

Foster Care Services: Needs of the Child

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1011

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SERVICE NEEDS OF CHILDREN

All children require a wide variety of services to promote their health, well-being and safety. Due to the life experiences of children who enter care, most 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 assessment of the child's needs. Services to respond to those needs may require short-term interventions. Other, more serious needs will require ongoing treatment long after the child returns home or to another permanent living arrangement. Case Managers must be knowledgeable and resourceful in utilizing and developing resources to enable children to achieve the highest level of functioning possible.

COMPREHENSIVE ASSESSMENT of NEEDS

1011.1

Requirement

Within 24 hours of the 72-hour hearing, the SSCM initiates the assessment process for all children entering care via a referral to an approved provider for a Comprehensive Child and Family Assessment (CCFA). Neither the child nor the family may have received an assessment in the previous 12 months.

1011.1. PROCEDURES

1. Determine whether all or some of the assessment components, psychological, educational and family need to be completed on a particular child. The developmental and dental screen will be included as part of the Health Check service. The assessment provider should include the screening results from the Health Check as part of the Comprehensive Assessment report.
2. Set the date, time, and location of the Family Team Meeting (FTM) and the Multi-Disciplinary Team (MDT) Meeting. The FTM must be held within nine (9) days of the child's placement in foster care and the MDT must be held within twenty-one days of the CCFA referral date.
3. Select an enrolled provider from the listing of approved comprehensive child and family assessment providers at <http://dfcs.dhr.georgia.gov/fostercare>.
4. Negotiate directly with the provider regarding the components needed for an individual child
EXAMPLE: A provider is informed at the point of referral that an assessment for a child, under the age of three, will require the following components: Health Check (\$150.00) and a Family Assessment (\$600.00). The total cost for the assessment for the child is \$750.00
5. Inform the parents and other family members at the 72-hour hearing of the FTM.
6. Facilitate the FTM within nine (9) days of the child's placement in foster care and begin initial case planning with the family. The CCFA provider may assist with inviting the parent, family members and others to the meeting. Expenses related to the actual conference; e.g., meeting rooms, refreshments, transportation, etc.; are paid by DFCS. See the *Georgia Family Conference Handbook* for instructions.
The CCFA Provider may be contracted to facilitate the FTM. The CCFA provider may be used only if there are no trained facilitators on staff within the county.

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7. Provide notification to the parent within five (5) days of the scheduled MDT meeting of the intent to develop the case plan at the meeting.
8. Participate in the MDT facilitated by the CCFA provider. During the meeting the team, will select goals that address the conditions that resulted in the child's placement.
9. Follow the fiscal procedures outlined in 1016 for receiving and processing the Comprehensive Child and Family Assessment (CCFA) Invoice for payment of services rendered.
10. See 1016 for instructions in how to obtain psychological evaluation and therapy services for parents of children in care when the permanency plan is reunification or when another permanency plan may need to be selected.

1011.1 PRACTICE ISSUES

1. A Comprehensive Child and Family Assessment provides the best opportunity to thoroughly evaluate the child and family. The components of the assessment include medical (Health Check Screen that includes developmental and dental screens), psychological, educational and family information.
2. The most critical time to understand the family's strengths and needs is at the time of placement. Therefore, a referral is made within 24 hours of the 72-hour hearing and is completed within 30 days of the referral date to the provider. Waivers are no longer granted, as all assessments must be completed within the 30-day time period.
3. Licensed providers who meet the *Standards for Comprehensive Child and Family Assessments* - perform the assessment. The most current provider listing is available on the web at <http://dfcs.dhr.georgia.gov/fostercare>.
4. A Relative Care Assessment (RCA) is initiated immediately for any relative(s) identified within the CCFA report as a potential placement resource. A DFCS SSCM or an approved CCFA/ WA Provider may complete the RCA. See 1004 – Placement Resources.

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MEDICAL NEEDS

1011.2

Requirement

The Case Manager is responsible for arranging appropriate and timely medical care for a child in care and for obtaining health-related documents for the case record.

1011.2 PROCEDURES

WHEN THE CHILD IS INITIALLY PLACED, THE CASE MANAGER IS TO:

1. Obtain as much information as possible about the child's health history prior to or at the time of initial placement.
2. Complete, with the parent, the Emergency Intake (Medical Form) located at http://dfcs.dhr.georgia.gov/DHR-DFCS/DHR-DFCS_CommonFiles/EmergencyIntake.dot for all children entering foster care. In as much as possible, ask the parent to discuss the medical needs of the child with the foster parent. Share the form with the foster parent (or other placement provider), CCFA provider, the local public health department and/or medical provider.
3. Refer all children, within five days of the 72-hour hearing, to the Division of Public Health. If the child is under the age of three, the CPS investigator may have referred the child and another referral is not required. The SSCM completes the Children1st referral form (www.georgia.gov -forms online) and emails or faxes it to the Children 1st District Coordinator (see www.dfcs.dhr.georgia.gov or <http://ph.dhr.state.ga.us>) based on the county where the child resides.
4. Discuss the following Information at a Family Team Meeting (or any other opportunity when meeting with the parent):
 - The child's known medical problems, including drug allergies, serious accidents or injuries, surgeries, hospitalizations and seizures;
 - Types of immunizations the child has received and the dates of those immunizations;
 - Any medications the child is taking (the name, the dose, when to administer it and the reason it is being taken);
 - Any physical, mental health or developmental problems the parent has observed or has concerns about;
 - Names and addresses of doctors and other health care providers that the child has seen, including the name of the hospital where the child was born; and
 - Any other available relevant health information.

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5. Obtain health information on the child's family and record on pages 5 and 6 (Family Medical Information) of Form 419, *Background Information on State Agency Child*.
6. Secure a release of information from the parent to obtain copies of all available health care records.
7. Follow county department procedures for obtaining a certified birth certificate for the child.

Arrange for child to have a Health Check, which includes a developmental and dental screen, within ten (10) days of the child's placement in foster care. The Health Check may be obtained at the local health department or with an approved Health Check provider (locate @ www.ghp.georgia.gov). Information concerning the child's initial health status and needs should be obtained no later than 30 days from removal. If the developmental screen yields any developmental delays or concerns, the SSCM is responsible for arranging for a developmental assessment within 30 days of the screen.

A child, under the age of three, who is referred to Babies Can't Wait (BCW) per the CAPTA referral requirement, may receive an assessment from BCW.

8. Communicate with the foster parent (or other placement provider) about the child's health status and health care needs. As required by federal regulations review and provide the foster parent (or other placement provider) with a copy of the health and education records on the child and a copy of the emergency intake form. Document that the foster parent (or other placement provider) received the health information on the child as outlined below:

At a minimum, the following information (most recent available) is included:

- Name and addresses of the child's current health providers;
- A record of the child's immunizations;
- Child's known medical problems;
- Child's medications; and
- Any other relevant health record information determined appropriate to share with the provider.

If any of the above information is unknown or unavailable at the time of placement, indicate this on the "Child Information" portion of the Case Plan. Provide an explanation, if necessary, but **DO NOT LEAVE BLANK!**

FOLLOWING THE INITIAL MEDICAL ASSESSMENT AND PLACEMENT OF THE CHILD, THE CASE MANAGER IS TO:

1. Provide timely follow-up for any of the recommendations made by the health care provider for further treatment and care of the child.
2. Arrange for routine, preventive medical care for all children in foster care through the early and periodic screenings of HEALTH CHECK (EPSDT) administered by Public Health or an approved Health Check provider. (If child is ineligible for Medicaid, please refer to Chapter 1016.31 for instructions on how to pay for service) Follow the recommendations of the health care provider for the scheduling of periodic well check-ups and immunizations.

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3. Sign form 5459 FC (Rev.12.22-03) Release of Information (www.Georgia.gov - forms online) for all children in foster care 0-18 and email or fax to the health department based on the county where the child resides within five days of the 72-hour hearing. The signature of the birth parent is needed for a child under age three to receive evaluation, assessment, and/or ongoing services from BCW. DFCS cannot provide consent for BCW services and BCW will determine the need for a surrogate parent or other appropriate adult who will act on behalf the child and provide necessary consents if Parental Rights have been terminated or the parent's whereabouts are unknown.
4. Communicate, at a minimum of every three months, with the county health department staff to share information about children who have been referred to public health. For children, under the age of three receiving services from BCW, the SSCM will have contact with the BCW Service Coordinator at a minimum of once a month. Share information on the child's health status such as the medical assessment report from the Comprehensive Child and Family Assessment and/or a copy of the "Child Information" portion of the Case Plan (see #7).
5. See 1016.31 Fiscal, for information concerning "Unusual Medical" as a 100% state funding source for payment of medical costs on behalf of a child who is either ineligible for Medicaid or who receives a medical service not covered by Medicaid.
5. See 1016. Fiscal, for information concerning "In-Hospital" Care as a 100% state funding source for payment of all costs associated with the hospitalization of a child who is not eligible for Medicaid.
6. Communicate with the foster parent (or other provider) about the child's health status and health care needs. As required by federal regulations, update the health status information on the child and provide the foster parent (or other provider) a copy of such each time the child changes placements. In addition, provide a copy of the emergency intake (medical form) to the foster parent (other provider) at each placement. Document that the foster parent received the child's health care information as outlined below:

NOTE: The "Child Information" portion of the Case Plan satisfies this requirement. At a minimum, the following information (where available and accessible) is included:

- Name and addresses of the child's current health providers;
- A record of the child's immunizations;
- Child's known medical problems;
- Child's medications; and
- Any other relevant health record information determined appropriate to share with the provider.

