plan for those services to extend beyond guardianship.
 - 4. Complete collateral contacts in accordance with policy [19.16 Case Management: Collateral Contacts](#) to gather information regarding the proposed guardian's ability to provide long-term care for the child.
 - 5. Submit a CPS guardianship request, per county protocol, to the SSS for approval when it is determined that guardianship is in the best interest of the child(ren).
 - a. Provide a copy of the FFA, Kinship Assessment, and any other information that supports that the case circumstances meet the criteria for guardianship; and
 - b. Whether the plan is to pursue guardianship through juvenile or probate court.
 - 6. Participate in a case staffing with the SSS, RD/Designee, and Safety Field Program Specialist to discuss the CPS guardianship request. Be prepared to discuss:
 - a. DFCS history;
 - b. Reasonable efforts made to maintain the family unit and prevent the unnecessary removal of the child from the home;
 - c. The approved Kinship Assessment, including the ability of the proposed guardian to provide long term supervision and care for the child(ren);
 - d. Whether guardianship should be pursued through probate court or juvenile, if approved; and
 - e. Any tribal affiliation and notifications required if the child is an Indian Child (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).
 - 7. Upon approval of the request for CPS guardianship:
 - a. Request the Special Assistant Attorney General (SAAG) file a dependency petition for

guardianship in juvenile court. Inform the SAAG of any child or family Indian heritage and tribal membership; or

- b. Inform the parent/legal guardian and proposed guardian to complete the guardianship process in probate court; and



If the matter is transferred from probate court to juvenile court, consult the SAAG.

- c. Provide required ICWA notifications of the legal proceeding if the child is an Indian Child in accordance with policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#).

8. Document the Legal Action in Georgia SHINES and upload supporting document to External Documentation.

Social Services Supervisor

1. As a part of the staffing with the SSCM during the Case Evaluation process in accordance with policy [8.4 Family Preservation Services: Case Evaluation](#), when guardianship is recommended determine if:
 - a. Chronic parental absence is demonstrated;
 - b. Chronic un-rehabilitated parental concerns are evident;
 - c. There is a history of caretaking for the child(ren) by the proposed guardian;
 - d. Reasonable efforts were made to maintain the family unit and prevent the unnecessary removal of the child from the home in accordance with policy [9.5 Eligibility: Reasonable Efforts](#);
 - e. A Kinship Assessment was completed confirming the ability of the proposed guardian to provide long term supervision and care for the child(ren).
 - f. Guardianship is in the best interest of the child and the most appropriate plan to achieve permanency; and
 - g. Guardianship should be pursued through juvenile or probate court, if approved (see Practice Guidance: [Guardianship](#)).
2. Review and approve CPS guardianship requests prior to submitting to the CD:
 - a. Ensure requests contain sufficient information for the CD to make an informed decision.
 - b. Request the SSCM update the request if additional information is needed.
3. Submit the request to the CD via email, for approval.
4. Participate in the staffing with the RD/Designee, CD and Safety Field Program Specialist regarding the request, if applicable.
5. Ensure any additional information requested from the RD/Designee is submitted timely.
6. Inform the SSCM of the final CPS guardianship request approval. If rejected, outline next steps for the case.
7. Ensure ICWA notifications requirements are met when the child is an Indian child in accordance with policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#).

County Director

1. Review all CPS guardianship requests.
2. Make a CPS guardianship request decision:
 - a. If denied, inform the SSS and SSCM the reason(s) for denial and next steps.
 - b. If approved, submit the request to the RD/Designee, via email for final approval.
3. Inform the SSS of the RD's decision regarding the CPS guardianship request.

Regional Director/Designee

1. Acknowledge receipt of the CPS guardianship request within two business days of receipt.
2. Review and process the CPS guardianship request within seven business days of receipt of all supporting documentation:
 - a. Collaborate with the Lead Field Program Specialist and Safety Field Program Specialist;
 - b. Conduct a staffing with the CD and Safety Field Program Specialist to discuss case circumstances and the appropriateness of the request;
 - c. Notify the CD if additional information is needed; and
 - d. Make an approval decision.
3. Inform the CD of the CPS guardianship request decision.

Practice Guidance

Guardianship in CPS

Guardianship in CPS is limited in its use to cases with demonstrated chronic parental absence, chronic un-rehabilitated parental concerns, and a history of caretaking for the children by the proposed guardian. Before pursuing guardianship through probate or juvenile court in CPS cases reasonable efforts must be made to maintain the family unit and prevent the unnecessary removal of the child from the home.

Guardianship

Guardianship refers to a legal relationship in which a person is given responsibility by the court for the care of a minor, thereby becoming a guardian. The appointment of a guardian vests them with the power to:

1. Take custody of the person of the minor and establish the minor's dwelling in the state
2. Give consent or approval for medical care
3. Exercise powers necessary to provide adequately for the support, care, education, health, and welfare of the minor.
4. Participate in or bring legal actions on behalf of the minor
5. Execute a surrender of rights to enable adoption of the minor
6. When specifically granted by the court, consent to the minor's marriage or receive compensa-

tion from estate of the minor for services rendered to the minor

The granting of temporary guardianship of a minor does not permanently terminate the parental rights of the parents. Guardianship may give the parent the opportunity to maintain parental contact and provide child support and other family connections. Juvenile court has concurrent jurisdiction with probate court to grant permanent guardianship. Probate may transfer contested temporary (or permanent) guardianship issues to the juvenile court.

Juvenile Court - Guardianship

1. Permanent Guardianship:

- **Required Legal Findings**

- a. Child must be adjudicated as a dependent child
- b. Reasonable efforts to reunify the child with parents detrimental or parents have consented to permanent guardian
- c. Termination of paternal rights or adoption is not in child's best interest
- d. Proposed permanent guardian can provide a safe home
- e. Appointment of permanent guardian is in child's best interest

- Establish a reasonable visitation schedule which allows the child to maintain meaningful contact with his or her parents through personal visits, telephone calls, letters, or other forms of communication or specifically include any restriction on a parent's right to visitation.

- May enter an order of support against the parent

2. Temporary Guardianship

- **Required Legal Findings**

- a. Juvenile Court may hear a contested temporary guardianship matter only upon a transfer from probate court.
- b. Any such appointment shall be made pursuant to the same required legal findings as probate court.

