

Georgia Hope Inc



POLICIES AND PROCEDURES MANUAL

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GHI | 1257 COMMERCIAL DRIVE SUITE D, CONYERS, GA 30094



Policies and Procedures Manual

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Mission

Our mission is to take children from foster care to forever families while providing therapeutic services for their education, social development, mental health, and safety. Georgia Hope Inc provides displaced children with loving, caring, and stable, home in a therapeutic environment allowing for proper support and intervention while ensuring that they have a sense of belonging in a warm and nurturing environment for the purpose of developing a strong mind and esteemed character. Through creating extraordinary Foster parents through training and coaching Georgia Hope will contribute to the success of the family unit, brighten the future of the children, and impact the community at large. Georgia Hope’s goal is to ensure permanency for all the children that we serve by providing temporary homes that support the children, their birth parents, relatives and/or adoptive parents.



Child Served by Georgia Hope Inc.

Children that are best served through GHI are:

- Base Level or Traditional Children (BWO) With Little to No Behavior Challenges
- Teen Mothers and/or Pregnant Teens
- Learning Disabilities
- Youth with Moderate Emotional and/or Behavioral Management Problems Such as Aggressiveness Towards Inanimate Objects, Animals and/or People, Including Themselves. (Base with Wavier)
- Delinquent Behaviors such as Truancy and Running Away, Drug or Alcohol Problems, Verbal Aggression Directed Toward Other Persons; Previous Psychiatric Hospitalizations and Other Restrictive Placements, Sexual Acting Out, Destruction of Property, Substance Abuse, Personality Disorders, Suicidal Behaviors or Ideations, (MWO)
- Medically Fragile Children (SMFWO)

Foster Parent Job Description

Goal

The goal of foster care is to provide for the physical, emotional and social needs of children in a nurturing "substitute" family setting - a foster home - until the biological family can be reunited or a permanent placement plan can be implemented.

Responsibilities

To the Child:

- Provide a safe and comfortable family environment (home) for the child to live in with a separate bed and place for his/her belongings.
- Provide for the child's basic physical and emotional needs as you would your own child.
- Ensure school attendance, monitor educational progress, note and be aware of special needs and express appreciation for accomplishments.
- Provide appropriate clothing.
- Provide transportation to and from required appointments.
- Attend to medical and dental needs, including regular checkups as well as attending to other special needs of the child i.e. educational, therapeutic, etc.
- Help and guide the child through the grieving and adjustment process that accompanies removal from his/her own home and placement.
- Help the child maintain a realistic relationship with his/her family through cooperation with visitation plans and active consideration to his/her feelings. Assist the child in preparing to return home or being moved to an adoptive home.
- Provide recreational and enrichment activities that will promote the healthy development of the child.



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- Maintain a record for the child (Life Book) of his/her time in foster care, development milestones, photographs, report cards, etc.
- Provide consistent and realistic discipline and guidance that is age appropriate and does not involve corporal punishment of any kind.

To the Agency, Georgia Hope:

- Keep the Agency informed of problems and progress of the foster child, including immediate notification if the child runs away, has been injured or any serious incident involving the child.
- Keep the Agency informed of changes in your home including change in address and phone numbers, deaths or departures of immediate family members, additions to family, notification of impending vacations, leaving the state for any reason, etc.
- Be available for meetings with social workers working with the child.
- Attend foster parent training opportunities and comply with the agency's training policy (35 hours annually).
- Participate in administrative reviews and court hearings with regard to the child.
- Give a minimum of a 14-business day notice in writing when requesting removal of a child.
- Cooperate with agency workers to implement plan for family reunification or permanent placement.
- Keep confidential any information regarding the foster child and the child's family that is given by the social worker, biological parent or foster child, unless the child would be in immediate harm.
- Comply with state regulations and Agency policies and procedures as outlined in the Foster Parent Manual.

To the Biological Parents:

- Cooperate with the visitation plan and assist with transportation as needed.
- Help the child maintain a realistic perception and attitude towards his/her own parents.
- Help the child maintain an emotional bond and involvement with his/her biological parents and extended family members,
- When requested by the worker, model and discuss appropriate parenting behavior with the parent.
- Provide necessary and appropriate information about the child's growth and development, likes, dislikes, etc., to the parent.
- Help prepare the family for the child's return home.
- Aid in facilitating parental involvement in important aspects of the child's life, such as medical appointments, school conferences, social activities, school activities and sporting events (when applicable).

To Foster Parents' Own Family:

- Discuss openly with all members of the family the decision to provide foster care and allow all members participation in a decision to accept a child.
- Strive to maintain usual lifestyle and relationships while providing foster care, including private time with own family members.
- Help all members understand the impact taking a foster child into the family may have on the family routine, etc.
- Prepare all members for the arrival of foster child(ren), including discussion of the foster child's special needs.
- Prepare for and support all members of the family as they cope with the departure of the foster child.



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On the Job Supervision:

The foster parent works in conjunction with the child's caseworker and will receive supervision and support from them in relation to the specific child. In addition, the case worker is available to the foster parent to answer questions, straighten out problems, keep them informed of changes that might affect them, and provide general support.

Foster Parent Expectations Policy

The job of rearing or raising children is never done. Like your own children, foster parenting is also a never-ending job of caring, loving, nurturing, setting boundaries, entertaining, supporting, transporting, entertaining and so much more. It is a rewarding 24-hour job! *Thank you for being a Georgia Hope foster parent.* We are your support. Georgia Hope will work with foster parents as a professional team to assist you and the children in your home in getting the job done. As members of a professional team, we all have expectations.

As a member of the Georgia Hope (GHI) professional team of foster parents and childcare staff, we expect our foster parents to:

- a. Always maintain compliance with the State of Georgia and GHI regulation standards.
- b. Provide for transportation of children placed in your home (i.e. school, medical and mental health, appointments, court hearings, any other appointments deemed necessary by GHI or DFCS).
- c. Participate in pre-placement staffing before placement of a child, and initial case planning. Biological parents, outside case managers and other stakeholders may be present at these meeting.
- d. Consent to and pass "pre-employment" and "employment" drug testing as required.
- e. Always maintain an open line of communication with GHI as it pertains to the wellbeing of children placed in the foster home. Return any and all correspondences pertaining to foster children placed in the home and/or GHI policies and procedures within 24 hours.
- f. Must have a valid Georgia driver's license, reliable transportation and required safety devices for foster children, (working seat belts, car seats, booster seats, etc.)
- g. Maintain current automobile insurance. Maintain current homeowners or renter's insurance as applicable.
- h. Carry out tasks of the GHI Foster Parent job description, including working directly and in a supportive manner with families of the children in care.
- i. Participate in the Juvenile Court process, including testimony in court when needed, and attendance at Panel Review hearings.
- j. Participate in all foster parent meetings to include but not limited to; monthly foster parent meetings, training, events for the children in care and any informational meetings for foster parents deemed necessary by GHI.
- k. Serve as an educational advocate for the children placed in your home. Attend school meetings and activities, pertaining to the children.
- l. Commitment to work with children and their families.
- m. Always supervise children in care inside and outside of the home.



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- n. Not to leave children unsupervised or with unauthorized teens or adults. All persons supervising children in foster care must have at a minimum a criminal background and be on record with GHI. Back up “Sitters” for children in care must complete a criminal background check, fingerprinting, and a physical.
- o. Keep confidential the “business” of foster children, why they are in care and their families.

In addition, GHI Foster Parent must, as individual and families, be able and willing to do the following tasks:

1. Accept the program’s treatment philosophy to provide services to all children accepted for care including teen mothers and their babies, to provide quality evaluations of children in the effort to reunify children with their families whenever possible and the ability to carry out this philosophy on a daily basis.
2. Accept high levels of involvement and supervision by the GHI program.
3. Implement treatment plans established for children, including the use of specific behavior management procedures.
4. Facilitate and/or cooperate with visitation between children and families.
5. Participate in up to 25 or more hours of in-service training per year (approximately 2 hours per month), which could include a variety of “training” methods. Up to 11 hours may be completed outside of the agency. Twenty-five (15) hours for secondary caregivers.
6. Accept children in emergency placement to accommodate GHI’s 24-hour intake and placement provisions, when necessary and available.
7. Work with children who may present certain problem behavior or medical needs.
8. Participate in team meetings on a monthly basis, for children placed in the home. Progress reports may be required for these meetings.
9. Embrace the importance of working closely with birth parents, early in the process of placement.
10. Respect, accept and support the child’s cultural, ethnic and spiritual identity.
11. Keep detailed records of the child’s progress and regressions while in care.
12. Successful completion of the Licensing Home Assessment which requires that the family and home meet all licensing standards for foster homes.

Beyond licensing requirements, GHI is looking for families who have:

13. Financial and emotional stability, both individually and as a family unit.
14. Access to a reliable back up and network of support. This is particularly true for single parents.
15. The willingness and ability to service the types of families and children served by the GHI agency.
16. Complete Pre-service training for foster parents.
17. Know your own stressors and “take a break” when you need to so as not to “burn-out” as a foster parent.

As a Foster Parent of GHI,

- i. If I see the client of a colleague during a temporary absence or emergency, I will serve that client with the same consideration afforded any other client.
- ii. If I have the responsibility for employing and evaluating staff performance, I will do so in a manner that is responsible, fair, considerate and consistent with the professional manual.
- iii. I will accurately represent my education, training, experience and competencies as they relate to my profession.



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- iv. I will correct, when possible, misleading or inaccurate information and representation made by others concerning my qualifications or services.
- v. I will abide by non-profit policies related to public statements.
- vi. I have total commitment to providing the highest quality service to those who seek my professional functions.
- vii. I will strive to become and remain proficient in professional practices and performance of professional functions.
- viii. I will act in accordance with standards of professional integrity.
- ix. I will seek assistance for any problem that impairs my performance as a foster parent and GHI team member.
- x. I understand that violation of this code may serve as a ground for dismissal.