(If any of the above are unknown or unavailable at the time of placement, indicate this on the "Child Information" portion of the Case Plan. Provide an explanation if necessary, but DO NOT LEAVE BLANK!

7. Inform the parent of any injuries, accidents or major illnesses of the child while in care.
8. Make every effort to contact the parent prior to any surgery and obtain parental permission. When a child will undergo major non-emergency or emergency surgery and the parent cannot be located (or refuses permission despite documented medical opinion of the need for surgery), it may be necessary to obtain a special court order.

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1011.2 PRACTICE ISSUES

1. When a child is in foster care, the county department acts as a legal custodian and exercises such rights as determining the nature of care and treatment of the child, including routine medical and dental care. In order for a child to receive evaluation, assessment and/or ongoing services from BCW if eligible, the signature of the birth parent is required if parental rights are intact. DFCS cannot provide consents for BCW. BCW will determine the need for a surrogate parent or other appropriate adult who will act on behalf of the child and provide necessary consents.
2. Well-checks are scheduled in periodic intervals (depending on the child's age) and meet the recommendations of the American Academy of Pediatrics (See Appendix C for Periodicity Schedule).
3. Children in foster care who are Medicaid-eligible are **NOT** required to be a member of Care Management Organization (CMO); i.e., they are not assigned to a CMO to provide or authorize services. Children in foster care should be seen by Georgia Medicaid providers. Note: Children entering foster care who are in a Medicaid case may be in a CMO. Follow the procedures in 1003 to determine if a child is in a CMO when he/she enters foster care. If a child is in a CMO, his/her medical services must be coordinated by the CMO until de-linking occurs. Once the child is de-linked he/she is dies-enrolled in the CMO and may obtain medical services from any Medicaid provider.
4. The screening services of HEALTH CHECK consist of a comprehensive unclothed physical examination, a comprehensive health and developmental history, developmental assessment, anticipatory guidance, measurements, vision and hearing tests, certain laboratory procedures and lead risk assessment. All of the age appropriate components must be completed for each screening visit.
5. Many medically fragile children are under the care of medical specialists. Therefore, they may or may not have received a HEALTH CHECK screening. Special services, equipment needs, medical supplies, etc., may be recommended by the physician as medically necessary due to the child's medical condition or diagnosis.
6. See 1016 Fiscal, for an explanation of "Unusual Medical/Dental" funding source for children who are not Medicaid eligible or who receive a service not covered by Medicaid.
7. The Case Manager should collaborate with the foster family (or other provider) to arrange and use available resources so that the child in care receives the medical services they need.
8. The Case Manager and the foster parent/facility staff need to help children and teens learn about and respond to matters related to sexual development and sexuality.

HIV ANTIBODY TESTING

1011.3

Requirement

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

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consent. Whenever possible, parents should be involved in the counseling and testing.

1011.3 PRACTICE ISSUES

1. Almost all children who have become infected with HIV are infected perinatally 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 the child Seroconverts to his/her own antibody status.
2. 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.
3. The Case Manager needs to recognize and understand the risk factors for HIV which may need to be brought to the attention of health care providers. These are:
 - The child was sexually abused by a person(s) from a high risk group;
 - The child has been engaged in sexual activity with high risk group partners;
 - The child has a history of IV drug usage;
 - The child was born to a parent from a high risk group;
 - The child is a hemophiliac;
 - The child received a blood transfusion prior to April 1985
4. Local public health facilities with knowledgeable specialists in HIV may be contacted for consultation and information.
5. Since the 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 about the degree of restricted setting that is best for the child. Usually, the benefits of an unrestricted setting outweigh the risks of the child acquiring harmful infections. More often than not, the infected child can be served in a foster home and attend school and/or day care.
6. The results of HIV testing are confidential and may be released only to the following individuals: parents (unless child is in the permanent custody of DFCS and then, a case by case decision is made), child's parent/custodian, foster parent (or other provider) and any health care provider who has a legitimate need to know such information.

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DENTAL NEEDS

1011.4

Requirement

Routine dental care begins at age three (3); however, if indicated, a dental referral may be made at any age.

1011.4 PROCEDURES

1. Schedule a dental screen for a child age three and older each year. An inspection of the mouth is a part of each screening under HEALTH CHECK. A child entering foster care must have a Health Check screen within ten (10) days of his/her placement in foster care. If the dental screen yields any concerns or the need for dental treatment, the SSCM will ensure appropriate follow-up with an approved Medicaid Provider within thirty-days of the Health Check screen.

1011.4 PRACTICE ISSUES

1. Prior to and at the time of initial placement, obtain information from the parent on the child's dental history and where any dental records may be on file.
2. Medicaid is billable for some dental services when the provider is enrolled in Georgia Medicaid. Ensure that the child has regular and routine dental screenings as recommended by the recommendations of the American Academy of Pediatrics (See Appendix C for Periodicity Schedule).
3. Work in collaboration with the foster parent (relative caregiver or other provider) to establish a dental home for each child, one that will provide diagnostic, preventive, restorative, and emergency care throughout childhood.
4. See 1016 Fiscal, for an explanation of "Unusual Medical/Dental" as a funding source for services when a child is ineligible for Medicaid or receives a service that is not covered by Medicaid.

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PSYCHOLOGICAL AND MENTAL HEALTH NEEDS

1011.5

Requirement

Children who are not eligible for or who do not receive a comprehensive child and family assessment shall have a psychological or psychiatric evaluation completed with a written report within thirty (30) calendar days of the date of removal from the home with the following exceptions:

Children under the age of four (4) years of age; or

Children who have had an evaluation within the past six months.

1015.5 PROCEDURES

1. Arrange an appointment and transportation for the child to receive services;
2. Give the provider sufficient background information on the child and the family.
3. Obtain and file any written information on the child's diagnosis and treatment in the case record.
4. Discuss treatment recommendations with the parent, foster parent, (relative care giver, other provider) and plans for implementation if applicable.

1011.5 PRACTICE ISSUES

1. All children entering foster care have experienced difficult and/or traumatic conditions in their own homes or in previous placements. They will likely require the assistance of mental health providers in assessing and treating children regarding:

Emotional or behavioral problems evidenced in the foster home or other placement provider, the school or the community;

Degree of attachment to the birth parent or the foster parent;

Learning problems and/or the appropriateness of school placement;

Readiness for moving into an adoptive placement or other permanent placement setting;

The placement resource who is best able to meet the child's needs;

The need for intermediate or intensive residential treatment;

5. Whenever possible, the Case Managers should utilize the services of MH/DD/AD for diagnostic

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and treatment services before considering private Medicaid providers or CCFA/WA Providers. For 24 Hour Emergency Assistance For mental health or addictive disease services, contact: 1-800-715-4225.

6. The Case Plan and the case record should reflect agency monitoring of any mental health referral and of the child's progress in responding to the services provided.
5. An assessment by means of Psychological, Psychiatric and Speech Therapy Services (formerly known as "PPST") may be utilized when Medicaid is not available. The following are eligible to receive assessment and treatment services:

Children in foster care;

Birth parents of children in care when the permanency plan is reunification or when another permanency plan may need to be selected (Also see PUP services outlined in 2107 of the CPS Policy Manual for "Immediate Reunification" cases and for Drug Screens/Substance Abuse Assessments); and/or

Foster parents serving special needs children who require consultation about a specific child in the home.

5. See "Assessment Comprehensive" and "Assessment - Regular (PPST) in Chapter 1016 FISCAL for Instructions concerning rates of reimbursements and procedures for reimbursing costs.

DEVELOPMENTAL NEEDS

A developmental screening is completed as part of the Health Check screen (Early and Periodic Diagnostic Screening and Treatment –EPSDT) screening for children under the age of four during the Comprehensive Child and Family Assessment (CCFA). The screen determines whether there are factors that may result in a developmental delay for a child or place the child at risk of delay.

1011.6

Requirement

Developmental information is obtained and recorded in the child's record to the extent possible. If there are risk factors noted in the developmental screen, a referral for an assessment must be made within thirty (30) days of the screen.