Probate Court - Guardianship

1. Permanent Guardianship:

- **Required Legal Findings**

- a. Minor has no natural guardian, testamentary guardian, or permanent guardian

2. Temporary Guardianship:

- **Required Legal Findings**

- a. Filed by a person with physical custody (i.e. third party caring for a child after a parent has left the child in their care)
- b. Guardianship is determined to be in the child's best interest.
- c. A statement of parental consent or a statement of circumstances giving rise to the need

for the guardianship appointment

- If a natural guardian of the minor files a timely objection to the establishment of the temporary guardianship, the court shall dismiss the petition.
- If a natural guardian files a timely objection to the selection of the petitioner as temporary guardian, the court shall hold a hearing to determine who shall serve as temporary guardian.
- If a parent who is not a natural guardian files a timely objection to the establishment of the temporary guardianship or to the selection of the petitioner as temporary guardian, the court shall hold a hearing to determine all matters at issue.

Natural Guardian

The natural guardian(s) of a minor is/are the parents, if living, or the parent(s) having legal custody of the minor if the parents are divorced or were never married.


Testamentary Guardian

Testamentary guardian is a person named in a will to act as a guardian.

Forms and Tools

N/A

22.12 Temporary Custody to a Third Party in Child Protective Services

	Georgia Division of Family and Children Services Child Welfare Policy Manual		
	Chapter:	(22) Kinship	
	Policy Title:	Temporary Custody to a Third Party in Child Protective Services	
	Policy Number:	22.12	Previous Policy Number(s):
Effective Date:	September 2020	Manual Transmittal:	2020-06

Codes/References

- O.C.G.A. § 15-11-26 Best interests of child
- O.C.G.A. § 15-11-29 Protective orders
- O.C.G.A. § 15-11-29.1 Parental accountability; court orders; enforcement
- O.C.G.A. § 15-11-30 Rights and duties of legal custodian
- O.C.G.A. § 15-11-150 Authority to file petition
- O.C.G.A. § 15-11-181 Adjudication hearing
- O.C.G.A. § 15-11-212 Disposition of dependent child
- O.C.G.A. § 15-11-213 Disposition orders; considerations
- O.C.G.A. § 15-11-214 Duration of disposition orders

Requirements

The Division of Family and Children Services (DFCS) will:


1. Have the option to recommend temporary custody to a third party through juvenile court for a child in an open Child Protective Services (CPS) case when a case evaluation was conducted, and it demonstrates:
 - a. Insufficient progress in meeting the case plan outcomes or conditions for return;
 - b. Transfer of temporary custody is in the child's best interests;
 - c. The situation does not involve chronic or severe child abuse;
 - d. Reasonable efforts were made to maintain the family unit and prevent the unnecessary removal of the child from the home in accordance with policy [9.5 Eligibility: Reasonable Efforts](#);
 - e. The parent/legal custodian is supportive of the custodial arrangement and demonstrates motivation to actively work a case plan.
 - f. The safety threats can be resolved within 90 calendar days.
 - g. A Kinship Assessment conducted and approved on the proposed guardian demonstrates he/she has:
 - i. A history of caretaking for the child;
 - ii. Adequate financial and other supports to care for the child (including health insurance coverage); and
 - iii. Collateral contacts support the proposed guardian's ability to provide care for the child.
 - h. There has been consideration of the age of the child (i.e. older youth) or the plan the child/youth has for his/her future (i.e. military, Job Corps, college etc.).
2. Afford all rights under the Indian Child Welfare Act (ICWA) to any child who is a member of a federally recognized Indian Tribe, or eligible for membership and has a biological parent who is an enrolled member, and is subject to any other legal action involving DFCS, to promote the stability and security of Indian Tribes and their families (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).
3. Provide full disclosure regarding custody to a third party to the parent/legal guardian and the proposed third party custodian.
4. Obtain written approval from the County Director (CD) to seek temporary custody to a third party.
5. Upon CD approval, consult with the Special Assistant Attorney General (SAAG) to file a dependency petition in juvenile court requesting:
 - a. Temporary custody to the third party; and
 - b. A court ordered case plan with the parent/legal custodian.
6. Obtain CD approval to close a case in which the court has granted temporary custody to the third party but has denied DFCS request for a court ordered case plan, only after efforts have been exhausted to engage the parent/legal custodian to continue services on a voluntary basis to

address child safety concerns (see policy [8.5 Family Preservation Services: Case Closure](#)).

Procedures

Social Services Case Manager

1. Conduct a Case Evaluation in accordance with policy [8.4 Family Preservation Services: Case Evaluation](#):
 - a. Document in the Family Functioning Assessment (FFA) evidence of:
 - i. The parent/legal custodian's support of the custodial arrangement and that:
 1. He/she demonstrates motivation to actively work a case plan; and
 2. The circumstances that make it likely that the safety issues will be resolved in less than 90 calendar days.
 - ii. The proposed third party custodian's history of caring for the child, including any extended periods the proposed third party custodian was responsible for the care and supervision of the child arranged by the parent/legal custodian.
 - b. Discuss the following in the staffing with the Social Services Supervisor (SSS):
 - i. Whether reasonable efforts were made to maintain the family unit and prevent the unnecessary removal of the child from the home in accordance with policy [9.5 Eligibility: Reasonable Efforts](#).
 - ii. The approved Kinship Assessment, including the ability of the proposed third party custodian to provide supervision and care for the child(ren).
 - iii. Any child or family Indian heritage and tribal membership (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).
2. Complete collateral contacts in accordance with policy [19.16 Case Management: Collateral Contacts](#) to gather information regarding the proposed third party custodian's ability to provide care for the child.
3. Provide full disclosure regarding temporary custody to a third party to the parent(s)/legal guardian including:
 - a. It is a legally binding custody order and could include provisions ordered by the court to control his/her behavior;
 - b. The proposed third party custodian will have the same rights and duties as the parent/legal guardian;
 - c. DFCS will recommend a court ordered case plan, indicate the specific goals and outcomes and conditions for return;
 - d. The court has the authority to require him/her to pay child support; and
 - e. Subsequent court hearings may be held to discuss the progress made on a case plan and whether the child can return to the legal custody of the parent/legal guardian.
4. Provide full disclosure regarding temporary custody to the proposed third party custodian including:

- a. It is a legally binding custody order and could include provisions ordered by the court to control his/her behavior;
 - b. He/she has the same rights and duties as the parent/legal guardian;
 - c. The court has the authority to order the parent/legal guardian to pay child support, however he/she will have financial responsibility for the child, including health insurance coverage;
 - d. DFCS will recommend a court ordered case plan with the parent/legal guardian to address the issue that resulted in temporary custody; and
 - e. Subsequent court hearings may be held, and his/her attendance and/or testimony may be required.
5. Conduct a purposeful face-to-face contact with each child using age and developmentally appropriate questions to discuss:
- a. Feelings about being cared for by the proposed third party custodian;
 - b. The transition to the home of the proposed third party custodian
 - c. Feelings about residing outside of the home. Help them process feelings as appropriate.
6. Submit a request to seek temporary custody to the third party to the SSS, provide a copy of the FFA, Kinship Assessment and any other information to support that the case circumstances meet the criteria for temporary custody to a third party.
7. Following CD approval of the temporary custody to a third party:
- a. Request the SAAG file a dependency petition in juvenile court requesting:
 - i. Temporary custody to the third party; and
 - ii. A court ordered case plan with the parent/legal guardian.
-  Inform the SAAG of any child or family Indian heritage and tribal membership.
- b. Provide required ICWA notification of the legal proceeding if the child is an Indian Child in accordance with policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#).
8. When juvenile court has granted temporary custody to a third party and court ordered the case plan:
- a. Document the Legal Action in Georgia SHINES; and
 - b. Continue to provide Family Preservation Services (FPS) services to support the parent/legal guardian in meeting the case plan outcomes in accordance with policies [8.2 Family Preservation Services: Purposeful Contacts with Families Receiving Family Preservation Services](#) and [8.3 Family Preservation Services: Case Planning](#).
9. When juvenile court dismisses the petition or grants temporary custody to a third party without ordering a case plan, in conjunction with the SSS:
- a. Consult with the SAAG regarding the need for additional legal recourse to ensure child safety;
 - b. Continue efforts to engage the parent/legal guardian to work with the agency on a voluntary

basis to address child safety concerns; and

- c. Obtain CD/Designee approval to close the case when efforts have been exhausted to engage the parent/legal custodian to continue services on a voluntary basis.

Social Services Supervisor

1. As part of the staffing with the SSCM during the Case Evaluation in accordance with policy [8.4 Family Preservation Services: Case Evaluation](#), when temporary custody to a third party is recommended, determine if:
 - a. There has been insufficient progress in meeting the case plan outcomes or conditions for return;
 - b. The situation does not involve chronic or severe child abuse;
 - c. Reasonable efforts were made to maintain the family unit and prevent the unnecessary removal of the child from the home in accordance with policy [9.5 Eligibility: Reasonable Efforts](#);
 - d. It is likely that the safety issues will be resolved in less than 90 calendar days.
 - e. The parent/legal custodian:
 - i. Is supportive of the custodial arrangement; and
 - ii. Demonstrates motivation to actively work a case plan.
 - f. A Kinship Assessment conducted and approved on the proposed guardian demonstrates he/she has:
 - i. A history of caretaking for the child;
 - ii. Adequate financial and other supports to care for the child, inclusive of medical coverage; and
 - iii. Collateral contacts support the proposed guardian's ability to provide care for the child.
 - g. There has been consideration of the age of the child (i.e. older youth) or the plan the child/youth has for his/her future (i.e. military, Job Corps, college etc.); and
 - h. Any child/family Indian heritage and tribal membership (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).
2. Review and approve all request for temporary custody to a third party prior to submitting to the CD.
 - a. Ensure the requests contain sufficient information for the CD/Designee to make an informed decision; and
 - b. Inform the SSS of the final approval decision. If rejected, outline next steps for the case.
3. Ensure ICWA notifications requirements are met when the child is an Indian child when temporary custody to a third party will be pursued in accordance with policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#).
4. When juvenile court dismisses the petition or grants custody to a third party without ordering a case plan:

- a. Participate in a staffing with the SSCM and SAAG regarding the need for additional legal recourse to ensure child safety;
- b. Ensure the SSCM continues to engage the parent/legal guardian to work with the agency on a voluntary basis to address child safety concerns; and
- c. Obtain CD/Designee approval to close the case when efforts have been exhausted to engage the parent/legal custodian to continue services on a voluntary basis.

CD/Designee

1. Review all written requests recommending:
 - a. Temporary custody to a third party; and
 - b. Case closure when juvenile court has dismissed DFCS petition or grants custody to a third party without ordering a case plan and efforts to engage the parent/legal custodian have been exhausted.
2. Make an approval decision on requests:
 - a. Inform the SSS and SSCM of the approval decision in writing for inclusion in the case record.
 - b. If denied, include the reason(s) for denial and next steps.
3. Participate in staffings with the SSCM and SSS and consultations with the SAAG as needed.

Practice Guidance

Temporary Custody to a Third Party in CPS

Prior to pursuing temporary custody to third party in CPS, reasonable efforts must be made to maintain the family unit and prevent the unnecessary removal of the child from the home through FPS prior to filing a dependency petition in juvenile court recommending temporary custody be granted to a third party. In addition, to justify this decision to pursue temporary custody a Case Evaluation must demonstrate that:

1. There has been insufficient progress in meeting case plan outcomes or conditions for return.
2. An approved Kinship Assessment on the proposed third party custodian shows a history of care-taking for the child and the ability to adequately support the child.
3. Additional considerations based on the age of the child/youth were factored in prior to the decision.
4. There is a clear understanding that this option is limited in its use to cases that do not involve chronic or severe child abuse and when it is likely the safety issues can be resolved in less than 90 calendar days.

When the court grants temporary custody to a third party, DFCS must recommend to the court that the parent/legal custodian participates in services through a court ordered FPS case plan to address the dependency issues. If the case plan is court ordered, the oversight of the court will assist in guiding the case toward resolution. Additionally, DFCS will participate in ongoing reviews and other court hearings subject to the court ordered case plan. When DFCS determines that the parent/legal custodian cannot or will not resolve safety issues, or is not making sufficient progress

within the initial review period, DFCS has the option to pursue additional court intervention recommending a modification of the disposition and a different permanency option for the child. DFCS remains obligated to provide services to a family until the court determines it is no longer required; when this occurs, a more permanent option for the child such as adoption or permanent guardianship may be a more appropriate for the family.