Foster Parent Bill of Rights (Grievable Issues-Grievance Policy)

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

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



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6. The right to receive timely financial reimbursement according to the agreement between the foster parents and the placing agency and to be notified of any costs or expenses for which a foster parent affiliated with the placing agency may be eligible for reimbursement.
7. The right to receive information from the placing agency on how to receive services and reach personnel 24 hours per day, seven days per week.
8. The right prior to the placement of a child to be notified by the placing agency of any issues relative to the child that may jeopardize the health and safety of the foster family or the child or alter the manner in which foster care should be administered;
9. The right to discuss information regarding the child with the placing agency prior to placement. The Division of Family and Children Services will provide such information as it becomes available as allowable under state and federal laws.
10. The right to refuse placement of a child in the foster home or to request, upon reasonable notice, the removal of a child from the foster home without fear of reprisal or any adverse effect on being assigned any future foster or adoptive placements by the placing agency;
11. The right to receive any information through the placing agency regarding the number of times a foster child has been moved and the reasons therefore; and to receive the names and phone numbers of the previous foster parents if the previous foster parents have authorized such release and as allowable under state and federal law;
12. The right, at any time during which a child is placed with the foster parent, to receive from the placing agency any and all additional pertinent information relevant to the care of the child.
13. The right to be provided with a written copy of the individual treatment and service plan concerning the child in the foster parent's home and to discuss such plan with the case manager, as well as reasonable notification of any changes to that plan;
14. The right to participate in the planning of visitation with the child and the child's biological family with the foster parents recognizing that visitation with his or her biological family is important to the child.
15. The right to participate in the case planning and decision-making process with the Division of Family and Children Services regarding the child as provided in Code Section 15-11-58.
16. The right to provide input concerning the plan of services for the child and to have that input considered by the department.
17. The right to communicate for the purpose of participating in the case of the foster child with other professionals who work with such child within the context of the professional team, including, but not limited to, therapists, physicians, and teachers, as allowable under state and federal law;



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18. The right to be notified in advance, in writing, by the Division of Family and Children Services or the court of any hearing or review where the case plan or permanency of the child is an issue, including periodic reviews held by the court or by the Judicial Citizen Review Panel, hearings following revocation of the license of an agency which has permanent custody of a child, permanency hearings, and motions to extend custody, in accordance with Code Section 15-11-58;
19. The right to be considered, where appropriate, and in accordance with the policies and procedures of the placing agency, as a preferential placement option when a child who was formerly placed with the foster parents has reentered the foster care system;
20. The right to be considered, where appropriate, as the first choice as a permanent parent or parents for a child who, after 12 months of placement in the foster home, is released for adoption or permanent foster care.
21. The right to be provided a fair and timely investigation of complaints concerning the operation of a foster home.
22. The right to an explanation of a corrective action plan or policy violation relating to foster parents; and
23. The right, to the extent allowed under state and federal law, to have an advocate present at all portions of investigations of abuse and neglect at which an accused foster parent is present. Child abuse and neglect investigations shall be investigated pursuant to Division of Family and Children Services policies and procedures, and any removal of a foster child shall be conducted pursuant to those policies and procedures. The Division of Family and Children Services will permit volunteers with the Adoptive and Foster Parent Association of Georgia and the Georgia Association of Homes and Services for Children to be educated concerning the procedures relevant to investigations of alleged abuse and neglect and the rights of accused foster parents. After such training, a volunteer will be permitted to serve as an advocate for an accused foster parent. All communication received by the advocate in this capacity shall be strictly confidential.

I acknowledge I have read and received a copy of the Foster Parent Bill of Rights.

Foster Parents Grievance Procedures

-- Regarding Private Provider Foster Parent's Grievances --

This document relates only to grievances foster parents serving with licensed Child Placing Agencies may have against their private agency as related to the Bill of Rights, O.C.G.A. § 49-5-281.

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



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This grievance procedure applies to foster parents who are approved by a licensed Child Placing Agency to care for children in DHR custody and relates only to the provisions of the Foster Parents Bill of Rights. This process is not intended for providers of residential care. By implementation of this policy, foster parents have the right to file complaints and discuss concerns with their private agency and others approved herein to address valid complaints. Care should always be taken to mention only case situations, not case names. Care should also be taken to avoid discussion with other individuals not listed above as this might be considered to be in violation of the rules of confidentiality.

When circumstances warrant taking the measure to file a complaint regarding the Foster Parent Bill of Rights, foster parents should never feel alone in the process. This document provides for the support for the foster parents throughout the grievance process. The foster parent can request assistance from the Georgia Association of Homes and Services for Children who will provide a trained pool of advocates to assist and support foster parents throughout the process. Foster parents can contact the Georgia Association of Homes and Services for Children at 404-572-6170 or www.gahsc.org to make an advocate request.

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

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

When evidence proves that a staff member has retaliated against a foster parent, that staff member may be subject to disciplinary action, subject to the personnel rules and regulations of the licensed Child Placing Agency.

General Guidelines

Licensed Child Placing Agencies must have a grievance procedure that addresses a grievance, complaint or concern by one of their foster parents regarding the foster parent's rights under the Foster Parent Bill of Rights. This procedure must include the following steps.

STEP ONE: Informal Level

Foster parents should try to communicate directly with the agency staff person involved in the situation in an attempt to resolve the matter. This should occur within a reasonable amount of time.

STEP TWO: Supervisory Level

If step one does not resolve the situation, the matter should then be brought to the attention of the staff person's immediate supervisor who will get involved to try to resolve the matter. This should occur within a reasonable amount of time.



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STEP THREE: Executive Director/CEO Level

If step two does not resolve the situation, then the aggrieved foster parents are to present the problem in writing to the licensed Child Placing Agency's Executive Director/CEO explaining: (a) the issue/problem; (b) a summary of the efforts that have been taken to resolve the problem; and (c) why those efforts have not been sufficient to satisfactorily resolve the situation. The Executive Director/CEO will then attempt to resolve the situation. This should occur within a reasonable amount of time.

STEP FOUR: The Board of Director Level

If step three does not resolve the situation, then the aggrieved foster parents are to present the problem in writing to the Board Chairperson with a copy given to the Executive Director/CEO explaining: (a) the issue/problem; (b) a summary of the efforts that have been taken to resolve the problem; and (c) why those efforts have not been sufficient to satisfactorily resolve the situation. The Board Chairperson will address the issue with the Board to provide the Board's resolution of the situation.

FINAL DECISION:

The decision of the licensed Child Placing Agency's Board of Directors is final and determinative on all issues in regard to any grievance.

Reports to State DFCS

Grievances reaching Level Four within a licensed Child Placing Agency shall be reported to the State DFCS Division Director providing a summary of the process, including what occurred at each step. The report shall include a summary written by the foster parents providing a perspective of why they are not satisfied with the decision of the Board. This should occur within a reasonable amount of time.

Review of Grievance Procedure – After six months of implementation of this Grievance Procedure, a review of its effectiveness will be made, and revisions suggested.

Code of Ethics for Foster Parents Preamble

The Code of Ethics for Foster Parents begins by emphasizing that family foster care is an integral component of the child welfare system which:

- Recognizes the rights of children and youth to safe, nurturing relationships, intended to last a lifetime.
- Assists parents to regain custody or make alternative plans, intended to be permanent, for their children and youth.
- Emphasizes the developmental needs of children and youth
- Provides each child or youth with a foster parent and social worker who have the skills to support the child or youth's safety, developmental, and permanency needs, and provide foster parents and social workers with the supports necessary to develop and use these skills;
- Designs family foster care as a part of a comprehensive, coordinated, inter-disciplinary service delivery system.
- Provides legal representation to ensure timely and skillful responses to case plans involving court proceedings.
- Collects, analyzes, and disseminates accurate and relevant data about children, youth, and their families leading to informed policies, programs, and practices; and



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- Supports family foster care – and all child welfare services – with effective and accountable leadership in city halls, governors’ offices, national organizations, the judiciary, the federal government, Congress, and the White House (National Commission on Family Foster Care, 1991, p. 5).

Statement of Purpose

The Code of Ethics is a public statement by the National Foster Parent Association that sets clear expectations and principles to articulate basic values and to guide practice. Family foster care is a public trust that requires foster parents, with essential supports from their agencies, to be dedicated to service for the welfare of the children in their care. Each foster parent has an obligation to maintain and improve the practice of fostering, constantly to examine, use and increase the knowledge upon which fostering is based, and to perform the service of fostering with dignity, integrity, and competence.

Principles

Successful family foster parenting includes competencies in the following domains:

Principle 1: Providing a safe and secure environment

Principle 2: Providing a loving, nurturing, stable family care environment.

Principle 3: Modeling healthy family living to help children, youth, and families learn and practice skills for safe and supportive relationships.

Principle 4: Providing positive guidance that promotes self-respect while respecting culture, ethnicity, and agency policy.

Principle 5: Promoting and supporting positive relationships among children, youth, and their families to the fullest possible extent.

Principle 6: Meeting physical and mental health care needs.

Principle 7: Promoting educational attainment and success

Principle 8: Promoting social and emotional development

Principle 9: Supporting permanency plans

Principle 10: Growing as a foster parent - skill development and role clarification; participation in training, professional or skill development, and foster parent support organizations and associations.

Principle 11: Arranging activities to meet the child’s individual recreational, cultural, and spiritual needs.

Principle 12: Preparing children and youth for self-sufficient and responsible adult lives.

Principle 13: Meeting and maintaining all licensing or approval requirements.

Principle 14: Advocating for resources to meet the unique needs of the children and youth in their care (National Commission on Family Foster Care, 1991, p. 17).

Principle 15: Collaborating with other foster parents and the child welfare team, building trust and respecting confidentiality.

Principle 16: Promoting decisions that are in the best interest of the child/youth, promoting safety, well-being, and permanence.

Principle 17: Supporting relationships between children and youth and their families.

Principle 18: Working as a team member.

I have read and understand the Code of Ethics. I will make every effort to uphold the Principles as a Georgia Hope foster care provider.



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Training and Monthly Documentation Compliance Policy

Training Hours

Primary Caregivers must receive a minimum of 25 hours of in-service training each year. Secondary Caregivers must have 15 hours of annual training. Please be reminded that 11 Foster Care service training hours are permitted to be obtained outside of the Agency as long as they are relative to your role as a Foster Parent caregiver. Additional training hours may be required if you have received a policy violation, CAPS, and/or in need of specialized training for the children you serve.

A minimum of 2 training hours must be completed monthly by all foster parents. Monthly Georgia Hope initiated trainings are required of foster parents and are 2 to 3 credit hours each.

If you are unable to attend the required Georgia Hope monthly training, you are required to complete a relevant training in person or on-line on your own to meet this requirement by the last day of each month.

Documentation

Effectively Immediately, Documentation must be submitted monthly for all children placed in your home, including overnight respite placements. Documentation is due by the 1st of the month by fax, email or US mail and is required to be completed in the home daily.

Required forms include:

- (1) Visitor and Appointment Log
- (2) Weekly Progress Note (4 to 5 week period)
- (3) Medication Log (if applicable) (exact time of medication administered must be documented on the form)
- (4) Fire Drill Log
- (5) Any additional documentation (incident reports, clothing reimbursement, etc.)