1011.6 PROCEDURES

1. Obtain as much information as possible about the child's developmental history from the parents, extended family and from medical records at the time the child enters care. Update as needed.
2. Supplement information gathered through such means as the Comprehensive Child and Family Assessment, the Denver Developmental (or similar standardized test) used as part of HEALTH CHECK, by history and appropriate physical exam, development screening and service plan from Babies Can't Wait, etc.
3. Communicate, at a minimum of once a month, with the Babies Can't Wait (BCW), Service Coordinator, therapist, and others to ensure the child eligible for BCW, receives the appropriate services to reach his/her developmental potential. Share the Health Check and Medical

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Assessment report from the Comprehensive Child and Family Assessment with the BCW service coordinator. Also, provide a copy of the most recent court order for the child with the BCW Coordinator.

4. Work collaboratively with the child's birth parents and foster parents around meeting the child's developmental needs, including self-esteem, cultural identity, positive guidance/discipline, social relationships and age-appropriate responsibilities.
5. Make a referral to a diagnostic/treatment provider for further evaluation of any developmental delays, disabilities, etc., indicate the need for further evaluation within thirty days of the developmental screen. All children, under the age of three, in a substantiated case of neglect or abuse must be referred to the Division of Public Health's, Children 1st (see www.georgia.gov -forms online) program for referral to the Babies Can't Wait Program. Email or fax the form to the Children 1t District coordinator based on the county where the child resides. Form 5459 FC Release of Information is required to accompany the Children 1st Screening & Referral Form and the parent's signature is required.
6. Assist the child in developing a Life Book as a concrete and visual record the child's family history and life events, including the child's thoughts and feelings. Recognize the therapeutic benefit of a Life Book in helping the child to understand, question and accept what has happened to him/her and the feelings associated with these events. Ideally, begin the Life Book as soon as a child comes into placement and continue the process while the child is in care.
7. Include the following information in the Life Book as gathered and prepared by the Case Manager (with the assistance of the foster parent):
 - Family Tree (include birth and extended family members);
 - Family Background (include strengths and needs);
 - Former and current foster parents;
 - Special events;
 - Reasons for coming into care and for moves after initial placement;
 - Schools attended and favorite teachers/activities;
 - Friends, pets, social and recreational activities;
 - Photographs, mementos, awards, etc. of the above.

See Appendix A, "Creating and Using Life Books," in the Adoption Services Manual for additional suggestions and techniques for using with children.

If a child was enrolled or participated in a pre-school or early intervention program prior to the child's placement in foster care, the SSCM shall work with the caregiver to continue the child's participation in the program or to locate another program that adequately meets the needs of the child.

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1011.7

Educational Needs of the Child

Introduction

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, the Department is committed to ensuring the safety, permanency and well-being of all children in foster care. While making certain that these children have successful educational outcomes has been a priority and is a critical component of "child well-being", there is always room for improving our strategies in these areas. Towards this end, the following educational goals and activities must be implemented for children and youth in foster care:

1. Children and youth meet the No Child Left Behind Standards for their respective grades.
2. Children and youth are maintained in their school of origin whenever possible.
3. Children and youth are served by educational surrogate parents (preferably the foster parent) who are well-versed about the child's needs;
4. Children and youth are monitored for success indicators, such as, academic achievement/progress, attendance and suspensions;
5. Academic challenges are addressed in partnership with the caregiver and local school system; and
6. Youth are assisted with earning a high school diploma.

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EDUCATIONAL NEEDS

1011.7

Requirement

Compulsory Education and Completion

As stipulated by compulsory education, children in Georgia are required to attend school from age six until age sixteen. When a child is placed in foster care, the child shall be enrolled in a school or training program at the earliest age possible and continue until he/she graduates or completes a training program. A High School Diploma shall be the preferred certificate of secondary completion for children in care. A youth shall be enrolled in a GED program if:

- a. it is an approved/certified GED program;
- b. the youth has reached his/her sixteenth birthday and cannot graduate by age twenty-one (21); and
- c. the Case Manager, Independent Living Coordinator (ILC), youth, and foster parent (relative caregiver or other provider) determine that it is in the best interest of the youth.

Document the decision for the youth to be enrolled in a GED program and include a vocational, employment or other next steps plan including timeline and milestones.

1011.7.1

Public School Attendance

Children in care shall attend the public school in the community unless the public school determines that they cannot meet the child's needs. It is critical that children in care obtain the greatest benefit possible from their school experience and that they obtain the highest level of education their capabilities permit. If the school determines that the child's needs cannot be met, the school system **must** provide an alternative means for the child to obtain an education in the community. Where a child has been suspended or expelled from school, the Case Manager shall work with the foster parent (relative caregiver or other provider) to secure alternative educational services for the child through a community agency. All children/youth's school records must be maintained in the case record.

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1011.7.2

Public School Enrollment

Children must be enrolled in school within two school days of placement. If the caregiver is unable to enroll the child in school within two days of placement, the Case Manager must ensure the child's enrollment.

Whenever there is a planned placement (entry into foster care or placement change), the Case Manager must ensure that the appropriate local school system is notified at least five days in advance of the child's enrollment in a school or placement in a facility within the community.

A Case Management Consultation (CMC) facilitated by a school social worker or school Case Manager is initiated within 5 days of the child's enrollment in school. The Case Manager and/or caregiver shall attend the CMC to determine whether any transition problems exist and whether any services are necessary to assist in the child's adjustment to the new school. The date the meeting was held, participants and outcomes of the CMC shall be documented in the case record.

O.C.G.A. § 20-2-133 was amended in 2006 and requires local school districts to be responsible for providing the **appropriate and necessary education** to children in the custody of the Department of Human Resources who reside in the school district. This means that children placed in residential settings shall attend, if appropriate, the public school within the community where the facility is located.

1011.7.2 PROCEDURES

1. Children shall continue their education in their own schools whenever it is in their best interest and feasible. Placement decisions shall include consideration of whether a change in school is necessary and the proximity of the placement to the child's school.
2. If a change in school is necessary, the child must be enrolled in school within two school days of his/her placement.
3. The Case Manager and/or caregiver must contact the counselor/teacher and arrange to meet on the first day that the child attends class.
4. If a placement or placement change is known to the case manager, the school system must be notified 5 days prior to the child's enrollment at a school in the community or of the child's placement at a residential facility in the community.
5. The Case Manager must provide appropriate medical documentation and available educational records (this includes the CCFA Educational Assessment) from the child's case record. The school will request educational records from the previous school within 10 days of enrollment.
6. The school will begin its Case Management Consultation (CMC) process Within 5 days of notification of placement of a child in the school. If the CMC has not occurred within 30 days of the child's enrollment, the Case Manager must contact the school social worker or school Case Manager to request one.
7. The local school system may enroll children on a provisional basis for 30 days while awaiting evidence of any local requirements.
8. If a child requires a change in school, the Case Manager shall determine if any transition activities, services, and/or supports are needed to facilitate the change.
9. Enrollment in a non-public school requires the approval of the Regional Director. The child/youth's permanency plan must be considered before approval is granted for attendance in a non public school. In addition, funding for attendance at a non public school must be approved at the state level. This is to provide consistency and continuity in the child/young person's educational outcomes once permanency is achieved.

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1011.7.3

Child Remains in Same School

When placed in care, school-age children/youth shall continue their education in their own schools and neighborhoods when possible and if it's in the child's best interest. The proximity of the foster/relative home to the child/youth's school shall be considered when placing the child. When there is a placement change, the Case Manager shall notify the school of:

1. change in caregiver,
2. emergency contacts,
3. Individuals authorized to act on behalf of the child and Department and
4. The Discipline Policy for children in Foster Care.

1011.7.3 PROCEDURES

1. Within two days of entry into care or a placement change and before the child attends school, the Case Manager shall:
 - i. Meet with the teacher/counselor.
 - ii. Invite the parent (if appropriate) and caregiver to attend the meeting.
2. At a minimum the Case Manager shall discuss the following and document in the case record.
 - a) Child's educational strengths and needs
 - b) Update contact information – whom should the school notify in a case of emergency etc.
 - c) Child's placement information – name of foster parent (relative caregiver or other provider).
 - d) Share in advance, if available, court hearings etc. that may require the child's absence from school. Discuss whether absences related to court are considered excused absences and the need for the child to make up assignments etc.
 - e) Ensure that school has the Case Manager's and supervisor's contact information.

1011.7.3 PRACTICE ISSUES

A school placement change may be necessary if:

- a. Safety is an issue.
- b. It's in the child/youth's best interest

If a change in school is necessary, explore ways to make the transition as smooth as possible both academically and socially.