Situations When Temporary Custody to a Third Party Is Not Appropriate

Situations in which custody may not be appropriate, include but are not limited to:

1. Chronic and severe physical or sexual abuse cases.
2. Serious mental health or intellectual functioning issues that cannot be resolved.
3. Serious substance abuse situations with chronic relapse histories or the need for long-term treatment.
4. Long term incarcerations.

Temporary Custody to a Third Party

Finding a child dependent and granting temporary custody to a third party does not terminate the parental rights of the parents. Granting temporary custody to a third party, gives the legal third party custodian the right to:

1. Physical custody of a child,
2. Determine the nature of the care and treatment of such child, including ordinary medical care, and
3. Provide for the care, protection, training, and education and the physical, mental, and moral welfare of such child, subject to the conditions and limitations of the order and to the remaining rights and duties of such child's parent or guardian.

Juvenile Court-Temporary Custody to a Third Party

1. Required Legal Findings

- a. Child must be adjudicated as a dependent child
- b. Reasonable efforts to maintain the family unit and prevent the unnecessary removal of the child from the home
- c. Proposed third party custodian can provide a safe home
- d. Transfer of custody is in the child's best interest

2. Dispositions: The court may make any of the following orders of disposition or a combination of those best suited to the protection and physical, emotional, mental, and moral welfare of a child adjudicated as a dependent child:

- a. Permit the child to remain with his/her parent, guardian, or legal custodian subject to conditions and limitations as the court prescribes, including supervision as directed by the court for the protection of the child (i.e. protective order, court ordered case plan).
- b. Grant or transfer temporary legal custody to:

- i. Any individual, including a biological parent, who is found to be qualified to receive and care for the child, provided that priority for placement is given to an adult who is a relative or fictive kin;
- ii. An agency or other private organization licensed or otherwise authorized by law to receive and provide care for the child; or
- iii. An individual in another state with or without supervision pursuant to the requirements of Interstate Compact on the Placement of Children (ICPC).

3. The court has the authority to:

- a. Prescribe conditions and limitations to the temporary legal custody including, but not limited to:
 - i. Establishing a reasonable visitation schedule which allows the child to maintain meaningful contact with his or her parents through personal visits, telephone calls, letters, or other forms of communication or specifically include any restriction on a parent's right to visitation;
 - ii. Issuing orders to control the behavior of the parent/legal custodian and the proposed third party custodian (protective order); and
 - iii. Ordering temporary child support to be paid by that parent or any person legally obligated to support the child.
- b. Return of physical custody of a child adjudicated as a dependent child to his/her parent, guardian, or legal custodian subject to conditions and limitations the court may prescribe, including, but not limited to, supervision for the protection of such child.

Evaluation of the Proposed Third Party Custodian

When there is current voluntary kinship arrangement and the child is being cared for by kin caregivers, prior to DFCS recommending temporary custody to a third party or subsequent to the court granting temporary custody to a third party, the voluntary kinship assessment shall be amended to include:

1. A formal discussion and assessment of the proposed third party custodian's ability to ensure the safety and provide continued care for the child.
2. A detailed evaluation of the proposed third party custodian's financial ability to provide for the child in addition to other household members.
3. A review and consideration of the child's medical coverage if custody is granted to the third party custodian.



It is important to explore this issue thoroughly if temporary custody to a third party is being considered. If the child is currently receiving Medicaid as a part of the parent/legal custodian's eligibility benefits, upon transfer of custody to the third party custodian, the third party custodian will become responsible for continued health insurance coverage. If the third party custodian wishes to obtain Medicaid for the child, he/she must meet Medicaid eligibility criteria.

4. History of positive examples of the third party acting in a caregiving role.

Case Closure

When a court ordered case plan is recommended by DFCS but not ordered by the court and custody is granted to a third party, DFCS must ensure that all reasonable efforts are exhausted to provide FPS to the parent/legal custodian on a voluntary basis prior to a case being closed. Only after engagement efforts have been exhausted and when a consensus about how to achieve the best outcome is unable to be achieved, may the case be closed with County Director approval.

IV-E Eligibility

To be eligible for IV-E funding, a child must, among other criteria, be removed from the home of a specified relative as the result of a voluntary placement agreement or judicial determination that the continuation in the home would be contrary to the child's welfare. The federal statute allows a six-month period of time during which the child can live with an interim caregiver (i.e. voluntary kinship arrangement) and still be eligible for IV-E funding. The removal can be "constructive" (non-physical, paper, or legal) or a physical removal (see policy [9.3 Eligibility: Applying for Initial Funding](#)).

Forms and Tools

N/A

Appendix A: Manual Transmittals

[2024](#) | [2023](#) | [2022](#) | [2021](#) | [2020](#) | [2019](#) | [2018](#) | [2017](#)

2024

No.	Subject	Release Date
2024-09	Pre-service Training, Criminal Records Checks and Other Policy Updates	11/15/2024
2024-08	Transition from Foster Care	11/15/2024
2024-07	Child Support Referrals on Behalf of Children Receiving Title IV-E Foster Care Maintenance Payments	08/02/2024
2024-06	State Legislative Changes (2023,2024); Discontinuation of 10.17 Foster Care: Service Needs of an Immigrant Child	07/30/2024
2024-05	Missing Children	05/07/2024
2024-04	Policy Maintenance: Relocation of the State Office	04/05/2024
2024-03	Resource Development	05/31/2024
2024-01	Review of Payments and Approval Standards	02/05/2024

2023

No.	Subject	Release Date
2023-04	Americans with Disabilities Act/Section 504 and Reasonable Modifications	06/14/2023
2023-03	Timeframes for Response to Intake Reports; County Override of Intake Decisions; Policy Maintenance; Forms and Tools	11/22/2023
2023-02	DNA Paternity Testing	03/03/2023
2023-01	Policy Updates, Policy Maintenance, and Child Welfare Forms and Tools	03/03/2023