Supervision Policy and Procedures for Foster Care

Updated 8/26/2019

Georgia Hope (GH) policies and procedures will incorporate the following minimum requirements for foster caregivers to maintain supervision standards when caring for foster placements. Foster parents must use reasonable judgement in following all supervision standards/policies. Supervision is paramount for all foster children. Foster care requires that any child placed in your care receive close parental supervision. Exceptions to this rule are as follows:

1. School attendance
2. Frequent and infrequent baby-sitting
3. Respite foster care where the respite foster parent is responsible for the child/youth
4. Community outings without the foster parent approved as a Reasonable & Prudent Parenting decision; and
5. Overnight stays with families approved by the Foster Parent as a Reasonable & Prudent Parenting decision.



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- Foster care youth under the age of 14 are never to be left at home alone for any length of time, unless this unsupervised time is previously approved by the foster child's DFCS (Division of Family and Children Services) Case Manager in writing and on file in the Georgia Hope office.
- DJJ (Department of Juvenile Justice) foster youth are never to be left alone or unsupervised at any time for any reason.
- Leaving foster care children improperly supervised may result in disciplinary action, a policy violation up to and including termination of the foster parent agreement with Georgia Hope Inc.
- Alternate care givers may be used as long as they meet all requirements specified by Georgia Hope for the use of alternate caregivers including completing and acknowledging the Safety Agreement and Discipline Policy. A copy will be kept on file in the agency office.
- Children in DFCS custody fourteen (14) years and older participate in unsupervised community outings when this outing is approved by the Foster parent(s) as a Reasonable & Prudent Parent decision.
- DJJ youth are not permitted unsupervised community outings. Foster parents cannot approve community outings for DJJ foster youth, Reasonable Prudent Parenting decisions do not apply to DJJ foster youth.
- Extracurricular/recreational activities, camps, field trips, vacations and community outings do not require special approval from the DFCS Case Manger or your Georgia Hope Case Worker. Additional approval is necessary for foster youth committed to DJJ.
- Foster Parents can approve children in DFCS custody overnight stays of no more than two (2) nights in the home of a trusted and dependable adult without prior authorization from DFCS or Georgia Hope as part of a Reasonable & Prudent Parenting decision. Any respite care (overnight stays greater than 2 nights) must be approved by Georgia Hope. When supplemental care is necessary, the Foster parent(s) agrees to seek written approval from Georgia Hope.
- When respite is required, the Foster Parent(s) must contact the Compliance Specialist to arrange respite care. A minimum of two (2) weeks advanced notice is needed except in the event of an emergency.

Safety Plan supersedes supervision policy as applicable.



Georgia Hope DISCIPLINE POLICY

Georgia Hope has adopted DFCS Discipline Policy that states

Georgia Hope prohibits any physical or emotional punishment to a foster. Physical punishment is defined as any deliberately inflicted pain to the body of the individual. Caregivers in the State of Georgia are required to know the difference between punishment and discipline.

Discipline is instruction - a standard of behavior that is maintained consistently and with authority. Discipline is a learning process for children. Discipline should help a child reach a goal of controlling his or her own behavior, acquiring self-discipline.

Punishment is one means of enforcing discipline, usually though the least effective means.

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

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

Acceptable Methods of Discipline

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

1. Reinforce Acceptable Behavior

Examples: Honest praise, special privileges and treats, extra hugs and kisses, additional time spent with the child, and awards such as stars or smiley faces on a door or bulletin board. Reinforcement should be made immediately and frequently when positive changes (no matter how small) are observed.

2. Use Logical Consequences for the Behavior

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

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

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

3. Criticize the Behavior, Not the Child when talking with your children. It is helpful to think in terms of "your messages" and "I messages." The "you-message" lays blame and conveys criticism of the child. It suggests that the child is at fault. It is simply a verbal attack. In contrast, an "I message" simply describes how the behavior makes you feel. The message focuses on you, not the child. It reports how you feel. It does not assign blame. Example: "I can't hear the television when there is so much noise. I would like to be able to hear it."

4. Loss of Privileges

Example: Television, telephoning friends, playing with a specific toy. Make this time appropriate according to the child's age, i.e., take the TV away for an hour, not a day. It is more important to use a positive reinforcement than punishment to control behavior.

5. Grounding



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

6. Helping Children Deal with and Manage Their Own Behavior

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

7. Re-direct the Child's Activity

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

8. Time-Out from Activities

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

Specific Problem Behaviors

1. If the child is not being truthful, try to understand the reason and the motivation behind the child's action. Often the child is seeking acceptance, rather than trying to be deceitful.
2. In the case of tantrums, you may need to discuss these particular problems with your caseworker so that you can work together to try to determine why they occur and what can be done to eliminate them. Foster children's tantrums may be more destructive in nature than those of your children.

Prohibited Disciplinary Practices

1. Spanking, slapping, switching, or hitting a child with your hand or any object.
2. Shaking, pinching, or biting.
3. Tying a child with a rope or similar item.
4. Withholding of meals.
5. Denying mail, family visits, and telephone contacts with family or activities with the services worker or other Department staff.
6. Criticizing the child's family or the child's experiences with the family.
7. Humiliating or degrading punishment which subjects the child to ridicule, such as:
 - Cutting or combing the child's hair for punishment
 - Name calling and public scolding
 - Forcing any child to wear clothing or accessories usually associated with the other sex
8. Threatening a child with removal from the foster home. This creates fear, anger, and increased anxiety.
9. Locking a child in a room/closet or outside the home.
10. Group punishment for the misbehavior of an individual child.
11. Delegating authority for punishment to or allowing punishment by other children or adults.
12. Destroying the child's property.

I have read, understand and agree to the Georgia Hope and DFCS Discipline Policy for Foster/Adoptive Children. I further understand that physically disciplining a child in DFCS custody is grounds for immediate discharge of my services as a foster parent/prospective adoptive parent with Georgia Hope and a formal report to the State will be completed.



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Georgia Hope Abuse and Neglect Policy

Georgia Hope has no-tolerance policy and responds to all allegations of abuse or neglect. Georgia Hope Policy is to conduct an internal investigation and determine the risk factor of all allegations immediately. Any Georgia Hope if a FP is found to have engaged in any form of Abuse and/or Neglect will be subject to disciplinary action up to and include termination/closure of the home. Georgia Hope ensures that all Foster Parents have a clear understanding of what abuse is and the different types of abuse.

Child Abuse

Child abuse is intentional or deliberate acts of harm, or threats of harm, committed against a child.

Three different types of child abuse include:

- Physical abuse is the intentional use of physical force against a child, such as hitting, kicking, choking, stabbing, shaking, burning or other actions that could result in physical injury.
- Emotional abuse refers to actions and behaviors that harm a child's sense of self-worth or emotional well-being.
- Sexual abuse involves engaging a child in sexual acts, including fondling, rape and exposing a child to other sexual activities. This type of abuse is the most underreported type of child maltreatment: actual rates of sexual abuse against children are likely higher than those officially reported.

Child Neglect

Child Neglect is the failure to meet a child's basic needs, including housing, food, clothing, education and access to medical care.

Physical neglect is the failure to provide food, shelter or appropriate supervision.

- Medical neglect is defined by many states as failing to provide needed medical or mental health care to a child.
- Educational neglect involves the failure of a parent or caregiver to educate a child or provide for special educational needs.
- Emotional neglect is the inattention to a child's emotional needs or failure to provide psychological care.
- Failure to supervise is failing to ensure that a child is not exposed to unnecessarily dangerous activities or environments.

- If Abuse/Neglect has occurred in a foster home Georgia Hope INC will move a child from the provider's foster home and/or discontinue use of the foster home placement for children.



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DFCS CHILD SAFETY AGREEMENT

This form contains information about the safety of the safety resourced or placed children in your care by DFCS. Your initials and signature indicate your acknowledgement that the agency has reviewed with you the safety requirements outlined in this form and that you are in agreement with the safety requirements as stated below.

Environmental and Animal Safety

Caregivers must ensure that the home environment (inside and outside) is clean, free of environmental hazards and provides a comfortable, livable atmosphere. Household pets may not be dangerous or aggressive; exotic pets (snakes, wildlife, etc.) require special approval.

Additionally, caregivers must protect children from secondhand smoke (SHS). Smoke-free homes and cars provide the best protection against SHS for children. SHS can worsen asthma and increase the risk of bronchitis, lung and ear infections in children. In keeping with this requirement,

(I/we) agree to adhere to the following:

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

Water Safety

According to the recent statistics, drowning ranks highest among the causes of accidental deaths for children and youth 0-24. Caregivers whose primary or alternate place of residence is equipped with an in-ground /above ground swimming pool are required to take extra safety precautions. To ensure the safety of children in our home, (I/we) agree to the following water safety guidelines:

- Inform DFCS immediately if/when our home fits the above criteria.
- Know or learn how to swim.
- Hold a current certificate in CPR or First Aid.*
- Obtain a certificate in Basic Water Rescue.*
- Enroll all children 3 years of age and older in a swimming class taught by a certified instructor.*



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- Complete all water safety requirements within one (1) year of the child's placement in the home.*
- Ensure direct adult supervision of children when around bodies of water.
- Ensure the compliance with any local or state ordinances regarding pools or waterfront property.
- Secure the entire perimeter of the pool area with a fence and locked gate of sufficient height to prevent the entry of young children.*
- Obtain the approval of DFCS staff prior to allowing any child to ride or operate any watercraft.
- Review and abide by all DFCS (Foster Parent Manual, Rev 2001)* and manufacture's safety **guidelines**.

**** Note: Homes with ponds, or homes located on waterfront property, are required to employ substantive safety measures to ensure the protection of children in the home.***

Gun Safety

Firearms take the lives of thousands of children each year.

To prevent the accidental death of any child placed in (my/our) home, (I/we) agree to the following mandates:

- Inform DFCS of the presence of firearms in (my/our) home, now or at any time in the future.
- Secure all firearms in (my/our) home, using one of the commercial brand safety locks available for this purpose, or under lock and key.
- Keep all firearms unloaded and out of the view and reach of children in the home.
- Never allow children placed in the home to handle guns.
- Carefully review the section on Gun Safety in the Foster Parent Manual (Rev. 2001)*

Motor Vehicle Safety

Motor vehicle accidents are the leading causes of death for children of all races, ages 5-14, according to national statistics.