To avoid school placement changes, the Case Manager shall:

- a. Place the child in an approved foster home or relative's home in the same neighborhood.
- c. Approve before/after school care to allow foster parents to be able to transport the child/youth to his/her home school.

Foster Care Services: Needs of the Child

3. To transition the child/youth to a new school, the Case Manager shall:
 - i. Discuss with the child/youth why the change is necessary.
 - ii. Allow the youth to complete the school year in the home school.
 - iii. Arrange for the child/youth to have a tour of his/her new school before his/her first day.
 - iv. Allow the child/youth to have time to say goodbye to friends in his/her old school.
 - v. Ensure that the school makes every effort possible to minimize the loss of credits earned at the youth's last school when completing the class schedule.

1011.7.4

Partnering with Caregivers to meet the Educational Needs of Children in Care

Caregivers shall actively partner with schools and teachers. The Case Manager shall ensure that the caregiver has the child's school records and that the caregiver is provided access to resources, which support the child's academic needs. The birth parent shall be included in planning for the child's/youth's educational needs, when appropriate.

1011.7.4 PROCEDURES

1. Communicate with the caregiver about the child's educational needs. Include the parent, as appropriate, in the discussion. Update the educational information and provide to the caregiver along with the child's educational records at placement.

At a minimum, the following information (most recent available) is documented:

- Name and address of the child's educational provider(s);
- If change of school necessitated by child's placement in care, explain such change was necessary;
- Present grade level;
- Performance (current functioning);
- Educational strengths and identified needs; and
- Type of classroom placement; i.e., regular (mainstream), special education, behavior disorder program, learning disorder program, psycho-ed placement; etc.

2. The Case Manager must discuss the following at placement and ensure the caregiver understands the responsibilities:

- a) Ensure child's attendance at school the entire school year and to notify Case Manager in cases of absences or tardiness.
- b) Assist with child's homework as needed. If tutorial support is needed, request made to the Case Manager or local school.
- c) Attend and participate in parent/teacher conferences.
- d) Serve as a surrogate parent when a child or youth receives special education services.
- e) Advocate on behalf of the child to ensure positive educational outcomes.
- f) Provide the Case Manager with copies of the child's/youth's test scores, grades etc., when they are received.
- g) Notify the Case Manager immediately of any concerns regarding the child's educational performance.

Foster Care Services: Needs of the Child

10.11.7.5

Advocacy and Partnerships

1011.7.5 Requirements

Children and youth in foster care have many caring people and agencies involved in their lives. Advocacy, information sharing and partnerships are key factors in their educational success. The county department must work in partnership with its local school systems, caregivers, surrogate parents and others to ensure the stability, continuity and educational success of the child/youth.

1011.7.5 PROCEDURES

1. Advocate on behalf of the child/youth or arrange for any necessary educational supports or services the child may need such as special education, Pre-Kindergarten program, tutoring, educational materials, summer school courses, etc. (See Chapter 1016 Fiscal, for a description of funds available for secondary educational and college/vocational expenses.)
2. Share the educational assessment (completed as part of the CCFA) once it is available and inform the school of the CCFA process. Provide the school with the name of the of the CCFA/WA provider agency and inform the school that the agency may make contact to obtain educational history etc.
3. Ensure that the teacher/counselor, caregiver and parent are at the Multi-Disciplinary Meeting to review and discuss the Comprehensive Child and Family Assessment (CCFA) Educational Assessment.
4. Arrange and provide services for the child/youth to meet the specific recommendations from the CCFA Educational Assessment. The case manager shall explore services within the community and the school system to meet the child's educational needs before initiating Wrap-Around (WA) services.
5. Maintain the child's school records in the case file, including all report cards and standardized testing reports.
6. Involve the child's parent in school conferences, meetings, etc., whenever possible.
7. Avoid lost instruction time for the child/youth by scheduling case related meetings after school hours.

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1011.7.6

Services to Children with Disabilities

1011.7.6 Requirements

Youth, who have cognitive, emotional or physical challenges that prevent them from fully benefiting from a regular school program will need other educational services and resources.

1011.7.6 PROCEDURES

1. Monitor the appropriateness of the child's placement in school.
2. Advocate on behalf of the child to ensure an appropriate school placement is made and services are provided.
3. If necessary, arrange for a comprehensive educational assessment. (NOTE: This is one of the components of the Comprehensive Child and Family Assessment.)
4. If the child is in Special Education and an educational surrogate is required, explore the caregiver's interest in serving as the 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. Case Managers can not serve as an educational surrogate. Therefore it is necessary to have someone with the knowledge and skills to act as the educational surrogate to ensure adequate representation of the student. When appropriate, the birth parent may serve as the child's educational surrogate. Training is provided to the educational surrogate parent.
5. Ensure that the caregiver is aware of the benefits of serving as an educational surrogate to the child and the training required to serve. If the foster caregiver is unwilling or unable to serve as the surrogate, arrange for a surrogate through another foster parent or the local school system, if the birth parent is not appropriate.
6. The Case Manager and/or caregiver shall participate in the Individual Educational Program (IEP) process. The IEP process identifies why a student's academic skills are below what would be expected and planning for what support is necessary to improve academic learning. Results of the IEP including any meeting dates to develop or discuss IEP's, etc., must be documented in the child's record. The Case Manager and/or caregiver must attend the initial development or review of the IEP, which will be held in the first 60 days of a child being enrolled. If the IEP team is not convened within 60 days, the Case Manager shall request the convening of the IEP team.
7. If the school determines that the child's needs cannot be met, the school system must provide an alternative means for the child to obtain an education within the community.

1011.7.6 PRACTICE ISSUES

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At the end of an IEP meeting, the Case Manager shall have an understanding of and document:

- a. The student's present level of academic performance.
- b. Why the student is academically behind same age peers.
- c. The kind of services and/or classroom interventions the school will provide.
- d. The amount and frequency of the services (e.g. two 45 minute sessions per week in a social skills group)?
- e. Who will be responsible for delivering the services.
- f. When the services will be initiated.
- g. The student's goals and objectives.
- h. How the impact of the intervention will be measured and reported.
- i. What will happen if the intervention doesn't work?

1011.7.7

DISCIPLINE OF THE CHILD WITHIN THE SCHOOL SYSTEM (see also 1014.23)

1011.7.7 Requirement

Corporal punishment is not an acceptable method of disciplining children in the custody of the Department. The Case Manager must provide the school principal in writing of the identity of the child in foster care and include a statement that corporal punishment is prohibited as a means of discipline or correction for this child. This (confidential) statement shall be provided to the school principal at the beginning of the school year when the child is being enrolled in a given school or when a child changes schools. School administrators shall be reminded to keep all matters pertaining to the child confidential.

NOTE: 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 the child's mental or emotional stability.

1011.7.7 PRACTICE ISSUE

DFCS staff shall advocate with school systems for the abolition of corporal punishment as a method of disciplining children in care.

1011.7.8

Completion of Secondary Education

Requirements

Earning a high school diploma is the preferred certificate of secondary education completion for youth in care. Further education or training should be sought for those youth whose aptitudes and school records document that they are willing and capable to benefit from such educational opportunities.

1011.7.8 PROCEDURES

1. The children/youth's academic achievement and school attendance shall be reviewed and documented with each progress report from the local school.
2. Tutoring and/or other academic supports shall be implemented as needed (see 1012.11).
3. A Youth shall be enrolled in a GED program only if:
 - It's an approved/certified GED program;
 - The youth has reached his/her 16th birthday and cannot graduate by age twenty-one (21);

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- The Case Manager, ILC, youth, foster parent (relative caregiver, or other provider) determine that it is in the best interest of the youth. This decision must be documented and include a vocational, employment or other next steps plan including timeline and milestones.

1011.7.9

EDUCATIONAL CHANGES REQUIRING CASE MANAGER ACTION

1011.7.9 Requirement

The Case Manager and partners, including caregivers, shall work closely with school staff in coordinating educational opportunities and needed services.

1011.7.9 PROCEDURES

If a child/youth in care experiences any of the conditions below, the Case Manager must document the circumstance and in conjunction with the caregiver develop, document and implement an action plan to address the situation (for example begin tutoring, counseling services, behavioral management...):

- 1 Failure on the required sections of the Criterion Reference Competency Test (CRCT) for his/her grade level;
- 2 Excessive unexcused absences from school (occurring not as a result 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.
- 3 School suspension for more than 3 days.
- 4 Second school suspension in a school year no matter the length.
- 5 Major school offense resulting in expulsion. These events should be reported to the regional and state office for guidance regarding possible appeal.
- 6 If a child is suspended or expelled from school, the Case Manager shall work with the caregiver to secure alternative educational services for the child through a community agency.

1011.7.10

Withdrawal from School and/or Notification of Change in Custody

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1011.7.10 Requirements

Children in care shall be officially withdrawn from a school's roll when a change in school is necessary due to permanency achievement or placement changes. Whenever possible, advanced notification of the withdrawal shall be provided to the school, to assist with transitional planning.