2022

No.	Subject	Release Date
2022-03	End of Life Decisions for Children in Foster Care	11/23/2022
2022-02	Education Needs	03/21/2022
2022-01	State Legislative Changes (Senate Bill 28)	12/31/2021

2021

No.	Subject	Release Date
2021-06	Chapter 20: Special Circumstances	12/31/2021
2021-05	Family First Prevention and Services Act (FFPSA) Limitations on title IV-E Foster Care Maintenance Payments	10/01/2021
2021-03	2021 State Legislative Changes - House Bills (HB) 154 and 114	07/08/2021
2021-02	Child Welfare Policy Manual: Chapter 2: Information Management	06/23/2021
2021-01	State Legislation (2020) Enhanced Notice and Improved Participation of Caregivers in Court	01/21/2021

2020

No.	Subject	Release Date
2020-10	Notification of Investigation Outcome; Administrative Reviews; Contact with Reporters; Child Death Near Fatality Serious Injury Reports	12/29/2020
2020-09	Family Treatment Court	11/19/2020
2020-08	Confidentiality and Safeguarding Information	09/25/2020
2020-07	Chapter 14 Resource Development: Structured Safe Analysis Family Evaluation (SAFE)	09/24/2020
2020-06	Kinship	09/22/2020
2020-05	Chapter 1: Administration	07/14/2020
2020-04	Special Investigations	04/28/2020
2020-03	Support Services to Preserve or Reunify Families; Chapter 18: Support Services to Preserve or Reunify Families, Policy 10.10 Foster Care: Comprehensive Child and Family Assessment	03/12/2020
2020-02	Title II of the Americans with Disabilities Act of 1990, as amended, Section 504 of the Rehabilitation Act of 1973, and Reasonable Modifications	02/18/2020
2020-01	Chapter 20: Child Protective Service Information System/Child Abuse Registry	01/16/2020

2019

No.	Subject	Release Date
2019-10	3.1 Intake: Receiving Intake Reports, 3.2 Intake: Making an Intake Decision, 10.18 Foster Care: Purposeful Contacts in Foster Care	11/22/2019
2019-09	Chapter 17: Legal	07/01/2019
2019-08	2019 State Legislative Changes	07/01/2019
2019-07	Historical Allegations of Child Abuse and Neglect	06/26/2019
2019-06	Childcare and Early Education “Corrected”	05/22/2019
2019-05	Expectant or Parenting Youth in Foster Care	05/14/2019
2019-04	Caregiver Substance Use, Infant Prenatal Exposure to Substances, Plan of Safe Care	05/14/2019
2019-03	National Standards for Foster Family Home	03/27/2019
2019-02	Child Passport and Caregiver Placement Passport	04/09/2019
2019-01	Solution-Focused Family Team Meetings	03/11/2019

2018

No.	Subject	Release Date
2018-14	Chapter 9 Eligibility	12/20/2018
2018-13	Missing Children	12/20/2018
2018-12	Case Consultation	11/13/2018
2018-11	Family First Prevention Services Act (FFPSA)	09/28/2018
2018-10	Discontinuation of the Guardianship Waiver	09/14/2018
2018-09	2018 State Legislative Changes: Adoptions	09/04/2018
2018-08	Family First Prevention Services Act (FFPSA)	08/10/2018
2018-07	State Legislative Changes 2018	07/11/2018
2018-06	Sex Trafficking/Sexual Servitude	07/18/2018

No.	Subject	Release Date
2018-05	10.22 Foster Care: Permanency Planning and 10.23 Foster Care: Case Planning	05/30/2018
2018-04	10.12 Psychological and Behavioral Health Needs and 19.29 Coordination with Hospitals	06/08/2018
2018-03	Diligent Search	05/15/2018
2018-02	19.25 Case Management - Drug Screens	04/11/2018
2018-01	1.6 Indian Child Welfare Act (ICWA) and Transfer of Responsibility for Placement and Care to a Tribal Agency	02/15/2018

2017

No.	Subject	Release Date
2017-16	Access to Records	12/22/2017
2017-15	Placement Changes	12/22/2017
2017-14	Criminal Records Checks for Substitute Caregivers Providing Routine Care for Children in DFCS Custody	12/19/2017
2017-13	Dependency Resulting from Caregiver Substance Abuse	11/03/2017
2017-12	Safe Place for Newborns Act	11/02/2017
2017-11	Unable to Locate	09/27/2017
2017-10	Child Welfare Policy Manual	09/05/2017
2017-09	Plan of Safe Care for Infants Prenatally Exposed to Substance (illegal and/or legal) or Fetal Alcohol Spectrum Disorder and Related Policies	08/04/2017
2017-08	19.9 Case Management Safety Screenings	08/04/2017
2017-07	Chapter 4 Initial Safety Assessment: 4.2 Conducting the Initial Safety Assessment	07/17/2017
2017-06	Child Welfare Policy Manual 10.8, 14.9, 14.12, 14.13, 14.14, 14.15, 14.19	07/06/2017
2017-05	Child Welfare Policy Manual 3001 (Pre-Practice Model) Chapter 5: Investigations and Chapter 7: Family Support Services	05/05/2017
2017-04	MAN3000 & MAN3001: Updates to the Categories of Child Abuse and the Georgia Maltreatment Codes	05/05/2017
2017-03	Policy 6.6 Special Investigations: Investigation of a Child Death, Near Fatality or Serious Injury (MAN 3000 & 3001)	03/13/2017
2017-02	Chapter 10 Foster Care - 10.13 Educational Needs, 10.16 Childcare and Early Education, 10.23 Case Planning (SBC), and 10.23 Case Planning	02/13/2017
2017-01	Purposeful Contacts (All Programs)	01/31/2017

Appendix B: County Letters

[2024](#) | [2023](#) | [2021](#) | [2020](#) | [2019](#) | [2018](#) | [2017](#)

2024

No.	Subject	Release Date	End Date
2024-01	Criminal Records Checks for Foster and Adoptive Parents	06/14/2024	11/18/2024

2023

No.	Subject	Release Date	End Date
2023-01	Foster Home Approval Term and Re-evaluation	06/12/2023	05/31/2024

2021

No.	Subject	Release Date	End Date
2021-01	Extended Foster Care for Young Adults 18 to 21	10/01/2021	