To ensure the safety of children placed in (my/our) care, (I/we) agree to adhere to the following safety precautions while riding or driving motorized vehicles:

- Secure children under age 8 in a federally approved child safety restraint seat, that is properly installed according to the manufacturer's instructions.
- Secure children 8 years and older in the rear seat of the vehicle with federally approved and properly installed safety seat belts.
- Refrain from transporting children/youth under 18 years of age in the bed of a pickup truck at any time. Children must always be properly secured with safety seat belts.
- Consult with the Case Manager prior to allowing a child to ride as a passenger or driver on any of the following: automobile (as driver only); motorcycle; motorbike; all-terrain vehicles; small, high-speed watercraft and other similarly motorized vehicles.



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- Carefully review and abide by motor vehicle safety requirements outlined in the Foster Parent Manual, (Rev. 2001).

Motor Vehicle “Hot Car”

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

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

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

Supervision

Children in are required to be supervised by appropriate adult caretakers at all times.

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

- Provide appropriate adult supervision for the children in my care at all times.
- Refrain from leaving children placed in my care in the supervision of minors.
- Refrain from leaving children unattended in a motor vehicle.
- Refrain from leaving children in the care of unauthorized adult caretakers. Any substitute caretaker should have the agency's approval. *
- Obtain approval from the agency prior to leaving older children unsupervised.

Carefully review and abide by the supervision requirements outline in the Foster Care Manual



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*Water Safety

According to the recent statistics, drowning ranks highest among the causes of accidental deaths for children and youth 0-24. Caregivers whose primary or alternate place of residence is equipped with an in-ground /above ground swimming pool are required to take extra safety precautions.

To ensure the safety of children in our home, (I/we) agree to the following water safety guidelines:

- Inform DFCS immediately if/when our home fits the above criteria.
- Know or learn how to swim.
- Hold a current certificate in CPR or First Aid.*
- Obtain a certificate in Basic Water Rescue.*
- Enroll all children 3 years of age and older in a swimming class taught by a certified instructor.*
- Complete all water safety requirements within one (1) year of the child's placement in the home.*
- Ensure direct adult supervision of children when around bodies of water.
- Ensure the compliance with any local or state ordinances regarding pools or waterfront property.
- Secure the entire perimeter of the pool area with a fence and locked gate of sufficient height to prevent the entry of young children.*
- Obtain the approval of DFCS staff prior to allowing any child to ride or operate any watercraft.
- Review and abide by all DFCS (Foster Parent Manual, Rev 2001)* and manufacture's safety guidelines.

**** Note: Homes with ponds, or homes located on waterfront property, are required to employ substantive safety measures to ensure the protection of children in the home.***

Discipline Policy

DHR/DFCS policy prohibits the use of corporal or unusual punishment on a child in its custody. Children removed from their parents or other caretakers due to neglect or abuse must be disciplined in ways that do no perpetuate the physical and emotional pain experienced as a result of past inappropriate parenting practices.

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

- Refrain from the use of any corporal or unusual punishment on a child placed in (my/our) home, including, but not limited to the following: spanking, slapping, switching, shaking, pinching, biting,



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twisting, or pulling; tying with rope, withholding food, force feeding, denying mail; denying appropriate contacts with family, denying contact with worker; degrading child or child's family, or humiliating child; creating fear, anger and anxiety, locking child in a room, closet or outside the home; group punishment or delegating older children to administer punishment; destroying the child's property and any other practices which may physically or emotionally damage the child.

- When managing children's behavior, use the suggested alternative methods (or other effective means of discipline) made available by DFCS or found in the appendix of the Foster Parent Manual (Rev. 2001).
- Seek on-going information/training to build and enhance (my/our) child behavioral management skills.
- Immediately inform the agency of the need for assistance in managing the behavior of any child placed in (my/our) home.

**Note: Decisions made regarding the violation of policy or Child Protective Services are not grievable. Substantiation of the abuse/neglect of children placed in your home is appealable if you or your significant other are the perpetrator. Refer to administrative appeals policy on ODIS.*

Safe to Sleep for Babies

Caregivers of infants ages 0-12 months old must be informed of conditions that constitute a safe sleeping environment and that reduce the risk of Sudden Infant Death Syndrome (SIDS), also known as “crib death”. At minimum, caregivers should practice the three primary safe sleep recommendations of the American Academy of Pediatrics (AAP) commonly referred to as the ‘ABCs’ of safe sleep.

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

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

Reasonable and Prudent Parenting Standards

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

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



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

How Reports of Abuse/Neglect are handled in Georgia Hope or DFCS Foster Homes

There may be times when the Agency receives a report of abuse and/or neglect concerning a GH Home. As an agency resource, you need to be aware of the policy and procedures regarding this issue in the event your home is the subject of such a report.

- A. GH home is a Foster homes, foster/adoptive homes, and adoptive homes prior to finalization. This includes therapeutic and specialized foster homes receiving level of care payments.
 - B. When the Agency receives a report of abuse and/or neglect on the home, there are specific policies and procedures that the Agency is required to follow.
 - C. Procedures for Reports of Abuse and Neglect in a GH Home
1. Reports that are not screened out are assigned to a regional or county investigator. This is not a regular case manager, but a special expert in the field who will handle the investigation.
 - a) Screened-out reports are referred to the resource development/placement supervisor for an assessment, as directed by adoptions or foster care policy.
 - b) All reports alleging child abuse and neglect are immediately forwarded to law enforcement.
 2. The investigator, based on the allegations in the report, the needs of the county, and their availability may:
 - a) Assume primary responsibility for the CPS investigation.
 - b) Assist the county with any part of the investigation that is mutually agreed upon by the county director/designee and the investigator/manager.
 - c) Consult with the county on the investigation; or,
 - d) If maltreatment is not suspected, conduct an evaluation of the circumstances of the death of a child in a GH home instead of conducting a CPS investigation, if the death was anticipated or expected and is medically documented in the case file.
 3. Reports alleging violations of adoption or foster care policy/discipline policy are not investigated as CPS but will be referred to resource development or placement staff for assessment and possible corrective action.
 4. The county of residence for the GH-approved caregiver has primary responsibility for coordinating and managing the CPS investigation until case disposition. That county will request assistance from other county GH offices, as needed, to interview children or other witnesses residing in another county or state.



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5. The county director or designee will immediately notify the Office of Adoptions -Adoption Exchange, in the event a CPS report is received on a family in the adoptive process, prior to finalization.

CPS reports received on GH homes with a child in the adoptive process may require GH to delay adoption finalization proceedings, until permission to proceed is granted from the GH Social Services Section Director and the Office of Adoptions. If the Affidavit of Release and Consent has been requested or sent to the family's attorney, the county director or designee immediately notifies the SAAG and family's attorney to delay the finalization process, until the CPS investigation is completed and approval to proceed with finalization is secured from the Social Services Section Director.

D. After a determination is made:

1. A substantiated CPS investigation of a GH home results in removal of children in the custody of GH/DHR from the home and closure of the GH home, unless a policy waiver is being requested from the Social Services Section Director.

2. An unsubstantiated CPS investigation in a GH home may result in:

- a) No further action being taken.
- b) Development of a corrective action plan, addressing adoptions or foster care policy/discipline policy violations; or,
- c) Closure of the foster home.

3. As a GH approved caregiver, you cannot request a formal CPS review (panel or administrative) of the case determination - these decisions are not subject to review by the caregiver.

4. Neither will you be able to file a grievance concerning the closure of your home, in the event that happens.

5. GH approved caregivers do not receive case determination letters, if the report of maltreatment involves a child in the legal custody of GH. GH approved caregivers will receive case determination letters, if the report of maltreatment involves only a child in the caregiver's legal custody.

6. Staffing outcomes are shared with GH approved caregivers, all case managers, supervisory staff, and out-of-county GH staff, involved with the GH home, but not present at the staffing.

7. Children in the legal custody of GH/DHR, who were removed from a GH home during the CPS investigation, will not be re-placed in that home, unless a policy waiver is requested, reviewed, and approved by the Social Services Section Director.

8. Children in the legal custody of GH/DHR, who were deemed safe and not removed from the GH home during the CPS investigation may remain in the home under a corrective action plan until the Social Services Section Director responds to policy waiver request.

E. Sharing of information

1. All CPS case information concerning GH homes is shared with any GH county office, or other legally mandated public or private child protection agency, involved in a CPS investigation of the home.



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2. CPS case information is also shared, for the purpose of background checks, with other GH county offices involved in approving a GH home.

3. If a GH county office receives a request from an outside agency for background checks on GH approved caregivers, GH:
 - a. May release information if there is no substantiated CPS history
 - b. May tell the outside agency that the resource "may not be used for the placement of a child in the legal custody of GH/DHR," when such placement may put a child in the Agency's legal custody at risk.

4. No further information is to be provided to the outside agency, and it should be made clear to that agency that their agency, and not GH/DHR, is determining whether to contract with or utilize a specific placement resource, and that the placement resource should not be referred to GH/DHR for clarification of this information.

5. GH will not release information, if there is substantiated CPS history, unless the GH Legal Services Office gives approval. The GH Legal Services Office will be contacted, and a case-specific review of the information may reveal an exception to confidentiality laws.

Foster Parents need to be aware of the policy and procedures regarding this issue in the event your home is the subject of such a report.

Policy Violation Acknowledgment

When it comes to the attention of the Agency that a Foster Parent has violated a provision of a GH policy, a Foster Care Counselor will immediately meet with the Foster Parent to discuss the incident. If during this discussion, it becomes apparent that a child may have been neglected or abused, the Foster Care Counselor will immediately report the Incident for investigation. Policies governing this investigation are found in the Foster Parent Application Packet and Foster care Manual.

If the incident is clearly a violation of a GH policy rather than an allegation of neglect or abuse, The Foster Parent will receive a verbal and written warning and correction action plan. This warning will include a discussion of the violation, an explanation of the provisions of the Policy and a statement of the necessity to close the Foster Home if a subsequent violation or complaint is received. It may be necessary for the GH staff to consult with the District Legal Counsel prior to contacting the Foster Parents.

Copies of the Letters of Warning and Notice of Closure (if applicable) must be filed in the Foster Home file as well as the Case Records of all children in the home at the time of the incident.

I have read and understand the Policy Violation. I will make every effort to uphold the Policies of GH as a Georgia Hope foster care provider.



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Drug & Alcohol-Free Workplace

We at Georgia Hope, Inc. desire to provide a drug and alcohol free, healthy and safe workplace. To promote this goal, employees are required to report to work in an appropriate mental and physical condition to perform their jobs (roles) in a satisfactory manner.