1. If the child remained in his/her original school during the placement in foster care, the Case Manager must notify the school of the change in custody and/or caregiver, changes in emergency contacts and individuals authorized to act on behalf of the **child**.

SPIRITUAL DEVELOPMENT NEEDS

1011.8

Requirement

Children in care are to have opportunities for spiritual development in accordance with the wishes of the child and the child's parent's.

1011.8 PRACTICE ISSUES

1. To the extent possible, the child should attend his or her own church, synagogue or other place of worship.
2. If the wishes of the parent and other family members are unknown, then the foster parent and the Case Manager must plan how to best meet the spiritual development needs of the child.
3. Parents retain certain residual rights, even though DFCS holds temporary custody. Determining the child's religious affiliation is one of these. If the child is in Voluntary placement authority, the parent is to advise DFCS on Form 5 (Voluntary Agreement to Place Child in Foster Care) of the child's religious affiliation. The parent's consent is required before a child in the temporary care and custody of DFCS participates in baptism etc. services.

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SOCIAL AND RECREATIONAL NEEDS

1011.9

Requirement

A child in care is to have opportunities for family and community recreational activities and for the development of special abilities and interests, such as hobbies, sports, music, scouting, art and crafts.

1011.9 PRACTICE ISSUES

1. Play is an important learning experience for all children to develop their social, emotional and intellectual skills.
2. Placement providers should encourage the participation of children in recreational activities. Many children in care will not have had previous experiences with engaging in such activities before placement and may need special help in learning to participate appropriately.

TRIPS and OUT-OF-TOWN ACTIVITIES

1011.10

Requirement

Whenever a child in care is away from his/her foster home/facility, the county department must have information about the child's whereabouts (in the event of a birth family emergency). The following authorizations are provided depending on the length and destination of the trip:

- A. For trips up to three days, verbal acknowledgement must be given to the placement provider and documented in the case record. (EXCEPTION: Notification of the county department is not necessary if the child, and not the entire foster family, is out-of-town and the child can be easily reached in the event of an emergency.)
- B. For trips longer than three days, written permission must be given by the county director to the placement provider, including authority to obtain needed medical care for the child. (See Appendix D for sample medical authorization.)
- C. For trips involving out-of-state travel, written authorization must be given by the County Director to the placement provider, including authority to obtain needed medical care for the child. Written permission must be obtained from the parent and if needed, by the court when the child is in temporary custody. (Children in permanent custody need only have the written consent of the county director/designee.)
- D. For trips involving out-of-country travel, follow the steps in (C.) above. In addition, a waiver must be obtained from the Regional Field Director. NOTE: Since Georgia Medicaid will not cover any medical expenses incurred out-of-country, this factor needs to be considered when granting permission. Additionally, there are issues of passport, immunizations, etc., which must be considered.

1011.10 PRACTICE ISSUES

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1. The decision to allow children to go on out-of-town trips is the responsibility of the county department, but it may become necessary in some cases to obtain permission from the parent and/or court.
2. If the county department cannot authorize the trip, the Case Manager will arrange for a temporary placement during the time the placement provider is away.
3. There is no state reimbursement (other than the usual per diem) for vacations or other trips.
4. When the child is out-of-town and not in the care and supervision of his/her foster parents/facility staff; e.g., school-related trips, conferences, sports competitions, etc., the county department needs to evaluate such issues as supervision and safety of the child while away.

SUPPLEMENTAL SUPERVISION NEEDS

Foster Care Services: Needs of the Child

1011.11

Requirement

The county department shall refer a child placed in a **relative (receives foster care per diem)/DFCS or Child Placing Agency (CPA) family foster home**, or relative home – DFCS has custody of the child (may receive Enhanced Relative Rate –ERR) to Childcare and Parent Services for Supplemental Supervision or Child care Services (childcare less than 24 hours) when:

- Regular, predictable child care is needed while the foster parent(s) works outside of the home and or attends training. The child care can be full-time, part-time, before/after school, etc., as long as it is needed on a regular basis.

The county department shall refer a child placed in a **relative (receives foster care per diem)/DFCS or Child Placing Agency (CPA) family foster home**, or relative home – DFCS has custody of the child (may receive Enhanced Relative Rate –ERR) to Supplemental Supervision (state funds) through Foster parent Invoice Process when:

- (1) Temporary childcare is needed while the foster parent(s) or relative caregiver (DFCS has custody of the child) works outside of the home. Example: Temporary child care is needed until foster care placement is stabilized. Supplemental Supervision using state funds may be used up to five days when a child enters foster care or has a change in placement. This time period allows for the referral to Childcare and Parent Services (CAPS).
- (2) The foster parent (s) or the relative caregiver (DFCS has custody of the child) does not work and attends training /educational classes to assist them in meeting the needs of the child.
- (3) When the child is placed in a Family Foster Home with approved foster parents in another state.
- (4) Respite care: When the child is placed with another foster parent for respite and the child needs child care in a different child care setting while the respite foster parent works.
- (5) An “occasional” provider is used in the event of the child’s illness, school closure, holiday period.
- (6) The approval of the Informal In-Home/Out-of-Home Provider by CAPS is pending (not to exceed 30 days).

Note: All Informal In-Home/Out of Home Providers are required to participate in the CAPS program for reimbursement of child care.

If the foster parent or relative caregiver (DFCS has custody of the child) does not meet the eligibility requirements for CAPS, a waiver from the Family Services Director is needed to use State Supplemental Supervision. Exception: When 1-6 (see above) applies.

PRACTICE ISSUES

1. The Childcare and Parent Services Manual (http://www.odis.dhr.state.ga.us/3000_fam/3540_caps/caps.htm) contains many of the operating

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guidelines that also apply to Supplemental Supervision. The most significant of these are:

A. The types of providers from whom Supplemental Supervision may be purchased (See CAPS Manual):

- Commissioned or licensed center-based and group home providers.
- Registered family child care home providers.
- Legally operating child care programs (Head Start, Boys and Girls Clubs, YMCAs, YWCAs, non-governmental after-school programs, etc.)
- Informal providers (relative and non-relative)
- In Home/Out-of-Home care*

**Defined for Supplemental Supervision, only. See 1011.12 Requirement and Procedures for the DFCS approval criteria for this type of provider.*

Types of care:

- Child care (full time)
- Night-time
- Weekend
- Before/after school
- Special needs
- Full-day service for school-age
- Part-time

B. The Child Care Maximum Reimbursement Rate Charts (See Appendix A of the CAPS Manual).

C. Age ranges to receive Supplemental Supervision (under 13 years of age; or under with special needs (requires documentation of the child's medical, physical or behavioral need that warrants adult supervision at all times or the court orders supervision).

C

D. Child care for children with special needs. (See CAPS Manual 6600 for documentation of "special needs,"

D

E

2.

Authorization from the Family Services Director to use state Supplemental Supervision as a support to foster parents and relative care givers (DFCS has custody of the child) is considered via a waiver request only after a denial from CAPS.

Supplemental Supervision (state funds) is **different** from child care services defined in the CAPS Manual in that:

- It reimburses the foster parent or relative caregiver (DFCS has custody of the child – may receive ERR) who directly pays the child care provider (including

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registration fee). Receipts are attached to the monthly *Foster Care Invoice (Pre-bill for CPA's)*, to claim reimbursement. (See Section 1016, Supplemental Supervision, regarding the cash advance method of payment if the reimbursement method places undue hardship on the foster parent. Or relative caregiver.) Relative caregivers will submit receipts to the SSCM at the end of the month. The SSCM will then complete a request for reimbursement made payable to the relative to reimburse the child care provider. This request will be attached to the Relative Care (RC) printout that is returned to accounting each month.

- It provides the reimbursement of child care when the foster parent is attending foster parent training or the relative caregivers attends training classes to manage the needs of the child.
 - It requires that the Social Services Case Manager assume certain roles and responsibilities related to evaluating and monitoring In-Home/ Out-of-Home providers of Supplemental Supervision (See Requirement and Procedures in 1011.12).
3. Some foster parents or relative caregivers provide child care in their own homes or in the home of others. Since the foster parents receive a per diem for the supervision of children placed in their foster home, they cannot claim Supplemental Supervision for caring for their foster children while providing child care for other children. The relative caregiver may not claim Supplemental Supervision for caring for the related child placed in their home while providing child care for other children
 4. Occasionally, foster parents or relative caregivers will informally arrange for baby sitters to care for children in their home for short periods of time. The cost of babysitting services is not a state reimbursable expense. In order to ensure the safety and appropriate care of children, babysitters used on a routine basis should be at least 18 years of age, be knowledgeable of child development and understand the DFCS Discipline Policy. DFCS needs to determine whether the person acting in the role of babysitter has a CPS history.