2020

No.	Subject	Release Date	End Date
2020-03	2020-State Legislation: Caregiver Arrangements for Occasional Short-Term Babysitting of Children in Foster Care	10/28/2020	05/31/2024
2020-02	Extended Foster Care for Young Adults 18 to 21 - State Legislative Updates	09/03/2020	09/30/2021
2020-01	Repeal of Child Protective Services Information System (CPSIS) (2020 Legislative Update)	07/20/2020	12/29/2020

2019

No.	Subject	Release Date	End Date
2019-01	Fair Hearings (2019 Legislative Update)	07/01/2019	

2018

No.	Subject	Release Date	End Date
2018-03	Extended Youth Support Services (EYSS)	7/27/2018	8/10/2018
2018-02	Fair Hearings	7/09/2018	7/01/2019
2018-01	Infant Prenatal Exposure to Substances	5/01/2018	5/14/2019

2017

No.	Subject	Release Date	End Date
2017-03	State Legislative Changes to the Child Welfare Policy Manual	8/03/2017	11/02/2017
2017-02	Childcare and Parent Services (CAPS) Program Transition to the Department of Early Care and Learning (DECAL)	7/20/2017	05/23/2019
2017-01	Timeframe for the Completion of Special Investigations	5/11/2017	04/28/2020

Appendix C: Forms and Tools

[A](#) | [B](#) | [C](#) | [D](#) | [E](#) | [F](#) | [G](#) | [H](#) | [I](#) | [J](#) | [K](#) | [L](#) | [M](#) | [N](#) | [O](#) | [P](#) | [Q](#) | [R](#) | [S](#) | [T](#) | [U](#) | [V](#) | [W](#) | [X](#) | [Y](#) | [Z](#)

A

Form Title	Additional Languages
A Guide to Gathering Information During an Investigation	
Acknowledgment by Grandparent(s) or Guardian(s)	Spanish
Acknowledgment of DFCS Driving Policy for Youth in Care	
Acknowledgment of Receipt of 1st Level Request for Child Protective Services Administrative Review	Spanish
Acknowledgment of Surrender of Rights	Spanish
Adoption Assistance Annual Information Update	
Adoption Assistance Eligibility Letter for Youth Age 18 and Older	Spanish
Adoption Assistance for Independent Adoptions Information for Adoptive Families	
Adoption Assistance Narrative	
Adoption Assistance Repayment Agreement	Spanish
Adoption Assistance Treatment Professional Report	
Adoption Exchange Family Registration	
Adoptive Mother's Affidavit	Spanish
Affidavit of Consent to Adoption (Affidavit 1)	
Affidavit of Consent to Adoption (Affidavit 2)	
Affidavit of Department Representative	Spanish
Affidavit of Disclosure For Adoption	Spanish
Affidavit Regarding Native American Heritage and Military Service	Spanish
Agreement Between Foster Parent and County DFCS	Spanish
Agreement Supplement	
Amerigroup GA Families 360° DFCS Referral Form	
Another Planned Permanent Living Arrangement Agreement	Spanish
Analyzing and Assessing DFCS History Tool	
Asset Purchase Intent Form	
Authorization by Adoptive Parent for Payment of Non-Recurring Funds Directly to a Third Party	Spanish
Authorization for Release of Information	Spanish
Authorization for Release of Information - Babies Can't Wait (BCW)	Spanish
Authorization for Release of Information - Family Team Meeting (FTM) or Multi-Disciplinary Team (MDT) Specific	Spanish
Authorization of Psychotropic Medication for Children in Foster Care	

B

Form Title	Additional Languages
Background Information for Non-State Agency Child	

Form Title	Additional Languages
Bill for Services Rendered	
Biological Mother's Affidavit Identifying Biological Father of Her Unborn Child	Spanish
Birth Family Background Information for Child	

C

Form Title	Additional Languages
Caregiver Child Safety Agreement	Spanish
Caregiver Child Safety Agreement - Adult Household Members	Spanish
Caregiver Feedback Survey	Spanish
Caregiver Home Inspection Safety and Compliance Checklist	
Caregiver Placement Preferences	
Caregiver Protective Capacity Tool	
Caregiver Reference and List Form	Spanish
Case Plan Addendum	
Casey Life Skills Practice Guide	
Chafee ETV Grant Program Application	
Checklist for Review of Adoption Petitions	
Checklist to File a Petition for the Appointment of an Adult Guardian	
Child Abuse Screening Request Information	
Child Fatality or Near Fatality Records Request Form	
Child Life History Checklist and Registration Cover Letter	
Child Life History Referral Form and Documentation Checklist	
Child Specific Recruitment Plan	
Childcare and Parent Services (CAPS) Maximum Reimbursement Rates	
Childcare and Parent Services (CAPS) Provider Published Rate Form (CAPS Form 61)	
Child Protective Services Investigation Caregiver's Guide (Brochure)	Spanish
Children 1st Screening and Referral Form	
CLEAR® Address & Household Composition Verification	
Commercial Sexual Exploitation of Children (CSEC) Referral Form	
Common Drug Testing Topics	
Commonly Abused Drugs	
Components of a Client Centered Treatment Plan	
Concurrent Planning Assessment Guide	
Confidentiality and Privacy Standards Agreement	Spanish
Consent for State Criminal Records Check	
Consent for Young Adult Support Services	
Consent for Youth to Obtain Driver's Education, Driver's License, and/or Drive a Motorized Vehicle	
Consent to Receive Targeted Case Management Services	

Form Title	Additional Languages
Consular Notification Form Letter	
Continuity of Operations Plan (COOP) - Appendices Index	
Continuity of Operations Plan (COOP) - Template	
Converting a Non-SAFE Study to the SAFE Format - Instructions	
Court Transfer Review (12/36 month) Diligent Search	
Courtroom Proceedings Tips for Case Managers	
Creating and Using Life Books	
Credit Report Request for Youth in Foster Care	
Crisis Intervention Team Referral Form	
Critical Actions in Managing the Permanency Case	

D

Form Title	Additional Languages
Decision Guide for Sibling Separation for Foster Care Placement	
Decision-Making Support Needs Information Assessment	
DFCS Teaming for Efficiency & Quality in Placement Matching & Utilization Protocol	

E

Form Title	Additional Languages
Education Notification Form For School Age Youth in Foster Care	
Educational Stability Checklist to Assess Support Appropriateness of Educational Setting	
Educational Stability Transportation Funding Request Protocol	
Emergency Assistance Supportive Services Participant Agreement	
Emergency Care and Supervision of Child without Court Order (Authorization)	Spanish
Emergency Care and Supervision of Child without Court Order (Termination)	Spanish
Emergency Intake Form	
Encrypt Recipient Instructions	
Encrypt Sender Instructions	
Enhanced Relative Rate Application and Agreement	Spanish
Ensuring Educational Stability for Children in Foster Care Field Practice Guide	
Ex-Parte Petition and Order Confirming Voluntary Surrender Order - Model	

F

Form Title	Additional Languages
Factors Influencing Potential for Substance Abuse	
Family Educational Rights and Privacy Act (FERPA) Consent Form	Spanish
Family Evaluation Family Approval and Adoption Registration Cover Letter	

Form Title	Additional Languages
Family Evaluation Family Approval and Adoption Registration Cover Letter - Instructions	
Family Functioning Assessment Tool	
Family Support Services Caregiver's Guide (Brochure)	Spanish
Family Team Meeting Attendance and Confidentiality Agreement	
Family Team Meeting Referral Form	
Family Visitation Services SafeCare and Family Fusion Initial Referral Form	
Financial Statement for Resource Parenting	Spanish
Foster Care Exit Documents Checklist	
Foster Care Individual Child Medication Log	
Foster Care Verification Letter	
Foster, Adoptive & Kinship Caregiver Re-evaluation Instructions - Adult Household Member	Spanish
Foster, Adoptive & Kinship Caregiver Re-evaluation Instructions - Caregiver(s)	Spanish
Foster Parent Affidavit for Consideration of Adopting Foster Child(ren) Currently in Home	Spanish
Foster Parent Bill of Rights (Brochure)	
Foster Parent Grievance Notification - County Director	Spanish
Foster Parent Grievance Notification - State Division Director	Spanish
Foster Parent Grievance Notification - State Mediation Committee	Spanish
Foster Parent Manual	
Foster Parent(s) Notification of Decision Regarding Interest in Adopting Foster Child(ren)	Spanish

G

Form Title	Additional Languages
Genogram Symbol Sheet	
Georgia Advance Directive for Health Care	
Georgia Assessment of Case Plan Progress and Goal Achievement Tool	
Georgia Independent Living Program Notice of Right to a Fair Hearing	
Georgia Youth Opportunities Initiative Application	
Gift Card Log	
Graduated Independence Plan	
Guide for Kinship Caregivers Supports	
Guide for Secure Information Sharing	
Guide for Secure Information Sharing with the Military	
Guide to Child Protective Services Administrative Review	Spanish
Guidelines for Psychotropic Medications Use on Children in Foster Care	

H

Form Title	Additional Languages
Head Start/Pre-K Referral Form	

Form Title	Additional Languages
HIPAA Desk Reference	
HIPAA Flow Chart	
Human Trafficking Case Management Statewide Protocol	

I

Form Title	Additional Languages
ILP After Event Review Form	
ILP Event Purchase Request Form	
ILP Event Sign-In Sheet	
ILP Incentive Log	
ILP Inventory Asset Log	
ILP Transition Packet 2011 (2nd Edition)	
Impending Danger Safety Threat Assessment Concepts and Definitions	
Indian Child Welfare Act Notification to Secretary of the Interior	
Indian Child Welfare Act Notification to Tribe Leader	
Individual Volunteer Application	
Individualized Assessment Tool for Prospective & Existing Caregivers	
Infant Safe to Sleep Guidelines and Protocol	
Institutional Placement Agreement	
Intake Introduction Script	
Interstate Compact on the Placement of Children (ICPC) Border Agreement: Georgia - Alabama	
Interstate Compact on the Placement of Children (ICPC) Border Agreement: Georgia - Florida	
Interstate Compact on the Placement of Children (ICPC) Border Agreement: Georgia - South Carolina	
Interstate Compact on the Placement of Children (ICPC) Border Agreement: Georgia - Tennessee	
Interstate Compact on the Placement of Children (ICPC) Financial and Medical Plan	
Interstate Compact on the Placement of Children (ICPC) Financial and Medical Plan - Instructions	
Interstate Compact on the Placement of Children (ICPC) Sending State Priority Home Study Request (ICPC Form 101)	
Interstate Compact on the Placement of Children (ICPC) Sending State Priority Home Study Request - Instructions (ICPC Form 101I)	
Interstate Compact Placement Request (ICPC-100A)	
Interstate Compact Placement Request- Instructions (ICPC 100A-I)	
Interstate Compact Report on Child's Placement Status (ICPC-100B)	
Interstate Compact Report of Child Placement Status - Instructions (ICPC-100B-I)	
Interstate Travel Expense - Waiver	
Intimate Partner Violence (Domestic Violence) Guidelines & Protocol	
It's My Turn Now Georgia Descriptive Summary	
IV-E Application for Adoption Assistance Non DFCS Adoption	

K

Form Title	Additional Languages
Know Your Rights - Rights for Individuals on Medication-Assisted Treatment	

L

Form Title	Additional Languages
Lack of Supervision Reference Guide	
Law Enforcement History Declaration	
Legal Mother's Affidavit	Spanish
Legal Services Request/Report	
Live Scan Application Form	
Local Interagency Planning Teams (LIPT) Handbook	

M

Form Title	Additional Languages
Maltreatment Allegations & Track Assignment Quick Reference Guide	
Maltreatment Codes	
Mandated Reporter Letter	
Medical Evaluation Report - Additional Household Member	
Medical Evaluation Report - Caregiver Update	
Medical Evaluation Report - Prospective Caregiver	
Mental Health Questionnaire	
Motivation through Stages of Change	
Motivational Interviewing Overview and Tips	

N

Form Title	Additional Languages
Name of Child Following Adoption	Spanish
Non-Objection to Subsequent Release of Information by Primary Sources	
Non-Selection Letter	
Non-Traditional Education Approval Form for School Age Youth in Foster Care Within Georgia	
Notice of Annual (12 Month) Subsidy Review	Spanish
Notice of Case Record Information Available to Parents/Guardians	Spanish
Notice of Change of Placement	
Notice to Caregiver (Template)	
Notice to Opt-Out or Terminate Extended Foster Care	
Notice of Privacy Practices	Spanish
Notice to Revoke Surrender of Rights Final Release for Adoption	Spanish

Form Title	Additional Languages
Notice of Six-Month Subsidy Review	Spanish
Notification Form for Denial, Reduction or Termination of a Service or Inter-Jurisdictional Adoption	
Notification of Child Interview	Spanish
Notification of Child Protective Services Family Preservation Services Case Closure	Spanish
Notification of Child Protective Services Family Support Services Case Closure	Spanish
Notification of Child Protective Services Investigation Outcome to a Minor	Spanish
Notification of Child Protective Services Investigation Outcome to Oversight Authority, Agency, Facility, or School	
Notification of Decision Related to Adoption Assistance	Spanish
Notification of In-Person Child Protective Services Administrative Review	Spanish
Notification of Receipt - Step One Grievance	Spanish
Notification of Receipt - Step Two Grievance	Spanish
Notification to Foster Parent(s) of Filing of Petition to Terminate Parental Rights	Spanish
National Youth in Transition Database (NYTD) Contact Form	

O

Form Title	Additional Languages
Office of State Administrative Hearings (OSAH) Form 1	

P

Form Title	Additional Languages
Parent/Caregiver – Teen Driving Agreement	
Permanency Timeline	Spanish
Personal Network Matrix	
Placement Agreement (Sibling)	Spanish
Placement Agreement (Single Child)	Spanish
Placement of a Waiting List Child	
Plan of Safe Care	
Policy Violation and Corrective Action Plan Facts	
Post Adoption Services Adoption Assistance Benefits Handout	Spanish
Post-Secondary Financial Assistance Agreement	
Principles of Drug Addiction Treatment	
Pros and Cons of Different Specimen Sources	
Prospective Caregiver Application & Instructions	Spanish
Prospective Caregiver Onboarding Pathway - Adult Household Member Packet	Spanish
Prospective Caregiver Onboarding Pathway – Prospective Caregiver(s) Packet	Spanish
Psychotropic Medication Management - Consent Process Flow	
Psychotropic Medication Usage Parameters for Foster Children	

Form Title	Additional Languages
Purchase of Adoption Service Agreement (Placement of a DHS Child In an Out-of-state Adoptive Home)	

R

Form Title	Additional Languages
Reasons for Fostering Checklist	
Regional ADA/Section 504 Coordinators Director	
Relative Care Subsidy Renewal Application and Agreement	Spanish
Removal Home Income and Asset Checklist - Non DFCS Adoption	
Request for 1st Level Child Protective Services Administrative Review	Spanish
Request for 2nd Level Child Protective Services Administrative Review	Spanish
Request for Adoption Assistance - Private Non DFCS-Involved Adoption	Spanish
Request for Assistance in Completing Court Review of Child placed in the Temp Custody of Relative, Non-Relative Out-of-State Custodian or Agency Until the Age of 18	
Request for Fair Hearing	
Responding to Caregiver Resistance	
Response to Request for Assistance in Completing Court Review	
Rights and Responsibilities of Youth in Foster Care	
Room, Board and Watchful Oversight Placement Agreement	

S

Form Title	Additional Languages
Safety and Quality Standards Acknowledgment	Spanish
Safety Barriers Guidelines for Residential Pools	
Safety Plan	Spanish
Safety Plan Support Person Agreement	Spanish
Safety Roundtable Outcomes and Values	
Safety Roundtable Six Phase Process	
Safety Threats	
Scattered Site Placement Readiness Action Plan	
Scattered Site Placement Readiness Assessment for Participation in Extended Foster Care	
Selection Letter	
Self-Help, Peer Support and Consumer Groups	
Solution Focused-Family Team Meeting Pocket Guide	
Special Services Approval Notice	
Special Services Denial Notice	
Special Services Request Form	
Statement of Case Manager Potential Placement Party Under Interstate Compact on the Placement of Children (ICPC) Regulations 2 (Regular)	

Form Title	Additional Languages
Statement of Case Manager Potential Placement Party Under Interstate Compact on the Placement of Children (ICPC) Regulations 7 (Expedited)	
Statement of Confidentiality	
Subsidized Guardianship/Non-Relative Subsidized Guardianship Application and Agreement	Spanish
Subsidy Recoupment/Repayment Agreement	Spanish
Subsidy Review	Spanish
Summary of the HIPAA Privacy Rule	
Surrender of Rights Final Release for Adoption (Biological Not Legal Father)	Spanish
Surrender of Rights Final Release for Adoption (Legal Parent)	Spanish

T

Form Title	Additional Languages
Targeted Case Management (TCM) Review Guide Permanency and Family Preservation Services	
Termination Packet	
The Effects of Substance Abuse on Behavior and Parenting	
Transitional Living Program Youth Responsibilities	
Transitional Living Supportive Services Application	
Transitional Living Supportive Services Program Agreement	
Transitional Living Program DFCS/Independent Living Specialist Responsibilities	

U

Form Title	Additional Languages
Universal Application	
United States Postal Service Address Information Request	
Unreimbursed In-Home or Out-of-Home Substitute Caregivers	Spanish

V

Form Title	Additional Languages
Verification of Foster Care/Extended Foster Care Status for State Identification	
Verification of Receipt of Information Packet Regarding Post Adoption Services/Adoption Assistance Benefits	Spanish
Viewing Family Systems	
Voluntary Placement Agreement for Extended Foster Care	
Voluntary Placement Agreement to Place Child In Foster Care (Authorization)	Spanish
Voluntary Placement Agreement to Place Child In Foster Care (Termination)	Spanish

W

Form Title	Additional Languages
W-9	
Waiver of Fair Hearing	
When Your Child is Placed into Foster Care - What You Need to Know as the Child's Caregiver (Brochure)	
Women Treatment and Recovery Services Providers	
WTRF/RFW Referral & Confirmation of Appointment of Substance Abuse Disorder Assessment Form	

Y

Form Title	Additional Languages
Youth Acknowledgment of Credit Report Receipt	
Youth Runaway Prevention Plan	