While on the Agency's premises and while conducting business-related activities off the Agency premises, no employee may use, possess, distribute, sell or be under the influence of alcohol or illegal drugs. Alcohol may be permitted at certain company sanctioned affairs, where attendance and alcohol consumption are voluntary, i.e. holiday parties, client dinners, etc. GHI is not liable for any occurrence or injury, which many results in the employees' consumption of alcohol. The legal use of prescribed drugs is permitted on the job only if it does not impair an employee's ability to perform the essential functions of the job effectively and in a safe manner that does not endanger other individuals in the workplace or foster home.

Violations of this policy may lead to disciplinary action, up to and including termination of employment or your role as a Caregiver and/or required participation in a substance abuse rehabilitation treatment program. Such violations may also have legal consequences.

Firearm and Ammunition Safety Policy

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

Caregivers must inform GH of the

- # of Firearms in the home
- Location of Firearms

Caregivers must:

- Secure all firearms in the home, using a commercially available safety lock designed for this purpose, or in a storage cabinet that securely.
- Keep all firearms unloaded, store firearms and ammunition separately.
- Never allow children placed in the home to handle guns.
- Carefully review and abide by the information on gun safety in the Foster Parent Manual which states
 - Trigger Lock or Plug/Rod Lock- Blocks Access to gun trigger and prevents the gun from firing. Trigger locks cannot be used on loaded guns. The lock must be removed with a key before the gun can be loaded.
 - Lock Box- Securely locks the gun away and limits accessibility. The box must be unlocked for used. The key should not be accessible to children.
 - Additional Safety Locks- Locks are available that can be use on a loaded or unloaded gun while providing homeowner with instant accessibility to the gun if needed for emergency safety purposes. A firearm dealer can help you choose the locks to fit your firearm safety requirements.



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All ammunition must be securely locked and stored in a separate location from firearms in the home. IF a visitor brings a firearm into your home, it must be stored in a securely locked location out of reach of all children in the home as outlined above, without exception.

Talking to children about firearm safety:

- Teach all children in your home never to touch a gun and immediately notify an adult when a gun is present
- Explain that a gun a child may see on television or in a video game is not the same as a gun he or she may encounter in real-life situation
- Talk to all caregivers and parents of other children that the child in your care may visit about firearm safety and storage practices. If your child is visiting another residence, ask the homeowner if there are guns in the home and if so, how are they stored.

Foster Parent Confidentiality and Privacy Policy

Maintaining confidentiality and privacy is an essential responsibility of the child's caregivers, treatment team, and DFCS. Information shared is intended to support achieving the highest quality care for the child and to facilitate permanency. When families feel that confidentiality and privacy is respected, they are more willing to share necessary information that will strengthen outcomes for the child and his or her future. As an agent of the Division, caregivers may have access to a child's confidential information to support their ability to provide adequate care. Confidential information about the foster child, and his or her family, may not be shared with others who are not members of the child's foster care team without the expressed written consent of DFCS, except in an emergency. When in doubt, always ask the child's case manager before sharing any information about the child. Willful and unlawful disclosure of protected confidential child welfare information is punishable by law (O.C.G.A. § 49-5-44). These confidentiality standards also apply to other adult household members, and persons who provide supplemental support to caregivers.

Caregivers must ensure they:

- Keep all records in a safe and secure place. Ensure protections are in place to prevent the unauthorized release of information maintained in such records.
- Share only the information that is required by law, or necessary to arrange for services for the child.
- Not discuss confidential information about the foster child and his or her family with your family or friends.
- Use care in discussing details about the child in public places and when leaving messages on answering machines, texting, or other communication methods
- Protect the identity of the child, and his or her family, when communicating with other foster parents.
- Understand that disguising the identity of foster children does not allow for the sharing of information regarding those children, this includes social media sites.
- Refrain from displaying any photos or live video of any child placed in your home on any social media sites. Again, disguising the identity of children does not allow for the sharing of photographs or other potentially identifying information.



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- Refrain from placing any cameras in bedrooms where the child sleeps, and in/near bathrooms that the child frequently uses, as they are prohibited. Cameras must not be used in a manner that violates privacy of youth.
- Infant video/audio monitors are only to be used/placed in the sleeping areas of children under the age of one. Consideration may be allowed for children on a case-by-case basis with prior approval from the Division.

Incident and Reporting Procedures

In the course of providing services to the clients of GH, staff may become aware of incidents involving clients that are perceived by staff and/or the clients themselves to be out of the ordinary range of expected experience or behavior, such incidents include:

- Death of a client
- Death of a child in an active family case
- Allegations of sexual abuse or sexual exploitation of a client
- Kidnapping of a client
- Client returns home without Juvenile Court approval
- Allegation against agency staff or volunteers involving a client
- Allegation of malfeasance or inappropriate behavior by an agency employee or volunteer involving a client
- Physically unsafe incident involving clients and/or agency employee or volunteer
- Use of Emergency Safety Intervention Methods
- Incidents requiring medical attention beyond first aid

When any incident, as described above, occurs the following procedures shall be taken:

1. All occurrences of alleged or observed abuse or neglect shall be immediately reported by the worker or foster parent to their supervisor, and the GH Abuse Hotline is (770) 344-8704 is to be notified.
2. All other incidents shall be immediately reported to the supervisor.
3. The supervisor shall determine the other parties to be notified in the incident. In all cases of abuse and neglect, the Program Director must be notified. In all allegations involving staff and clients, the Program Director is to be notified.
4. All incidents and allegations must be reported within 24 hours and will be documented in a timely manner. Once an incident occurs, the necessary forms will be completed.
5. When completing the proper forms, the alleged perpetrator, if applicable, will not be specifically identified nor is there a need to identify a reporter.
6. Internal administrative reviews will be conducted of the incidents cited.
7. Copies of all reports will be filed in the appropriate client file.



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Placement Stability Policy

Children in care should have placement stability through permanency. Moves in care are minimized.

It is the policy of Georgia Hope, Inc. to move children from one foster home to another foster home as less as possible. Placement stability is of high priority within the Georgia Hope child placing agency. Placement stability is continuous guided interaction between the child and caregiver. Stability in the home allows for bonding and attachment to take place and a feeling of security within the life of a child. Although foster care is temporary, children need to feel comfortable and be able to bond with their caregiver.

To this degree,

1. Foster parents will not accept children they are not qualified by training or experience to manage in their home.
2. Foster parents will uphold the ideals of placement stability of foster children.
3. Foster parents must provide a written 14 business day notice when a placement disruption is imminent.
4. A Family Team Meeting (FTM) will be held during this period to address the circumstances surrounding the disruption.
5. In addition to the FTM, the case support worker will meet with the foster parent and child in an effort to preserve the placement.
6. Foster parents will be willing an open to exhaust all possible remedies and interventions to preserve the placement of the child prior to removing the child from the home.
7. Foster parents will have documented evidence that alternatives have been attempted prior to the 14-day notice of discharge.
8. Foster parents routinely ejecting foster children from their home within 60 days of placement will have a hold placed on their home and a review of the acceptance criteria will be reviewed and adjusted to accommodate a lower level of childcare needs.
9. If a child's discharge is the result of a determination that the placement is not safe or appropriate for the child or other children, any remaining child(ren) will be removed unless there is an active corrective action in place to correct the situation.



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Agreement for Early Periodic Screening, Diagnosis and Treatment

I/We, _____ (foster parent(s))

Hereby agree to cooperate and assist in the provision of Early Periodic Screening Diagnosis and Treatment (EPSDT) services to foster children placed in my/our care by Georgia Hope

I/we understand that the following medical tests and examinations are provided free of charge through Medicaid screening:

- Health and developmental history
- Physical assessment
- Height, weight, growth assessment
- Developmental assessment
- Speech assessment
- Direct referral to a dentist
- Nutritional assessment
- Vision assessment
- Hearing assessment
- Immunizations
- Laboratory tests

EPSDT screening also requires treatment for problems detected during the screening such as the provision of eyeglasses, hearing aids and dental services.

I/we understand that children must be scheduled for follow-up/annual examinations and agree to aid in the facilitation of such examinations. I/we understand that for the examinations, the foster caregiver facilitates, all documentation from these examinations needs to be submitted to the Georgia Hope, Inc. case manager with monthly documentation or within 72 hours of the examination if requested. If required by a child's particular needs, screening may be scheduled more frequently or at different intervals.

Policy on Dealing with Incidents of Bullying Against Foster Children

(Taken from Midway Council-Fostering Issued 2007)

This page outlines to children, parents, foster care providers and case workers Georgia Hope's policy on responding to bullying of children placed in foster care.

- Statutory framework
- Bullying defined
- Recording incidents
- Safe caring guidelines
- Foster caregiver training



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Statutory framework

Standard 9.6 of the National Minimum Standards for Fostering Services requires fostering services to ensure that providers are aware of the particular vulnerability of looked after children and their susceptibility to bullying, and put in place procedures to recognize, record and address any instance of bullying and to help providers cope with it. References are made to other relevant standards at appropriate points throughout this document.

Bullying defined

Bullying is not easy to define and there are as many definitions of it as there are incidents.

Most bullying will include:

- Deliberate hostility and aggression to the victim
- A victim who is weaker and less powerful than the bullies
- Distress and pain for the victim

Bullying is often ongoing but can also be a one-off incident and might include:

- Verbal abuse, including persistent teasing or name-calling.
- Physical abuse, including actual or threatened harm.
- Sexual abuse, including unwanted physical contact or verbal abuse including abusive comments on the victim's sexuality.
- Racial abuse, which may be physical, written or verbal.
- Emotional abuse, including tormenting or subjecting the victim to persistent ridicule or humiliation.

Why foster children are at particular risk

All bullies need victims. There will almost always be someone who is weaker and/or less confident than the bully. Bullies will target victims by focusing on something about the victim that is different in order to try and justify their behavior. This may be the victim's appearance – weight, height or other physical features or it may be something else that makes the victim stand out from the majority of their peers – social class, religion or ethnicity.

By definition, children in foster care are different – they do not live at home with their parent(s). Therefore, they immediately fit the profile of potential victims for the bully.

There are a number of additional common characteristics of foster children that increase their potential for being targeted:

- Many will already have been targeted and abused by others, including their primary caregivers
- Many will be developmentally immature
- Many will be lacking in self-confidence
- Some may have experience prior abuse or victimization as the only time they have received attention
- Foster children are frequently isolated from their family, peers and other support systems when they become looked after, including perhaps a change of school.
- Frequent moves may have led to a sense of insecurity and a fear or inability in developing positive relationships with peers
- A prior lack of positive attachments



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Who are the bullies?

There are many reasons why children bully. Some may do it to cope with a difficult situation in their own life such as the separation of parents. Others will see it as a way of gaining kudos from their peers. Some are just used to getting their own way and may not even recognize the effect of their actions on their victims.