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EVALUATION, APPROVAL and MONITORING of INFORMAL IN-HOME/OUT-OF-HOME PROVIDERS

1011.12

Requirement

The Social Services Case Manager is responsible for the evaluation and monitoring of Informal In-Home/Out-of-Home providers in accordance with DFCS criteria for approval. Such providers can care for no more than two children for payment and must have completed a Supplemental Supervision Evaluation before children can be served.

1011.11 PROCEDURES

1. Arrange a face-to-face contact with the person within 2 days of the foster parent or CPA indicating that they would like to use an In-Home/Out-of-Home provider and complete a safety assessment. The fact-to-face contact is required before selecting the individual as a provider. (If the person is planning to care for the child in his or her own home, this contact must be made in the person's home.) Document the results of the safety assessment. All Informal n-Home/Out-of-Home Providers should meet CAPS requirements.
2. Discuss the following areas and summarize on Form 452 (or on a separate sheet of paper) as a "Supplemental Supervision Evaluation."

A. Identifying Information

(Name, sex, age (at least 18 years of age), address, telephone number, Social Security number)

B. Health Status

C. Environment (address as a topic for Informal Out-of-Home providers)

(Clean, hazard-free, vented heaters, sufficient space, working smoke alarms, fire extinguishers, etc.).

D. Criminal Records Check (CRC)

(Informal In-Home providers must have a GCIC and NCIC fingerprint check. Out-of-Home providers must have a GCIC/NCIC fingerprint check, as well as any other adult (s) over the age of eighteen (18) residing in the home.)

E. Complete a Child Protective Services (CPS) Screen to include a Sexual Offenders Registry, Pardons and Parole and Department of Correction Screen.

F. Understanding of Child Development. Document that the provider understands and knowledge of the child's development.

G. Knowledge of DFCS Discipline Policy. Provide a written copy of the discipline policy to the provider and document that the provider agrees to adhere to the discipline policy.

H. Number, Sex and Ages of Children in the Home with Child in Foster Care

(Document that the person is able to care adequately for another child.)

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- I. **Other Adults Who Will be Present (must complete CRC on these individuals and CPS check).**
 - J. **Amount of Fee for Supplemental Supervision (Rates must be consistent with the state's maximum reimbursable rate based on the county where the provider is located.)**
 - A. **Approval or Non-Approval**
 - B. **Requirements for CAPS approval – A face to face interview with the CAPS Case Manager, a home visit by a representative from Bright From the Start (BFTS) and safety and health training is required.**
3. Make a face-to-face visit at the site where Supplemental Supervision is being provided within two weeks after the child's initial day of placement. Discuss and document the child's initial adjustment and assess the quality of care being provided.
 4. Continue to monitor for appropriateness of care no less frequently than once every six months.
 5. Evaluate on an ongoing basis whether the provider is meeting the needs of the child and the foster parent or relative caregiver. If not, provide assistance to the foster parent in making other Supplemental Supervision arrangements.
 6. Include a more formal evaluation of the Supplemental Supervision service; i.e., why needed, how used, degree of benefit, etc., as part of the Annual Re-Evaluation. (See Chapter 1015 Foster Home.)

SAFETY NEEDS: CHILD RESTRAINT DEVICES

1011.13

Foster Care Services: Needs of the Child

Requirement

Every child age 6 or younger in care is required by law to be transported in a child restraint device.

1011.13 PROCEDURES

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. Instruct the foster parent to install the child restraint device in accordance with the manufacturer's directions.
2. Explain to the foster parent that the restraint device belongs to the child and "moves" with the child.
3. When the child reaches age 5 or no longer can use the restraint device, inventory the device and, if needed, make it available for another child in care.

1011.13 PRACTICE ISSUES

1. State law requiring child restraint devices applies to DFCS staff, foster parents and volunteers.
2. When being transported, all children must be protected by either a seat belt or restraint system.

SAFETY NEEDS: HELMETS

1011.14

Requirement

As required by state law, all children in care under age 16 must wear safety helmets when operating a bicycle or riding as a passenger on a bicycle on any road, bike path or sidewalk. The helmet needs to be properly fitted and securely fastened.

1011.14 PRACTICE ISSUE

The purchase of safety helmets by foster parents is reimbursable from state funds (up to \$30.00). See 1016.30 (Fiscal) for reimbursement procedures.

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CONTACT STANDARDS for MONITORING the CHILD in CARE

1011.15

Requirement

The SSCM maintains a relationship with the child in care and monitors the child's safety and well-being. Purposeful, frequent and meaningful contacts are to occur no less frequently than are stated in the "*Minimum Contact Standards for Children in Care.*" Contacts must be documented with sufficient detail to determine the following: type of contact, when it occurred, who was there, what happened (purpose), and where it occurred (if not in the least restrictive setting, then an explanation must be given as to why not).

When a child is in the care of a private agency/facility, the record needs to document that the private provider adequately monitors the safety and well-being of the DFCS child. Progress notes and/or any other reports prepared on behalf of the child by private agency/facility staff, contract providers, etc., must be requested for the SSCM to review and file in the case record.

The SSCM shall ensure that:

1. Children who experience a **new** placement are seen more frequently at the onset of the placement:
 - A face-to-face visit in the home or facility with the child and caregiver within the first week of any new placement . (If a face to face visit does not occur within the first week, telephone contact is made with the SS Supervisor's approval.)
 - **A face-to-face visit in the home or facility with the child and caregiver occurs within the second week of placement, if telephone contact was made the first week.**
3. Quarterly contact with the child occurs every three months.
4. The child placed in a facility (Child Caring Institution) is observed in his/her living environment.
5. When a child is placed out-of-county and the boarding county has agreed to provide supervision that the boarding county case manager agrees to meet the contact requirements and provide quarterly documentation to the legal county case manager. Note: The legal county case manager must meet the contact standards for children placed in private agency foster homes and facilities where the home/facility is located.
6. The case record documents how the child is being supervised/monitored by both DFCS and the private agency/facility. Progress notes and/or summaries concerning the child are requested from the Child Placing Agency (CPA) or CCI and filed. Note: The SSCM must be notified of any placement change prior to the move or in emergency situations within 24 hours of the placement move.
7. A request is made for children placed in out-of-state settings to be monitored/supervised by agency or facility staff in the "receiving" state. A request for monthly contact with the child in the home is made using the ICPC 100B, once the placement is approved. Quarterly progress reports are required per the ICPC 100B. The reports are received and reviewed/filed in the case record. Requests for information on the child are filed in the case record. If the "receiving" state does not

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comply with the DFCS agency's request, the Georgia ICPC Office is contacted for assistance

MINIMUM CONTACT STANDARDS FOR CHILDREN IN CARE

Placement Type
Contact

Standard

PARENT	<i>(1) Faceto-facecontactwithchildandfamilypermonth. Everyothermonth,contactwiththechildandfamilymusttakeplaceinthehome.</i>
RELATIVE HOME	<i>(1)Faceto-facecontactwiththechildandfamilypermonth. Everyothermonth,contactwiththechildandfamilymusttakeplaceinthehome.</i>
RELATIVE FOSTER HOME	<i>(1) Faceto-facecontactwiththechildpermonth. Everyothermonth,contactwiththechildmusttakeplaceintherelativefosterhome. (1)Faceto-facecontactwiththerelativefosterparent(primarycaregiver)permonth.</i>
FAMILY FOSTER HOME (DFCS)	<i>(1) Faceto-facecontactwiththechildpermonth. Everyothermonth,contactwiththechildmusttakeplaceinthefosterhome. (1) Faceto-facecontactwiththefosterparent(primarycaregiver)permonth.</i>
FAMILY FOSTER HOME (PrivateAgency)	<i>(1) Faceto-face contactwiththechildperquarterinthefosterhome. Contactsvia phone,mail ore-mail withchildand/oragencystaffmonitoringtheplacementrequiredin "off" monthswhenthereis no faceto-facecontact. Note: TheSSCM mustobtainacopyof progressreports/notesfromtheagencytoreviewandfileinthecaserecord.</i>
GROUP HOME and/or CHILD CARE INSTITUTION (CCI)	<i>(1) Faceto-facecontactwiththechildperquarteratthegrouphomeorCCI. Contacts via phone,mail ore-mail withthechildand/orfacilitystaffmonitoringtheplacement requiredin the "off" monthswhenthereis no faceto-facecontact. Note: TheSSCM mustobtaincopiesof progressreports/notesfromthefacilitytoreviewandfileinthecaserecord.</i>
ADOPTIVE HOME	<i>Contact(preferablyfaceto-face)withfamilyonthedayfollowingtheplacement.During thepostplacementperiod,(1) faceto-facepermonthwiththechildandfamily. After petition filed, (1) faceto-face contactper quarterin the homeuntil the adoption is finalized. Monthlyphonecontactmustbemadebetweequarterlyfaceto-facecontacts.</i>
OUT-OF-STATE (Homeor Facility)	<i>Requesta monthlyfaceto-facecontactin thehomewiththechildplacedin an ICPC placement,usinganICPC 100Banddocumentationofsuchcontactsfromthe"receiving state". Reviewandfilethedocumentationinthecaserecord.</i>