Some children will become bullies as a result of being victims themselves. It therefore needs to be recognized that the reasons for some foster children becoming victims are also reasons for others becoming bullies.

This will have potential implications for caregivers fostering more than one child and needs to be borne in mind if it is suspected that foster child is being bullied.

Possible signs of bullying

Any of the following behaviors may indicate that a child is the victim of bullying. There may equally be other explanations that should also be considered by caregivers, social workers and staff.

“A child may indicate by their behavior that he or she is being bullied. If your child shows some of the following signs, you might want to ask if someone is bullying or threatening them.

Children may:

- be frightened of walking to or from school
- change their usual route
- not want to go on the school bus
- beg you to drive them to school
- be unwilling to go to school (or be school phobic)
- feel ill in the mornings
- begin truanting
- begin doing poorly in their schoolwork
- come home regularly with clothes or books destroyed
- come home starving (bully has taken lunch money)
- become withdrawn, start stammering, lack confidence
- become distressed and anxious, stop eating
- attempt or threaten suicide
- cry themselves to sleep; have nightmares
- have their possessions ‘go missing’
- ask for money or start stealing money (to pay the bully)
- continually ‘lose’ their pocket money
- refuse to say what’s wrong (too frightened of the bully)
- have unexplained bruises, scratches, cuts
- begin to bully other children or siblings
- become aggressive and unreasonable
- give improbable excuses to explain any of the above”



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(Taken from 'What is bullying' by Kidscape 2001)

Responding to suspicions or incidents of bullying

We at Georgia Hope Inc., will take all suspected or actual incidents of bullying seriously. They will be fully investigated, and support will be provided to the victim as well as their caregivers.

Foster parents should ensure that they record all suspected or actual incidents and report these to the child's CSW as soon as possible.

The foster parent and CSW will formulate a plan to address the concerns and this will include:

- who should take to the child?
- who else needs to be notified (e.g. schools, birth parents, DFCS, DJJ)?
- whether any immediate action is needed to safeguard the child.

After the concerns have been discussed with the child, and if bullying is confirmed or continues to be suspected, a protection plan should be drawn up to attempt to ensure the bullying ceases and does not re-occur.

The caregiver and CSW will draw up the plan with the involvement of relevant others who may include:

- the foster child
- other children in the household (if applicable)
- the foster child's birth parent(s) (if applicable)
- the bully (if available)
- other relevant professionals such as teachers and therapists

If the bullying is being carried out by someone outside of the foster home, then attempts should be made to engage the child's parents in helping to put an end to the bullying. The CSW or the foster parent will undertake any contact with parents in such circumstances.

Recording

Foster parents will record all suspected and actual incidents of bullying against or by any foster child in their care. A copy of the record will be provided to the CSW as soon as possible. In addition to the report being recorded in the child's file, Georgia Hope will keep a central record of all reported incidents and the actions taken to deal with them.

Safe caring guidelines

All caregivers are required to supervise children in care at all times to discourage bullying in the home. Foster parents should develop open lines of communication with children so that children will be open willing to discuss incidents of abuse with them.

Foster parents should have guidelines in place of how incidents of bullying will be dealt with in the home.

Foster parent training

Foster parent training is required for all foster parents to ensure that foster caregivers understand managing behaviors and recognizing signs of abuse/bullying and ways of boosting and maintaining the child's self-esteem. Improving



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children's own self-esteem is one of the most effective ways to enable children to help themselves avoid becoming victims.

CSW's will ensure that they pay attention to the training needs of caregivers and other members of their household, addressing these in the appraisal of training and development needs which must be documented in the annual review report.

CSW's will encourage and/or require caregivers to make use of any available training opportunities available if additional training is needed.

I have read and understand the

Policy on Dealing with Incidents of Bullying Against Foster Children (Taken from Midway Council-Fostering Issued 2007)

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Foster Child Bill of Rights

Ratified in Congress Hall, Philadelphia

Saturday, the Twenty-eighth of April, Nineteen Hundred and Seventy-Three

Reaffirmed during the National Focus on Foster Care Conference, Norfolk, Virginia

Wednesday, the Fourth of May, Nineteen Hundred and Eighty-Three

Even more than for other children, society has a responsibility, along with parents, for the well-being of children in foster care. Citizens are responsible for acting to insure their welfare.

Every child in foster care is endowed with the rights inherently belonging to all children. In addition, because of the temporary or permanent separation from, and loss of, parents and other family members, the child requires special safeguards, resources, and care.

EVERY CHILD IN FOSTER CARE HAS THE INHERENT RIGHT:

Article the first

....to be cherished by a family of his own, either his family helped by readily available services and supports to resume his care, or an adoptive family or, by plan, a continuing foster family.

Article the second

....to be nurtured by foster parents who have been selected to meet his individual needs, and who are provided services and supports, including specialized education, so that they can grow in their ability to enable the child to reach his potentiality.

Article the third

....to receive sensitive, continuing help in understanding and accepting the reasons for his own family's inability to take care of him, and in developing confidence in his own self worth.

Article the fourth

....to receive continuing loving care and respect as a unique human being...a child growing in trust in himself and others.

Article the fifth

....to grow up in freedom and dignity in a neighborhood of people who accept him with understanding, respect and friendship.

Article the sixth

....to receive help in overcoming deprivation or whatever distortion in his emotional, physical, intellectual, social and spiritual growth may have resulted from his early experiences.

Article the seventh

....to receive education, training, and career guidance to prepare for a useful and satisfying life.

Article the eighth

....to receive preparation for citizenship and parenthood through interaction with foster parents and other adults who are consistent role models.

Article the ninth

....to be represented by an attorney-at-law in administrative or judicial proceedings with access to fair hearings and court review of decisions, so that his best interests are safeguarded.

Article the tenth

....to receive a high quality of child welfare services, including involvement of the natural parents and his own involvement in major decisions that affect his life.

I have read and understand the Child Bill of Rights. I will make every effort to uphold the Articles as a Georgia Hope foster care provider.



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Georgia Division of Family and Children Services Rights of Youth in Foster Care 14+

1. I have the right to fair and equitable treatment by the Division of Family and Children Services (DFCS), foster parents, and other partners in the care of children in foster care;
2. I have the right to information regarding my heritage and cultural background;
3. I have the right to be safe from abuse, neglect and exploitation;
4. I have the right to know why I am in the child welfare system;
5. I have the right to have my educational needs met;
6. I have the right to have my health needs met;
7. I have the right to family and community connections, including visitation, telephone calls, etc.1;
8. I have the right to have regular, ongoing opportunities to engage in age or developmentally appropriate activities as defined in O.C.G.A. Section 49-5-3;
9. I have the right to have intensive, ongoing efforts made to reunify me with my birth family (i.e. parents or relatives) or to secure a safe, permanent home;
10. I have the right to participate in the development of the case plan and to review sign, and receive a copy of the case plan2;
11. I have the right to choose up to two members of the case planning team who are neither my foster parent nor caseworker;
12. I have the right to participate in Juvenile court proceedings regarding my family;
13. I have the right to receive the services needed to help me transition to adulthood;
14. I have the right to receive a free copy of my consumer credit report;
15. I have the right to receive an official or certified United States birth certificate, Social Security card, driver's license or identification card, health insurance information, and medical records upon exiting foster care at age 18 or above ; and
16. I have the right to receive an age appropriate description of my rights and a personal copy.
17. I have the right to have a personal advocate to support me through the grievance process.

Responsibilities of Youth in Foster Care

1. I have the responsibility to treat myself and others with dignity and respect.
2. I am responsible for my own choices, decisions, actions and behaviors.
3. I have the responsibility to try to learn from my mistakes so I can make positive choices in my life.
4. I have the responsibility to try to the best of my ability in school, to take full advantage of educational opportunities and achieve my educational goals.
5. I have the responsibility to cooperate with services recommended to meet my health needs.
6. I have the responsibility to set and keep safe boundaries with family members, friends, acquaintances, and others with whom I maintain connections.
7. I have the responsibility to do my best to communicate openly with others when I have a problem.
8. I have the responsibility to ask for help when I need it, even when I have trouble asking for help.
9. I am responsible for making amends if my actions harm others.
10. I am responsible for making every effort not to cause harm to myself or others and to speak up when I feel my rights have been violated



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Client (Foster Child) Grievance Policy

(Complaint Policy)

It is the policy of Georgia Hope, Inc. (GHI) to provide a quality of care to children in placement. Children are encouraged to file grievances (complaints) against foster parents and or the services being provided by the agency if they feel they are being mistreated or are not receiving satisfactory services.

- You have the right to be respected at all times as a child placed in a GHI home. You are entitled to food, clothing, shelter, transportation to necessary appointments and supervised care in a nurturing home environment.
- You have a right to meals that are served, birth parent contacts, prescribed medications, needs and supervision outlined in your case plan while in placement.
- You have a right to confidentiality as a child in placement in a foster home, at GHI exempt of agencies, schools, police, DFCS, GHI caseworkers and any medical or emergency staff.
- Your therapeutic services, ie. Tutoring, nursing, counseling, etc. must be acknowledged at all times by your foster parents and services can be rendered in the foster home at the request of the medical professional at the agency.

Contact your GHI caseworker to file a complaint of grievance if you feel you are being mistreated or being verbally or physically abused with use of profanity, name calling, hitting, spanking, physical force, deprivation and/or humiliation.

Your grievance (complaint) will be processed within three (3) business days of you telling your caseworker, who will complete a form of grievance for you with the detailed information you give him or her that pertains to your complaint. Filing a grievance against a foster parent will not cause you harm or mistreatment.

Ombudsman _____ Contact No. _____
 Agency Case Worker _____ Contact No. _____

I will/have reviewed the above information with each child that comes into my home including sharing the ombudsman person with the child.



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Medical and Dental Evaluation Policy

(Policy Date: 2/26/2015)

Effective Immediately, Foster children in care are required by the Department of Family and Children Services (DFCS) to have a medical and dental evaluation completed within 72 hours of placement into a foster home for the safety and well-being of the children and for the safety of your home and your family. This is the responsibility of the foster parent. Verification of the appointment is required.

Agency case workers will assist foster parents in meeting this deadline at the expense of the foster parent. Foster children with an outstanding medical and dental evaluations after 30 days of being placed in the foster home will be scheduled and completed by the case worker and the funds (hours to complete the appointment) will be deducted from the month in which the appointment was completed.

PRESCRIPTION AND NON-PRESCRIPTION MEDICATION POLICY

All prescription and non-prescription medications shall be kept in a locked medicine cabinet that is not accessible to children and is stored separate from cleaning chemical and supplies or poisons. All prescriptions must be current, dated and properly labeled and identified with usage and dosage. All medication will be administered and discarded as prescribed. All medications will be administered by the foster parent or authorized adult designee and logged in on the medicine log.

Foster Parents or the adult designee will observe and supervise the intake of medication by the child and will complete the Medication Log Form. All foster parents administering medication will receive orientation on the policies and procedures of administering medication prior to administering meds to include:

1. Non-prescription medications. Children will be given provided with a non-prescription medication by staff only if the child exhibits symptoms that the medicine is designated to relieve.
2. Prescription medications. Children will only receive medication prescribed for that child by authorized medical professionals.
 - a. Prescription medications shall only be given to a child as ordered in the child's prescription. Prescribed medication cannot be shared with other children.
 - b. A child's attending physician shall be notified immediately in cases of dosage errors, drug reactions or if prescribed medications do not appear to be effective.
3. Psychotropic medications. Children will receive psychotropic medications in accordance with the goals and objectives of the child's service plan.
 - a. Psychotropic medications must be prescribed by a physician who has the responsibility for the diagnosis and treatment of the child's conditions that necessitate such medication. Continued use of psychotropic medications shall be reviewed by the prescribing physician every 30 days.
 - b. Psychotropic medication shall only be given to a child as ordered in the child's prescription. Medications will not be shared between residents.
 - c. The prescribing physician shall be notified immediately in cases of dosage error, missed or refused medication, drug reactions or if the psychotropic medication does not appear to be effective.

I have read and understand the PRESCRIPTION AND NON-PRESCRIPTION MEDICATION Policy.



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SIDS Awareness Agreement (Infant Sleep Position)

GHI is committed to the reduction of the infant and deaths from Sudden Infant Death Syndrome (SIDS). To this end, we require that all foster families who foster children under the age of 1 year adhere to the following preventive measures and further require a signed statement to that effect when a child is placed in their home:

1. Always place the baby on his back to sleep.
2. Place the baby on a firm mattress and remove all pillows, quilts, bumper pads, stuffed toys or other soft items from the crib.
3. Do not have the infant sleep in the parent’s bed or share their crib with another sibling.
4. Dress the baby in a sleeping garment instead of covering him with a blanket. Swaddling is ok.
5. Do not let babies sleep in a room where smoking is allowed.

The above measures have been provided by the National SIDS & Infant death Program Support Center. Courtesy of AAA Partners In Adoption, Inc.

Sleeping Arrangements for Children in Care

1. Only bedrooms shall be used as a sleeping space for children.
2. Each non-related child must have a separate bed.
3. All children will have separate beds. Infants must be in a separate bed or crib.
4. **No child shall sleep in a bed with an adult. Infants may not sleep in a bed with anyone.**
5. A child over one (1) year of age cannot sleep in the bedroom of an adult.
6. Preferably, a maximum of three (3) children will share a bedroom. Suitability of children sharing a room must be thoroughly assessed and based on the background/history of the children and the space.
7. Children age five (5) and older and of different sexes shall not share a bedroom.

Acknowledgement of Transportation and Safety Guidelines Policy

Please answer each of the questions below:	Yes	No
Has your driver’s license been revoked or suspended within the past three (3) years for driving under the influence, manslaughter, or reckless homicide? If “yes”, please attach explanation.		
Have you caused an accident which resulted in the death of any person within the past five (5) years? If “yes” please attach explanation.		
Do you regularly drive GHI vehicles?		
Do you understand your obligation to maintain personal automobile insurance on your vehicle if used for work (foster care) purposes and to provide GHI proof of said insurance?		

I understand and agree that GHI and its insurance providers may, from time to time, review my driving records to verify the above information.

I understand and agree that I must adhere to all federal, state, and local laws governing the use of a motor vehicle and the use of safety belts while transporting clients, including the following national guidelines for proper child restraint:



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National Guidelines for Proper Restraint based on the most up-to-date science:

1. All children ages eight (8) and above should ride in a back seat of the vehicle with federally approved and properly installed safety seat belts.
2. Infants should be in rear-facing child safety seats until at least twenty (20) pounds and at least one (1) year old;
3. Children over one (1) year old and between twenty (20) and forty (40) pounds can be in forward-facing child safety seats, or in rear-facing convertible seats if the child has not reached the maximum rear-facing weight;
4. Children ages four (4) to eight (8) (up to about 4 feet 9 inches tall) should be in a booster seat and restrained with lap and shoulder belts every time they ride. Adult safety belts alone do not adequately protect children this size from injury in a crash; and
5. Children eight (8) years old and over 4 feet 9 inches tall can usually fit correctly in lap/shoulder belts.

Visit the National Highway Traffic Safety Administration for more information and to keep up-to-date with safety recommendations.

In the event that any of the above information changes, I understand that I have an obligation to immediately notify GHI.

I certify that I have read the Transportation and Safety Guidelines completely and that the information and assertions contained in this Acknowledgement are true and complete. I understand that falsified information, no matter when discovered, shall be grounds for dismissal.

POLICY TITLE: Health Insurance Portability and Accountability Act (HIPAA)

POLICY NUMBER: 1.1

CODES

Health Insurance Portability and Accountability Act (HIPAA) of 1996: TCA 37-3-105, 37-5-106

REQUIREMENT

The Georgia Hope (GH) staff, including interns and volunteers, shall comply with HIPAA. HIPAA establishes minimum federal standards for protecting the access; use and disclosure of Protected Health Information (PHI) (see Practice Guidance).

GH will obtain a signed and fully completed Authorization for the Release of Information (5459 form) prior to disclosing PHI.

NOTE: The client has the right to withdraw their authorization for the release of information at any time. However, the revocation request must be in writing.

GH will comply with confidentiality laws regarding PHI at all times. This means that with each request, inquiry or potential disclosure, GH staff must consider each of the following to ensure that PHI and/or confidentiality are not unlawfully disclosed:

- A) HIPAA
- B) Confidentiality ; and
- C) J.J. v. Ledbetter

Furthermore, PHI obtained by GH will not be shared with any person, agency or contractor without prior written authorization from the owner of the PHI. The authorization to release information should be notarized or signed in the presence of a GH staff that knows the client.

EXCEPTION: GH may disclose PHI without prior written consent in specific instances (see Procedure).



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GH county staff will provide copies or access to review an individual's own PHI¹ contained within the case file, within ten (10) business days of receipt of the request (see Practice Guidance).

NOTE: The county staff is solely responsible for ensuring that the request is met within the 10 day limit.

GH shall disclose only the minimally necessary PHI needed to accomplish the intended task/request.

PROCEDURE FOR DISCLOSURE

GH Social Services staff will:

1. Upon initial client contact provide the client with the Notice of Privacy Practices (CW 13 form).
 - a. Upon case transfer ensure that a copy of the Notice of Privacy Practices (CW 13 form) is in the case file.
2. Once GH receives PHI, it shall not re-disclose the PHI unless authorized by HIPAA.

NOTE: GH staff shall implement reasonable procedures to safeguard PHI in any form e.g. paper documents, verbal communications, emails, computer screens, blackberry, fax machines, copy machines and printed documents. Once GH receives PHI it shall not re-disclose the PHI unless consistent with HIPAA.

Prior to disclosure of any PHI, including sharing information at any of the following: child and family team meetings, multidisciplinary team meetings or staffings, GH staff will:

1. If third parties will be present at the meeting, instruct the client that PHI, protected by HIPAA, will be disclosed to everyone present.
2. Obtain a signed, completed copy of the Authorization for the Release of Information (5459 form), to disclose/release the PHI to the specified parties for this specific incident.
3. Continue with the meeting, freely discussing/disclosing PHI of the client as needed (Refer to SS County Letter NO.08-01, CASAs Participation in Family Team Meetings (FTMs), December 4, 2008)

NOTE: If the client refuses to sign the Authorization for the Release of Information (5459 form), GH staff shall not disclose the PHI **unless** the third party has been removed from the meeting or the third parties is included in one of the categories listed below. In these cases, consent is not needed to release PHI.

GH staff may disclose PHI **without prior written consent** to:

1. A business associate (see Practice Guidance) acting on behalf of GH if:
 - a. The contract between GH and the business associate contains assurances that the released PHI and any PHI created as a result of the contract will remain confidential; and
 - b. The PHI will only be used for the intended purpose for which GH has contracted.
2. A medical provider for treatment, payment or health care.

NOTE: GH may disclose PHI when services are being provided to the clients and their children and the client has legal custody of the child(ren). Examples would include sharing PHI of the clients or children with treating physicians, hospitals or other treatment providers. However, if the client does not have legal custody, look to confidentiality and "JJ vs. Ledbetter" for guidance on releasing PHI information (see Practice Guidance).
3. Public health providers
 - a. PHI may be released to government agencies tasked with preventing or controlling disease, injury, or disability and to public health

GH staff may also disclose PHI, within a case file, **without prior written consent**, if requested in writing by:

¹ An individual's own Protected Health Information which can include third party documentation (e.g. medical records, psychological, drug screens, etc) ,should be provided regardless as to whom originated the requested documents, as long as the documents are in the GH case file.



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1. Other child protective agencies, bound by similar confidentiality statutes, investigating child abuse and/or neglect.
2. A court or grand jury subpoena. The local county Director must contact DHS Legal Services to review the subpoena and provide guidance regarding the request.
 - a. A District Attorney. The local county Director must contact legal services to review and provide guidance regarding the request.
3. Law enforcement.
 - a. PHI may be disclosed to law enforcement only if law enforcement is investigating a report of known or suspected child abuse. PHI requested to assist law enforcement with investigating other crimes, including probation violations shall not be released.
4. The Governor, Lieutenant Governor, Attorney General or Speaker of the House.
5. The Office of the Child Advocate (Governor's Appointee).
6. Court Appointed Special Advocate (CASA), only upon presentation of an order appointing that CASA as a Guardian Ad Litem.
7. A Child Advocacy Center operated for the purpose of investigating known or suspected child abuse and treatment.
8. Citizen Panel Reviews.
9. The Child Fatality Review Board.

Upon receipt of a request to view or receive copies of PHI, GH staff will:

1. Verify the validity of the request.
 - a. The requestor must be asking for their PHI; or
 - b. The requestor must be the parent/guardian or custodian of the child for whom the information is being requested.

EXCEPTION: If the case file contains information that would be detrimental to the child, then the information will not be released to the parent.