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HOSPITAL	<i>(1) Faceto-facecontactwiththechildperquarter. Contactsvia phoneor mail withthe childand/ortreatmentstaffrequiredmonthlywhenthereis no faceto-facecontactmade. Note: The SSCM mustobtaincopiesof treatmentsummariesto reviewandfile in the caserecord.</i>
RUNAWAY	<i>Documentongoingeffortsto locatethe whereabouts of the missing youth via phone, letter, or other means. Efforts may include statewide alerts, contacts with law enforcement,thecourt,runawayhotlines,alliedagencies,friends,relatives,and/orothers theyouthis likelytocontact.</i>
RYDC or YDC	<i>(1) Faceto-facecontactwiththechildperquarter. Contactsvia phoneor mail withthe child and/or facilitystaffrequiredin the "off" monthswhenthereis no faceto-face contact. Note: The SSCM mustobtaincopiesof progressreports/notesmaintainedby facilitystaffto reviewandfile in thecaserecord.</i>
LONG-TERM FOSTER CARE (w/Agreement)	<i>(1) Faceto-facecontactwiththechildandfosterparenteveryothermonth. Contactwith thechildmusttakeplacein thefosterhome,visitingthechildaloneandin thepresence ofthefosterparent(s).</i>
SpecialtyHospitals	<i>(1) Faceto-facecontactwiththechildperquarter. Contactsvia mail, phoneor e-mail madewiththechild, familyand treatmentproviderrequiredmonthly. The SSCM must obtaincopiesof treatmentsummariesto reviewandfile in thecaserecord.</i>

Foster Care Services: Needs of the Child

1011.15 PRACTICE ISSUES

1. The frequency and intensity of contacts with the child, including face-to-face visits, shall be determined by the individual needs of the child. However, contacts must occur no less frequently than those stated in the "Standards." When a child experiences a placement move, the SSCM must ensure that the contact standard for the month has been made. Remember that face-to-face contacts may include periodic case reviews, court hearings, parent-child visits, etc., if there is an opportunity for a SSCM to visit with the child.
2. There are critical times when contacts should be increased in frequency such as when the child is
 - Experiencing adjustment problems in a placement; and/or
 - Being prepared for reunification or other permanent setting.
3. All contacts with a child (age three and older) should include an opportunity to meet privately with the child away from the foster parent or facility staff person. This "private time" allows the child to more openly share any concerns about the placement as well as to discuss the treatment and care that the child is receiving. The SSCM should be mindful of safety and protection issues during these child contacts. Any concerns about discipline policy violations need to be brought to the attention of the supervisor.
4. When a child is placed with a private child-placing agency or in a child-caring institution, the SSCM still maintains responsibility for the child's care, safety and well-being. Contacts via face-to-face visits continue, along with other means of expression such as telephone calls, correspondence, e-mails, birthday cards, etc. The quarterly face-to-face shall take place in the home or at the facility. The private agency/facility also shares the responsibility for monitoring/supervising the DFCS child placed in their care as required in the **Rules and Regulations of DHR, Office of Regulatory Services**. The minimum contact requirements for private agencies/facilities are:
 - Monthly contact is required for child-placing agencies, at which time both the child and at least one foster parent must be seen.
 - For child-caring institutions, progress notes and information about the child in placement and his/her needs must be documented by direct care staff and/or professional staff involved in monitoring the placement.
5. Other professionals and DFCS staff are sometimes involved in monitoring children in placement. The case record must reflect all contacts made with the child; e.g., Utilization Review reports, Wrap-Around Documentation Reports submitted by private providers, etc.

Foster Care Services: Needs of the Child

6. Contacts with children shall be meaningful and focused. Ideally, visits should take place in the “least restrictive” setting possible. The following guidelines are suggested:

(a) Document the location of all visits in the case record.

- If the visit occurs in the foster home, visit with child outside the presence of the foster parent to assess the child’s needs, relationships, adjustment and/or any problems in the home.
- On alternate months (if visits are not held in the foster home), consider having visits in “child-friendly” settings such as visitation centers (where available), recreational areas, restaurants, parks, etc. If at all possible, visits with children should not take place at school where the presence of the SSCM may be disruptive and/or socially awkward and embarrassing to the child. The agency office should be a “last resort” setting.

(b) All contacts provide an opportunity for the SSCM and the child to build a trusting and supportive relationship. However, contacts are more than “friendly visits.” There must be a clear purpose in mind that is reflected in the case narrative such as to:

- Assess the child’s adjustment to placement;
- for - Discuss the child’s feelings around loss and separation and the reasons removal;
- Engage the child in service planning;
- needs - Ensure that the child’s health, educational, mental health and other are being met, including those outlined in the Case Plan;
- Discuss referrals bring made for any necessary evaluations, assessments and services;
- Review the progress being made by the parent on the case plan goals, including the permanency plan;
- Work with the child in beginning (or updating) a Life book (See 1011); and/or
- Prepare the child for transfer of the SSCM, termination of contact or any other change in case management that impacts the child.

Foster Care Services: Needs of the Child

SERVICE NEEDS OF CHILD ON RUNAWAY STATUS

1011.16

Requirement

When a child runs away, the county department is to conduct a diligent search and make a missing person report to the appropriate law enforcement agency.

1011.16 PROCEDURES

1. Notify the parent as soon as possible.
2. Notify the court following usual county department procedures.
3. Notify any other Division/Department that also serves the child.
4. Consider sending a "Runaway Alert" through the Georgia Interstate Office if it is believed that the child may be in another county or state but there is insufficient information to know which county or state. (Cancel the Alert in writing if the child is found or if DFCS is relieved of placement authority.)
5. Call 1-800-THE-LOST 800-843-5678 – National Center for Missing and Exploited Children to report the child missing. There must be an active missing persons/police report. And the child must be in the temporary or permanent custody of the agency.

Provide the child's name, DOB, Social Security Number, the address or location of where the child is missing and the SSCM's contact information.

Note: The National Center for Missing and Exploited Children will send media forms requesting a release of information and a photo of the child. A photograph of the child may be shared with the Center, however do not authorize the media release. Indicate that we do not authorize the release of the child's information as the child is in the temporary custody of DFCS. If the child is in the permanent custody of DHR, the county director may authorize the media release.

6. Continue six-month periodic reviews and permanency hearings on the original schedule as long as DFCS maintains custody of a child on runaway status.

1011.16 PRACTICE ISSUES

1. If the child remains on runaway status (whereabouts unknown) for 90 days or more, the child is considered on long-term runaway status.
2. If the county department has court-ordered temporary custody, the county department may consider petitioning the court after the child is on long-term runaway status to be relieved of custody.
 - If the court relieves the county department of custody, close the foster care case.
 - If the court will not relieve the county department of custody, keep the case open and document the filing of the petition.

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3. If parental rights have been terminated/surrendered and the county department has placement authority, the child's case remains open until it can be closed for another reason such as the child reaching 18 years of age. The child will still be considered on long-term runaway status.

Foster Care Services: Needs of the Child

SERVICE NEEDS WHEN CHILD IS SERIOUSLY INJURED OR DIES

1011.17

Requirement

When a child known to foster care (active or closed Placement Services case) is seriously injured or dies, the Case Manager immediately notifies the Supervisor and the County Director.

1011.17 PRACTICE ISSUES

1. An active Placement Service case means all children who are in DFCS custody, regardless of physical placement. This definition also includes children in adoptive homes prior to finalization as well as children who are in the custody of another state and are placed in Georgia through Interstate Compact on the Placement of Children (ICPC).
2. A closed Placement Service case means a case closed at any time in the past. It also includes services provided to the parent and siblings of the deceased child, even if the deceased child was not the subject of child abuse or neglect allegations.
3. The County Director (or designee) follows the steps outlined in the CPS Manual 2108 for providing telephone and written notification to the appropriate Offices/Sections/Units.
4. The Case Manager may need to summarize information contained in case records concerning the child and family in order to assist in the preparation of the Child Fatality/Serious Injury Report.
5. The County Director or designee is responsible for securing the case record of a deceased or seriously injured child. The State Office notifies the county department whether or not to forward the record for review. See CPS Manual 2108 for State Office Internal Review process and the Child Fatality Review process when the death of a child is "suspicious or unusual."
6. The county department is responsible for notifying the parent and foster parent (if unaware of the death) as soon as possible. Other siblings in foster care are told about the death in language appropriate to their age/functioning level.
7. See 1016.7 Fiscal regarding assistance given to the family to make burial arrangements.

Foster Care Services: Needs of the Child

RECORD RETENTION

1011.18

Requirement

A case record of a child who has spent more than six month of his life in care is retained and safeguarded at least until the child is 23 years old.

Foster care records may be the only documentation of a child's past as well as their time in foster care. It's important that youth have documentation and records of their family history. In addition, health and educational records, a copy of the birth certificate, social security card, etc. may be provided to youth to assist in their transition from foster care to independence. Therefore, when a child in care reaches age 18, the SSCM shall provide the youth with a copy of the case record information that pertains to them being sure to conceal the reporter and other sensitive information.

Note: The SSCM with the assistance of the SS Supervisor and ILC (it may also be necessary to consult with the child's therapist) will determine the child's capacity for receiving specific information and records contained in the case file.

1011.18 Procedures

1. The SSCM shall copy the contents of the case record that pertain to the youth before the eighteenth (18th) birthday concealing the reporter information.
2. The SS Supervisor along with the SSCM and ILC will schedule a time to meet with the youth to present the case record information, review and discuss the contents of the case record. If the youth does not plan to remain in care pass his/her eighteenth (18th) birthday, the meeting shall be scheduled at least a week prior to the youth's discharge from foster care.
3. The SSCM shall provide the youth with the contents of the case record at not cost (this includes the youth's health and education records) after the meeting. If the youth refuses the information, the SSCM shall document in the case record that the information was presented to the youth and the youth declined the information. The copy of the case record may be maintained on file until the youth reaches age 23 (or longer) and may be provided upon request at anytime.

1011.18 PRACTICE ISSUES

1. Whenever possible, these records should be maintained for longer periods of time so that adults who had spent part of their lives in foster care will have access to historical information from their past.
2. The records of a child who has not been in care more than six months may also be retained.
3. Foster care records are designated as confidential. When records are destroyed, it must be done in such a way that they cannot be read, interpreted or reconstructed to identify the individual(s) described in the record.

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Consular Notification Procedure

1011.19

The Vienna Convention on Consular Relations (VCCR) establishes the provisions for obligations between the United States and other countries with respect to the treatment of foreign national minors and the performance of consular functions. Accordingly, VCCR addresses notification to a consular officer when a minor is from a foreign nation. For the purposes of consular notification, a "foreign national" is defined as any child who is not a U.S. citizen. If DFCS obtains legal custody of a child who is a foreign national, federal treaty obligations require that the foreign consulate be given notice.

Requirement

Whenever the County Department has reason to believe that a child is a foreign national and the child is subject to removal, placement and/or any other legal action, the closest consulate for the national's country must be notified.

1011.19

PROCEDURES

The Case Manager determines the child's country of birth and completes the Immigrant Child in Foster Care Form, and faxes it to the Program Planning and Policy Development (PPPD) Unit @ (404) 657-3486.

The Case Manager documents in the case record, the date and time the Immigrant Child in Foster Care Form was faxed to the State Office on Contact Sheet Form 452. The Case Manager must retain the fax and the fax confirmation sheet in the correspondence section of the child's case record.

The Case Manager informs the parent and/or child (if age fourteen or older) of the consulate notification protocol guidelines when the court considers or awards temporary custody.

The PPPD Unit Project Administrator verifies whether the child is a foreign national or has dual citizenship and notifies the child's closest consular official.

1011.19

PRACTICE ISSUES

The VCCR requirements are mutual obligations with foreign countries. In general, you should treat a foreign national parent and/or child as you would like for an American citizen to be treated in a similar situation in a foreign country.

The VCCR requires that the consular official be notified. The consular authorities should be notified and permitted to express any interest their government might have in the issue being addressed by the county department. However, the legal process for deprivation and foster care placement of a foreign national minor is not impeded by the VCCR.

The VCCR grants a consular officer the opportunity to assist with services for the foreign national minor. The actual services provided by the consular officer will vary in light of numerous factors, including the foreign country's level of representation in the United States and available resources.

The VCCR requirements apply to all foreign national citizens. Therefore, all foreign national citizens are entitled to consular notification and access, regardless of their visa, refugee, or immigration status in the

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United States. There is no reason, for purposes of consular notification, to inquire into the foreign national child's legal status in the United States.

If the foreign national child's parents report being afraid of their government, the county agency must comply with Consular Notification and Access regardless of the foreign national minor's visa, refugee, or immigration status in the United States. However, under no circumstances should the fact that a foreign national has applied for asylum or refugee status be revealed to that foreign national government.

Immigration and Nationality Act

1011.20

The Immigration and Nationality Act establishes procedures for the admission of lawful immigrants into the United States and provides registration protocols for undocumented immigrants present in the United States.

1011.20

Requirement

Whenever the county department has reason to believe that a child is a foreign national and is unable to determine the child's lawful US residency status, the provisions of the Immigration and Nationality Act shall be carefully followed.

Procedures

The SSCM determines child's place of birth, United States citizenship, or lawful residency status by documentary evidence such as a birth certificate, passport, visa, green card or by interview with the child, parent or relatives.

The SSCM must complete and fax the Immigrant Child in Foster Care Form to Program Planning and Policy Development Unit within 5 days of identifying a child who does not have US citizenship documentation. The Immigrant Child in Foster Care Form is faxed to (404) 657-3486.

The SSCM must request a non-citizen identification number when nationality documentation indicates child is not a US citizen or the child does not have documentation for legal residency. (See Chapter 60 Internal Data System Appendix A: Social Security Number)

SERVICE NEEDS OF AN IMMIGRANT CHILD

1011.21

Foster Care Services: Needs of the Child

All immigrant children can be provided foster care services without regard to their immigration status. However, compliance with federal funding restrictions and other legal requirements makes it essential to determine the immigration status of all children in care.

Requirement

PROCEDURES

The SSCM ensures the child's nationality is entered on Form 223 Medicaid and IV-E Application with documentary evidence attached. If the SSCM is unable to secure the child's nationality documentation, then Form 223 must indicate attempts made to obtain nationality documentation.

The SSCM sends Interagency Communications Form 713 to the Revenue Maximization Unit to verify if legal immigrant or refugee status documentary evidence. The Medicaid Eligibility Specialist sends reply form 713 with refugee or immigrant status verification information to SSCM.

The SSCM must request an interpreter to assist with language interpretation when English is not the primary spoken language of the child, parents, or relatives. The LEP/SI request is accessed through the County Department's Client Language Services Coordinator.

Foster Care expenditures for an undocumented immigrant child are charged to UAS Programs 529, 530 or 562 (See Section 1016 Fiscal)

(NOTE: An undocumented immigrant child is not IV-E eligible, including services funded through Chafee Foster Care Independence Program. Expenditures are absorbed through Title IV-B, county and local funds.)

The SSCM completes the Comprehensive Child and Family Assessment (CCFA) referral (see Foster Care Policy 1006.) The SSCM ensures the CCFA is a culturally competent assessment that addresses the following information:

- The child's, parent's and relative's nationality,
- The child's, parent's or relative's immigration status,
- The child's home country's Human Rights Conditions,
- The child's Consulate Office input/response,
- Recommendation to address if child should remain in this country when permanency planning considers petitioning court for approval of non-reunification goal.

(NOTE: the above list is not all-inclusive and does not replace CCFA minimum standards)

The SSCM completes the agency section on the Immigrant Child in Foster Care Form and sends to the Program Planning and Policy Development Unit's Project Administrator within five working days after the 72-hour hearing granting the Department temporary custody. The notification is faxed to (404) 657-3486.

The PPPD Unit's Project Administrator completes State Office section on the Immigration Child in Foster Care Form and forwards a copy to the County Director.

The SSCM must staff case with the Supervisor, Director or designee, and Field Program Specialist within 14 working days after receipt of the Immigration Child in Foster Care Form to incorporate immigration status issues into the child's case plan goals and assess placement with relatives.

(NOTE: Permanency planning should incorporate results of the above steps, with careful consideration of Another Planned Permanent Living Arrangement/Long term Foster care and Placement with relatives.)

Foster Care Services: Needs of the Child

The County Director must request Social Services Director's approval for the following:

- County Department's decision to sign FORM 7 Consent To Remain In Foster Care.
- County Department's decision to place an undocumented immigrant child with an undocumented immigrant relative placement resource.
- County Department's decision to petition for termination of parental rights.
- County Department's request for International Social Services relative care assessments.

The SSCM submits International Social Services Request for Services form to State Office ICPC Unit when the Consulate Office is unable to assist with the Relative Care Assessment on an identified relative resource who lives outside of The United States. (Refer to Foster Care Policy 1010.4 Procedures for Placement Out of Georgia)