EXAMPLE: The child has disclosed to the doctor that the stepfather is inappropriately touching her and she is afraid to tell her mother. It would be permissible NOT to release that information. In that situation, DHR Legal Services should be contacted immediately.

2. Verify the identity of the requestor by viewing their state issued identification.
3. Respond to the request by providing reasonable access to the information or providing copies of the requested information, within ten business days of receiving the request.
4. GH will charge reasonable copying fees not to exceed .25 per page.

Central HIPAA File

The county shall maintain a central HIPAA file of all PHI disclosed without prior written consent. The central file shall include, without limitation, a log of each disclosure, a copy of the disclosed information and the name of the requestor. (See Reference Section-Forms for Disclosure Tracking Log)

Inapplicability of JJ vs. Ledbetter When Requesting Ones Own PHI

An individual is entitled to receive his or her own PHI. JJ vs. Ledbetter does not apply to the PHI of the parents, guardians or custodians. When the county receives a request from the parents, guardians or custodians for their own PHI, the county is solely responsible for ensuring that the request is met within the ten (10) day time limit.

Under HIPAA it would be inappropriate to refer the clients to a third party to retrieve their drug screens, medical records or psychological records; if they are a part of the GH file. If the requested information is not contained in the GH file, the



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county is not obligated to assist the clients with obtaining the record. However, GH may provide a letter to the client stating that GH “does not object” to that third party disclosing their own PHI to the individual.

Procedure for Unlawful Disclosure of PHI/Breach of HIPAA

GH has a duty to mitigate the impact of any incidents of unlawful disclosure of PHI. As soon as GH knows or is notified that an incident of unlawful disclosure may have occurred DHR Legal Services should be notified immediately. The appropriate mitigation steps should be implemented at the direction of DHS Legal Services.

PRACTICE GUIDANCE

Protected Health Information

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

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

PHI includes but is not limited to:

1. Drug screens, including hair follicle tests.
2. CCFA reports or documents.
3. Parenting assessments.
4. Psychological evaluations or counseling reports.
5. Medication information.
6. Case plans which include medical or psychological information or health status information.

Business Associates

A person or organization, other than a GH employee, that performs certain functions or activities on behalf of, or provides certain services to GH that involve the use or disclosure of PHI. Examples of business associates include, without limitation, contracted service providers, vendors, translation services (V.A.R.S.) and foster parents.

Common Identifiers

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

Request to have PHI Corrected

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

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

The local GH office must contact DHR Legal Services if a request is made to correct a GH created case record(s).

Right to accounting on how and why PHI was disclosed



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With the exception of disclosures made pursuant to an authorization to release, an individual may request an accounting (list) of all disclosures of PHI made by GH or its business associates within the prior six years to the date of the request. The local GH office must contact DHR Legal Services immediately upon receipt of any request.

Sanctions

The law imposes severe disciplinary measures upon DHR and its employees, contractors or others who violate the privacy and security requirements of HIPAA. Disciplinary actions can take the form of retraining, written reprimands, terminations or dismissals. The civil penalties on DHR are \$100 per failure to comply with HIPAA up to \$25,000 per year for each violation. Criminal sanctions can range from \$50,000 and one-year imprisonment up to \$250,000 and ten years in prison.

Training and Compliance

All GH offices are required to have the poster-version of the Notice of Privacy Practices exhibited in waiting areas and other appropriate public spaces.

All GH staff must undergo a required, new employee orientation training, which includes HIPAA. Additionally, GH requires all of its employees to fulfill its annual GH HIPAA training requirement, and training as needed, to prevent the unlawful disclosure of PHI. Currently, this annual training is performed through watching the HIPAA video.

Emergency Safety Intervention Policy

In the event an Emergency Safety Intervention must be used on a child in care the following policies and procedures must be adhered to.

When it can be reasonably anticipated from a child's behavioral history, that a child may require the use of emergency safety interventions to keep either the child or others safe from immediate physical harm, staff and therapeutic foster parents working with such children shall be trained by a nationally recognized training program in emergency safety interventions which has been approved by the Department.

Emergency safety interventions shall only be used when less restrictive means of dealing with the injurious behavior have not been proven successful or may subject the child or others to a greater risk of injury. Emergency safety interventions will not include the use of restraint or manual hold that would potentially impair the child's ability to breathe or has been determined to be inappropriate for use on a particular child due to documented medical or psychological condition.

Manual hold use by any staff or therapeutic foster parent not trained in prevention and use of emergency safety interventions is prohibited. Manual holds shall not exceed 15 minutes. If a manual hold exceeds 15 minutes, the on-call supervisor should be contacted by two-way communication. Manual hold involving upon a child whose primary mode of communication is sign language, the child shall be permitted to have his or her hands free from restraint for brief periods during the intervention, except when such freedom may result in physical harm to the child or others.

Emergency safety interventions may be used to prevent runaway only when the child presents an imminent threat of physical harm to self or others. Agent staff and foster parents will be aware of any medical conditions known or apparent, medical or psychological as evidenced by written acknowledgement of such awareness, to ensure that an emergency safety intervention that is utilized does not pose a danger to the physical or mental health of the child.

Children are not be allowed to participate in the emergency safety intervention of other children.



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Immediately following the conclusion of the emergency safety intervention, the emergency safety intervention report must be completed, verbally reported to the caseworker or on-call supervisor. The report must be faxed to the supervisor/GHI office within 24 hours.

Immediately following the conclusion of the emergency safety intervention and hourly thereafter for a period of at least 4 hours where the child is with a staff member or therapeutic foster parent, the child's behavior will be assessed, monitored and documented to ensure that the child does not appear to be exhibiting symptoms that would be associated with an injury.

I agree to abide by the Safety Emergency Intervention Policy.

Miscellaneous Policies

Family Name _____

Evening and Weekend Placements

Georgia Hope reserves the right to call foster parents in the evenings and on weekends for potential placements.

Foster Child Orientation

Once a child is accepted and placed into the home. The foster parent will ensure the child has adequate clothing, enroll the child in school, complete medical and dental needs as required including mental health services and orientate the child into the home. Orientation will include family rules and operations, information on reporting personal boundary concerns, bullying, violence, the agency's child ombudsmen and other household concerns. Each foster parent will be provided the Bullying Policy and ombudsmen agent with the Foster Parent Manual. The child's ombudsmen is Dorothy Moore and Tammy Smith. Foster parents will document the "orientation" in their weekly progress notes during the first week of placement.

Call to Law Enforcement

Referrals to Law Enforcement, including the Department of Juvenile Justice (DJJ), local police or sheriff's departments, and the juvenile court, may not be a part of the routine Behavior Management Plan. Law Enforcement should be used only for emergencies when the Behavior Management Plan is unsuccessful. Calming measures, preventive and behavior management strategies identified for the child must be utilized without success before Law Enforcement is involved. If appropriate, an emergency safety intervention must also be utilized without success before Law Enforcement is involved. Intervention by Law Enforcement is appropriate only if the child's behaviors escalate to the point of exceeding the ability of properly trained staff to manage the child safely and the issues poses a physical danger to the child, staff, or other children.



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Corporal Punishment

If corporal punishment has occurred in a foster home Georgia Hope and the Department may choose, in its sole discretion, to move a child from the provider's foster home and/or to discontinue use of the foster home placement for children in the Department's custody.

Education

Foster parents will ensure that children are enrolled in a public-school system or a GaDOE/LEA approved residential facility school within 2 days of placement. Foster parents must ensure that children have no more than five (5) unexcused absences per school year. If children are not enrolled in school within 2 days of placement, the Agency must be informed to assist in this regard. The reason for the child not being enrolled must be documented in the weekly progress note.

Conflict of Interest Disclosure

I. Current affiliations with member agencies of Georgia Hope, Inc.

At this time, I am a foster parent (employee) of Georgia Hope

II. Transactions with Georgia Hope, Inc.

This is to certify that I, except as described below, am **not**:

1. A participant, directly or indirectly, in any arrangement, agreement, investment or other activity with any vendor, supplier or any other party doing business with Georgia Hope other than disclosed below.
2. A recipient, directly or indirectly, of any salary payments or loans of any kind or any free service or discounts or other fees from or on the behalf of any person or organization engaged in any transaction with Georgia Hope
3. Nor are any members of my immediate family (spouse, parents, parents-in-laws, siblings, children, or other relatives) an officer, director, partner, trustee, employee, board member or agent of Georgia Hope or of any organization from which goods and services are obtained for Georgia Hope

Any exceptions to the above are stated below with a full description of the transactions and of the interest, whether direct or indirect, which I have in persons or organizations having transactions with Georgia Hope

III. Conflict of Interest

I do hereby affirm that as an employee/foster parent of Georgia Hope, I shall not enter into or allow any existing relationship outside business interest, activity or other personal interest, which might knowingly conflict with the best interest of Georgia Hope Any potential conflicts have been identified in item IV below.

IV. Disclosures



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Policy and Procedure Acknowledgement Checklist

Family Name _____ Date _____ Initial _____

Renewal _____ Review _____

Primary Caregiver	Application with identifying information	Secondary Caregiver
	Mission/ Purpose	
	Children Served by Georgia Hope	
	Foster Parent Job Description	
	Foster Parent Expectations	
	Foster Parent Bill of Rights Grievance Policy	
	Foster Parent Grievance Procedures	
	Code of Ethics for Foster Parents	
	Training and Monthly Documentation Compliance Policy	
	Abuse and Neglect Policy	
	How Reports of Abuse/Neglect are handled in Georgia Hope or DFCS Foster Homes	
	Policy Violation	
	Drug & Alcohol Free Workplace	
	Firearm and Ammunition Safety Policy	
	Foster Parent Confidentiality and Privacy Policy	
	DFCS Child Safety Agreement	
	Incident and Reporting Procedure	
	Placement Stability Policy	
	Supervision Policy and Procedures for Foster Care	
	Agreement for Periodic Screenings, Diagnosis and Treatment	
	Bullying Policy	
	DFCS Discipline and Safety Policy	
	Foster Child Bill of Rights	
	Foster Child Grievance Policy	
	Medical and Dental Evaluation Policy	
	Prescription and Non Prescription Medication Policy	
	SIDS Awareness Agreement	
	Acknowledgement of Transportation and Safety Policy	
	HiPAA Policy	
	Emergency Safety Intervention Policy	
	Miscellaneous Policies	
	Conflict of Interest Disclosure	
	Ombudsman Card Date Provided: _____ By Whom _____	

I have received, read, understand, all of GH's Policies as listed above. I will comply with all of GHI and DFCS State Policy.

Primary Caregiver Signature:	Date:
Secondary Caregiver	Date: