	GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES CHILD WELFARE POLICY MANUAL			
	Chapter:	(10) Foster Care	Effective Date:	September 2020
	Policy Title:	Introduction to Foster Care		
	Policy Number:	10.0	Previous Policy #:	N/A

CODES/REFERENCES

Public Law 96-272
Adoption and Safe Families Act of 1997 Public Law 105-89

DISCUSSION

Overview

Foster care is the temporary out of home care for children who cannot live with their families primarily due to safety threats within their own home. The Division of Family and Children Services' (DFCS) Foster Care Program through partnership with the family, caregivers, court and other stakeholders provides support and strengthen families, protect children from further child abuse, and support every child having a permanent family.

GOALS

1. Ensure the safety and well-being of children in care;
2. Enhance caregiver protective capacities so caregivers are able to ensure the safety and well-being of their children;
3. Preserve family relationships and connections for children;
4. Promote expedited permanency for children in foster care by:
 - a. Assessing the needs of the child, the family and the foster care givers utilizing a trauma-informed approach;
 - b. Ensuring the safety, stability and security of children;
 - c. Supporting families;
 - d. Prioritizing placement with kinship caregivers.
 - e. Partnering with families to identify solutions and achieve needed changes in their behavior and/or circumstances;
 - f. Providing services and supports to children and families address the reason for foster care and to prevent reentry into care;
 - g. Supporting caregivers to meet the needs of children in their care.
 - h. Minimizing placement disruptions;
 - i. Meeting the unique developmental needs of children from birth to five years of age;
 - j. Addressing the needs of youth and young adults to ensure their successful transition to adulthood.

Safety, Permanency, and Well-being

Federal Law establishes provisions for reasonable efforts to preserve and reunify families when children must enter foster care. In addition, there are established safety, permanency and wellbeing outcomes for children in foster care. Both federal and state law specify

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compressed time frames for judicial reviews and decisions that are intended to move children quickly through the child welfare system to permanency. Georgia's child welfare practice remains mindful of these factors when working with families to establish case plan outcomes, provide appropriate services, and make permanency decisions. As a result, it is anticipated that children will spend less time in foster care and will experience fewer placement disruptions. Notwithstanding, DFCS must work in tandem with the judicial system and with community partners to achieve safety, permanency and well-being for children in foster care.

Children require a variety of services to promote their health, well-being and safety. Due to the trauma experienced by children who enter foster care, many of them will have one or more needs that require immediate attention and sometimes ongoing care and treatment. Foster care provides an opportunity to conduct a comprehensive trauma-informed assessment of each child's needs and respond to those needs through a combination of short and long-term interventions. Exposure to intensely traumatic events may require ongoing treatment after a child exits foster care. Consequently, case managers must be knowledgeable and resourceful in developing and utilizing resources to enable children to achieve the highest level of functioning possible to support successful permanency outcomes.

Responsibilities


While their child is in foster care, parents/guardians/legal custodians have the responsibility to:

1. Collaborate with DFCS in developing written case plans, including concurrent permanency plans to support timely permanency outcomes for their child.
2. Partner with DFCS to mitigate safety threats which led to the removal of the child from the home;
3. Actively participate in services aimed at making behavioral changes and improving family conditions that can support the child return home.
4. Maintain contact with their children through regular, consistent visitation;
5. Inform the DFCS Social Services Case Manager (SSCM) about significant changes, such as a change of address, telephone number, job, income, health or marriage circumstances, as well as changes in relationships, household composition (including unrelated adults), etc.;
6. Actively participate in planning for their children at court hearings, periodic reviews and meetings with local DFCS staff, etc.; and
7. Pay child support on behalf of their children in care, including medical coverage (if available to the parent).

DFCS has the responsibility to:

1. Ensure the safety and wellbeing of each child in care;
2. Treat parents/guardians/legal custodian, children and their caregivers with dignity and respect;
3. Provide excellent customer service;
4. Assist each parents/guardians/legal custodian in understanding the seriousness of foster care and the child's need for permanency within 12 months of entering care; Inform the parent that parental rights could be terminated should reunification not occur in an expeditious manner;
5. Participate with the parents/guardians/legal custodian in developing written case plans designed to achieve permanency for their child;
6. Provide services to parents/guardians/legal custodian to enhance diminished protective

- capacity that necessitated foster care;
7. Arrange regular visits between the parents/guardians/legal custodian and their child;
 8. Preserve sibling connections with children in care when they are not placed together;
 9. Share information with the parents/guardians/legal custodian about the child's well-being and experiences during placement;
 10. Inform the parents/guardians/legal custodian of placement changes and any major illnesses of the child; Make every effort to contact the parent prior to the child undergoing surgery;
 11. Partner with families during action planning and through the development of problem-solving skills;
 12. Conduct diligent searches in partnership with the family to identify absent parents and kin to serve as caregivers or other supports to the family.
 13. Partner with parents/guardians/legal custodian in planning for the child by having regularly scheduled meetings;
 14. Partner with the community to support families;
 15. Reinforce progress and celebrate accomplishments with families;
 16. Recommend the child be returned to the parents/guardians/legal custodian when the circumstances which made foster care placement necessary have been ameliorated to the point where the child will be safe in the home; and
 17. Enter and update all case information in Georgia SHINES to assure effective tracking of all children in foster care.

	GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES CHILD WELFARE POLICY MANUAL			
	Chapter:	(10) Foster Care	Effective Date:	June 2021
	Policy Title:	Placement of a Child		
Policy Number:	10.1	Previous Policy #:	N/A	

CODES/REFERENCES

O.C.G.A. § 15-11-109(c) Notice of hearings to specified nonparties
 O.C.G.A. § 15-11-135 Placement in eligible foster care
 O.C.G.A. § 49-5-3 Definitions
 Title IV-E of the Social Security Act Sections 471(a)(29); 475(5)(D), (7) and (8)
J.J. v. Ledbetter Consent Decree

REQUIREMENTS

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

1. *Define a child eligible for foster care as an individual who has not yet attained 18 years of age.*
NOTE: *Children in Georgia are not eligible for title IV-E funding when they reach 18 years of age, as DFCS has opted out of the Federal definition of a child as it pertains to eligibility for foster care. However, DFCS provides extended foster care (EFC) to individual's ages 18 to their 21st birthday who meet the eligibility criteria.*
2. Prepare the child for the transition from their home to foster care in a manner that minimizes trauma.
3. Determine if a child is Native American and complete notification requirements for children subject to the Indian Child Welfare Act (ICWA) as outlined in policy 1.6 Administration: Indian Child Welfare Act (ICWA) and Transfer of Responsibility for Placement and Care to a Tribal Agency.
4. Obtain court approval for the physical placement of a child at the time of removal in accordance with policy 17.1 Legal: The Juvenile Court Process.
5. Engage the parent, guardian or legal custodian in the transition process, as appropriate.
6. Take a picture of the child in a child-friendly, trauma-sensitive manner upon the child's entry into foster care and every six months thereafter while the child remains in foster care. Upload the pictures into External Documentation in Georgia SHINES.
EXCEPTION: The parents or caregiver provides a current picture of the child alone that clearly depicts the child's identity and can be uploaded into Georgia SHINES External Documentation.
7. Determine high risk medical or behavioral health needs of a child at initial entry and ongoing to secure the appropriate services to meet the children's needs.
8. Notify Amerigroup and the Revenue Maximization Unit (Rev Max) within 24 hours of a child entering foster care to arrange appropriate and timely medical and dental care.
9. Participate in a transfer staffing and joint visit with the Child Protective Services staff to discuss reason for removal and ensure continuity of services to the family.
10. Conduct a diligent search within 30 calendar days of the child's removal from their parents/caregivers to identify relatives, fictive kin or other committed individuals who

serve as a placement resource or provide support to the child and family.

11. Select the most appropriate placement resource to meet the child's needs in accordance with policy 10.4 Foster Care: Selecting a Placement Resource, and prioritize placing children with kinship caregivers.
12. Ensure that appropriate safety screenings are completed and satisfactory findings are secured, prior to the placement or change in placement (including respite) of a child with kinship caregivers (relatives and fictive kin) or foster home (DFCS or Child Placing Agency (CPA) as outlined in policy 19.9 Case Management: Safety Screenings.
13. Arrange pre-placement visits between the child and the prospective placement resource whenever possible to minimize trauma (see policy 10.3 Foster Care: Changes in Placement).
14. Discuss and provide the placement resource with the following information at the time of placement:
 - a. A description of any financial assistance for which the placement resource may be eligible, including any financial assistance for childcare.
 - b. A description of the reasonable and prudent parenting standard as outlined in policy 14.26 Resource Development: Reasonable and Prudent Parenting Standard.
 - c. A copy of the child's education records. This includes an explanation of the process for enrolling the child in school and any information necessary to complete the process.
 - d. A copy of the child's health records. This includes:
 - i. A copy of or recommendations from the child's most recent physical and dental exams and any available information on the child's known medical conditions and current medications.
 - ii. A copy of or recommendations from the child's most recent developmental assessment, trauma assessment and psychological evaluation.
 - iii. Health insurance information for the child, including the child's Medicaid number.

NOTE: If this information is not available at the time of placement, DFCS shall request the information no later than 15 days after the child enters foster care and provide the information to the placement resource within five business days of receipt.

 - e. A copy of any court scheduling order or the dates and times for any scheduled hearings related to the child is provided to the placement resource at the time of placement, if available. If the information is not available, DFCS shall request the information no later than 15 days after the child enters foster care and provide the information to the placement resource within five business days of receipt.
 - f. Contact information for the county DFCS office.
15. Develop a Runaway Prevention Plan for any child with a history of running away or at-risk to run away within seven calendar days of placement. Include the child, caregiver and other providers working with the child in the development of the plan (see policy 19.22 Case Management: Missing Children).
16. Arrange for each child who enters foster care to have a face-to-face family (parent/caregiver and sibling) visit no later than seven calendar days from the date of removal unless the court restricts such visitation.
17. Make purposeful face-to-face contact with the child in foster care within seven calendar days of an initial placement to assess the child's safety, adjustment to the placement, and any needs of the child or caregiver.

18. Ensure a Comprehensive Child and Family Assessment (CCFA) is completed in accordance with policy 10.10 Foster Care: Comprehensive Child and Family Assessment (CCFA).
19. Jointly develop the initial case plan with the family in accordance with policy 10.23 Foster Care: Case Planning for submission to the juvenile court within 30 days of the child entering foster care.
20. Document all pre-placement and placement activities in Georgia SHINES within 72 hours of occurrence.

PROCEDURES

The Social Services Case Manager (SSCM) will:

1. Engage the parent, guardian or legal custodian, kin and collaterals in transitioning the child from his/her home into the foster care placement setting:
 - a. Discuss the importance of their involvement in the transitioning of the child into the foster care placement and encourage the parents, guardians or legal custodians to participate in the actual placement of a child, whenever possible and appropriate.
 - b. Gather information about absent parents, kin and the family's support to identify individuals that could serve as a placement or other supportive capacity for the child in accordance with policy 19.20 Case Management: Diligent Search.
 - c. Request and obtain clothing and other personal items for the child to take to their placement.
 - d. Obtain pictures of the child, family members, significant individuals and the child's home.
 - e. Obtain the parents, other family members or caregiver's assistance in taking a picture of the child if a current picture is not available upon the child's entry into foster care. Upload the picture to External Documentation in Georgia SHINES.
 - i. Utilize a state-issued camera or mobile device to take the picture. The use of personal phones or devices are prohibited.
 - ii. The picture should be of the child alone and depict a clear representation of the child's face, head and shoulders.
 - iii. Pictures should be updated at a minimum of every six months while the child is in foster care and uploaded into External Documentation in Georgia SHINES. Document the child's age and date the picture was taken in the Details box on the External Documentation Detail page of the uploaded picture.
 - f. Obtain the child's medical, dental and development information from the parent/caregiver and/or other service provider as outlined in policy 10.11 Foster Care: Medical, Dental and Developmental Needs. Document the information in the Health Log in Georgia SHINES and upload documents to External Documentation.
 - g. Obtain the child's psychological and behavioral health information as outlined in policy 10.12 Foster Care: Psychological and Behavioral Health Needs. Document the information in the Health Log in Georgia SHINES and upload documents to External Documentation.
 - h. Obtain educational and school information for school aged children.
 - i. Obtain preschool or daycare information for children four years old and under.
 - j. Obtain identifying information (name, address, telephone number, relationship, date of birth, social security number and card, birth certificate, medical insurance card, etc.) for the child, parents, guardians or legal custodians, kin and others with a

- committed relationship to the child. Document the demographic information on the Person Detail page in Georgia SHINES.
- k. Verify the child's citizenship or immigration status (see policy 10.17 Foster Care: Service Needs of an Immigrant Child).
 - l. Inquire as to whether the child has any unearned income such as Supplemental Security Income (SSI) or Retirement, Survivors, Disability Insurance (RSDI).
 - m. Obtain information about the parents', guardians' or legal custodians' employment status, income and financial resources.
 - n. Explain, complete and provide to the child's parents/guardians the Notice of Case Record Information Available to Parents/Guardians in accordance with policy 2.10 Information Management: *J.J. v. Ledbetter* Parent or Guardian Request for Information.
2. Select a placement for the child in the order of placement preference accordance with policy 10.4 Foster Care: Selecting a Placement Resource.
 3. Prepare and transition the child to the selected placement resource in a manner that minimizes trauma (see Practice Guidance: Initial Placement and Tips to Minimize Trauma at Removal and Placement into Foster Care).
 4. Provide and discuss the following with the placement resource at the time of placement:
 - a. Agreement Supplement or RBWO Placement Agreement (if the child's placement is with a RBWO provider) which provides written and dated confirmation of the child's placement into the home and is signed at the time of placement.
 - b. Child Passport from Georgia SHINES, which includes:
 - i. Identifying information for the child
 - ii. Contact information for the SSCM and Social Services Supervisor (SSS)
 - iii. Psychological and developmental history
 - iv. School history
 - v. Reason for foster care entry (maltreatment code)
 - vi. History of foster care entry and previous placement types
 - vii. Siblings in foster care
 - viii. Child foster care plan type
 - c. Information about the child to minimize trauma, including:
 - i. The name the child prefers to be called
 - ii. Sleeping patterns/rituals
 - iii. Food preferences/dislikes
 - iv. Religious preferences
 - v. Clothing preferences
 - vi. Fears
 - vii. Strengths, including any special skills/achievements
 - viii. Special toy/object
 - ix. Pictures of the family
 - d. During and after hours contact information for the SSCM, SSS, County Director and County Office.
 - e. Confidentiality of foster child information as outlined in policy 2.6 Information Management: Confidentiality/Safeguarding Information and protected health information in accordance with policy 2.5 Information Management: Health Insurance Portability and Accountability Act (HIPAA).
 - f. The Caregiver Placement Passport from Georgia SHINES, which includes:
 - i. A description of any financial assistance for which the placement resource may

- ii. Reasonable and prudent parenting standards (RPPS) and restrictions on foster caregiver decision making.
 - iii. RPPS handout and Know Before You Say No.
 - iv. Educational stability for children in foster care.
 - v. School enrollment information.
 - g. A copy of the child's education records.
 - h. A copy of the child's health records.
 - i. A copy of or recommendations from the child's most recent physical and dental exams and any available information on the child's known medical conditions and current medications.
 - j. A copy of or recommendations from the child's most recent developmental assessment, trauma assessment and psychological evaluation.
 - k. Health insurance information for the child, including the child's Medicaid number.
 - l. A copy of any court scheduling order or the dates and times for any scheduled hearings related to the child.
 - m. Any upcoming appointments, medical supplies, prescriptions, etc.
 - n. Safe sleeping practices with all caregivers accepting an infant (birth to 12 months of age) in his/her home (see Forms and Tools: Infant Safe to Sleep Guidelines and Protocol).
 - o. Motor vehicle safety recommendations (see Practice Guidance: Motor Vehicle 'Hot Car' Safety).
 - p. The child's Life Book.
 - q. The child's portion of the current case plan.
5. Address factors that place the child at risk of running away including if the has a history of runaway behaviors by developing a Runaway Prevention Plan within seven calendar days of placement. Include the child, parents, placement caregiver and other providers working with the child in the development of the plan as outlined in policy 19.22 Case Management: Missing Children.
 6. Request the following information within 15 days of the child's entry into foster care, if not available at the time of placement. Provide and discuss the information with the placement resource within five business days of receipt:
 - a. A copy of or recommendations from the child's most recent physical and dental exams and any available information on the child's known medical conditions and current medications.
 - b. A copy of or recommendations from the child's most recent developmental assessment, trauma assessment and psychological evaluation.
 - c. A copy of any court scheduling order or the dates and times for any scheduled hearings related to the child.
 - d. Health insurance information for the child, including the child's Medicaid number.
 7. Collaborate with the DFCS Care Coordination Treatment Unit when a child has high risk medical and behavioral health needs in accordance with policies 10.11 Foster Care: Medical, Dental and Developmental Needs and 10.12 Foster Care: Psychological and Behavioral Health Needs.
 8. Collaborate with Wellness, Programming, Assessment and Consultation (WPAC) Unit and Amerigroup Care Coordination Team (CCT) when a child has moderate risk medical and behavioral health needs in accordance with policies 10.11 Foster Care: Medical, Dental and Developmental Needs and 10.12 Foster Care: Psychological and

Behavioral Health Needs.

9. Complete the Medicaid and IV-E Application in Georgia SHINES within 24 hours of a child entering DFCS custody (see policies 9.2 Eligibility: Applying for Medical Services at Initial Entry and Exit and 9.3 Eligibility: Applying for Initial Funding).
10. Complete the Amerigroup GA Families 360° DFCS Referral Form within 24 hours of child's entry into foster care (see policy 10.11 Foster Care: Medical, Dental and Developmental Needs).
11. Complete the service authorization for the CCFA referral within one business day of the Preliminary Protective Hearing (see policy 10.10 Foster Care: Comprehensive Child and Family Assessment (CCFA)) if the CCFA is not being completed by DFCS staff.
12. Complete the Educational Programming Assessment and Consultation (EPAC) Referral/Enrollment form within one business day of the Preliminary Protective Hearing, if the child remains in foster care (see policy 10.13 Foster Care: Educational Needs).
13. Apply to become a payee for any child receiving Social Security, Child Support or other benefits.
14. Complete the following Georgia SHINES pages within 72 hours of the occurrence or obtaining the information, including but not limited to:
 - a. Custody Detail
 - b. Legal Status
 - c. Legal Action and Outcomes Detail
 - d. Person Detail
 - e. Placement List
 - f. Diligent Search
15. Participate in the case transfer staffing within five business days of the child entering foster care and joint visit as outlined in policy 19.4 Case Management: Case Transfer.
16. Establish contact standards for purposeful and collateral contacts in accordance with policy 19.15 Case Management: Developing Contact Standards for Purposeful Contacts and Collateral Contacts.
17. Conduct an initial meeting with the child's school within five business days of the child's entry into foster care (see policy 10.13 Foster Care: Educational Needs).
18. Arrange the initial parent-child visit within seven calendar days of child's entry into foster care in accordance with policy 10.19 Foster Care: Visitation.
19. Conduct a home visit with placement resource and child within seven calendar days of the placement (see policy 10.18 Foster Care: Purposeful Contacts in Foster Care).
20. Ensure the child's health check and dental examination within 10 calendar days of entering foster care in accordance with policy 10.11 Foster Care: Medical, Dental and Developmental Needs.
21. Complete a referral for a trauma assessment within 10 calendar days of the child five years of age and older entering or re-entering foster care in accordance with policy 10.12 Foster Care: Psychological and Behavioral Health Needs).
22. Submit a referral to Children 1st /Babies Can't Wait for a developmental assessment within 10 calendar days of the child entering foster care, if applicable (see policy 19.28 Case Management: Children 1st and Babies Can't Wait).
23. Attend the multi-disciplinary team (MDT) meeting within 25 calendar days of the child's entry into foster care (see policy 19.5 Case Management: Case Consultation).
24. Conduct and/or participate in the Family Team Meeting (FTM) held within 25 calendar days of the child's entry into foster care to develop the initial case plan (see policy 19.3 Case Management: Solution-Focused Family Team Meetings).

25. Ensure the CCFA is completed no later than 25 calendar days from the CCFA referral date (see policy 10.10 Foster Care: Comprehensive Child and Family Assessment (CCFA)).
26. Participate in all scheduled court hearings in accordance with policy 17.1 Legal: The Juvenile Court Process).
27. Maintain purposeful contacts with the family and collaterals as outlined in policies 10.18 Foster Care: Purposeful Contacts in Foster Care and 19.16 Case Management: Collateral Contacts.
28. Establish the visitation plan with parents, siblings and other family members (see policies 10.19 Foster Care: Visitation and 10.20 Foster Care: Preserving Sibling Connections).
29. Submit the diligent search report to the court within 30 calendar days of the child's removal from his/her home outlining efforts to locate relatives, fictive kin and other committed individuals for the placement of the child in accordance with policy 19.20 Case Management: Diligent Search.
30. Develop the initial case plan with the family and submit to the juvenile court within 30 days of the child's entry into foster care (see policy 10.23 Foster Care: Case Planning).
31. Assist the child and placement resource in creating a Life Book as soon as the child enters care using information and pictures gathered from the family and obtained during the child's time in foster care (see Forms and Tools: Creating and Using a Life Book). The Life Book shall remain with the child throughout the child's stay in foster care.

The SSS will:

1. Conduct a supervisor staffing with the SSCM when a child enters foster care to provide guidance on:
 - a. Strategies to minimize trauma for the child and family.
 - b. Issues that precipitated the child's placement into foster care and reasonable efforts that were made to prevent removal of the child, or safety threats that did not make reasonable efforts possible.
 - c. Conducting ongoing diligent search efforts.
 - d. Determining if the child is an Indian child and ensuring the appropriate notification and other efforts are made to adhere to ICWA, when applicable.
 - e. Efforts to place siblings together.
 - f. Exploring placement that is the most appropriate, least restrictive placement options including possible kin.
 - g. Discussing any high risk medical or mental health needs identified that requires coordinating with WPAC.
 - h. Creating a visitation plan with the child and parents, and siblings if they are not placed together.
 - i. Developing a Runaway Prevention Plan for children at risk of running away.
 - j. Case plan outcomes and what is required to achieve safety, wellbeing and permanence for the child.
 - k. Preparing the child for the placement and planning the first purposeful contact with the child.
 - l. Engaging the parent on permanency and case planning.
2. Participate in the FTMs or MDTs, as required.
3. Verify that the Child Passport, Caregiver Placement Passport, copies of recent medical,

dental, psychological, developmental and all other required information was provided to the placement resource at the time of placement or has been requested and provided in accordance with the timeframes outlined in the requirements and procedures.

4. Ensure the initial visitation between the parent-child and sibling has been arranged and occurs in accordance with the established policy.
5. Ensure that the initial purposeful contact with the child, parent and placement resource occurred timely, and that ongoing purposeful and collateral contact standards have been developed.
6. Ensure the following has been completed in Georgia SHINES:
 - a. Custody Detail
 - b. Legal Status
 - c. Legal Action and Outcomes Detail
 - d. Person Detail
 - e. Placement List
 - f. Diligent Search
 - g. Safety screenings
 - h. Approval and submission of the case plan to the court within 30 days of the child's entry into foster care
 - i. Documentation of all placement efforts
 - j. Documentation of the completion and approval of the Kinship Assessment
 - k. Placement Information
 - l. Payment of Care

PRACTICE GUIDANCE

Initial Placement

The removal of a child from their home and placement into foster care is a time of emotional turmoil for the child and family. Typically, a child entering foster care blames himself/herself for what has happened, and fears are exaggerated in the child's mind. Removal may be equated with the permanent loss of family. Because of the trauma of removal, the child will need help with the grieving process and its stages of shock (denial), bargaining, anger, depression and eventually, coping with and understanding the loss. A child, who is unable to express his /her feelings about separation and loss, often acts out the pain through problematic behaviors, physical symptoms and ailments.

The placement process must be carefully managed to minimize the impact of separation and loss experienced by both the child and his/her parent, guardian or legal custodian. This initial placement period requires intensive intervention by DFCS to minimize trauma while determining the safety, permanency and well-being needs of the child and family. The CPS and Permanency SSCM should coordinate a joint visit where parents, guardians or legal custodians are engaged in potential placement identification, pre-placement discussions and are asked to provide details and items that will aid in their child's transition to foster care (i.e. special needs, strengths, talents, interests, favorite foods, medications etc.). Partnering with parents, guardians or legal custodians early in the life of the case and facilitating visitation within required time frames can serve to foster cooperation and lessen the anxiety experienced when a child is removed from their home.

Tips to Minimize Trauma at Removal and Placement into Foster Care¹:

1. Plan ahead as much as possible to reduce the element of surprise. Keep the family informed of our involvement and that removal is a possibility.
2. Engage the parent/child/other household members during the assessment and development of the genogram to identify supportive individuals and/or placement resources for their children, i.e. kin, friends, etc.
3. Identify a placement before removal, if possible. If the child needs to wait at the DFCS office while a placement is located, find a comfortable place for them to wait away from your phone conversations with prospective placements (to avoid hearing rejections), and perhaps with something to do to entertain themselves.
4. Collaborate with other agencies, when possible. Clarify roles and expectations to assist with the transition.
5. Separate children from the chaos of arrest, interrogation, or resistance on the part of the parents.
6. Engage the parents in helping the child. Remain calm. Move slowly. If the parent is visibly agitated, help to calm the parent down to reduce the effects on the child.
7. Explain to the child what is happening. Give the child as much information as possible as to where they are going and where they will be placed. Assure them that this is not their fault. Assure them that they are safe and will be cared for. Assure them that their siblings, if separated, are safe and will be cared for and they will see their family soon. Don't make promises you can't keep.
8. Provide sensory comfort, familiarity, help with settling in. Ask the parent, or the child, to gather together some familiar things before taking them away. Let the parent put child into the car seat, say good-bye, assist in the process of removal.
9. Ask children if they are hungry or thirsty. Provide comfort food. Ask them what they would like.
10. If the child must be picked up from school or other location to remove due to safety concerns, create a chance for the child to go home and pick up some things from home. Perhaps a kin or friend could meet them there or go with them to help pack some belongings.
11. Ask the parent and the child about medical conditions, allergies, medications. Especially for babies and very young children, ask the parent for information about feeding, schedules, routines.
12. Take time to help the child transition into the foster home. Make every effort not to use a provider to transport the child to their initial placement. The child may have connected to you during the removal. They have already had one abrupt separation. It may be reassuring to the child to know that the worker knows the people and place where they will be staying. Be a constant in the child's life until visits with parents can start.
13. If the child is being placed with a foster parent, ask the foster parents to meet with the child's parents to exchange information about the child and the child's living situation.
14. Inform the placement caregiver (foster parent, kin, etc.) about the child – medical conditions, allergies, medications, known behavioral and emotional issues, important people, anything that will help them to understand the child and to help them feel safe and comfortable.
15. Empathize, connect, and try to understand the child's perspective.

¹ Reducing the Trauma of Investigation, Removal, & Initial Out-of-Home Placement in Child Abuse Cases: Center for Improvement of Child and Family Services Portland State University, School of Social Work

- a. Be open to listening if they want to talk.
 - b. Acknowledge the child's feelings and the difficulty of what they are going through.
 - c. Acknowledge their love for their parents and their parents love for them.
16. Keep the parents informed of how the child is doing, when they will see the child, what they can do to support the child and to reunite with the child.
 17. Support child's relationships and family connections:
 - a. Place siblings together.
 - b. Visitation is extremely important. In addition to their own trauma of being separated, children may worry about the safety and wellbeing of those family members from whom they are separated. Seeing that they are OK can ease that worry. If siblings are placed separately, arrange for sibling visits ASAP, and/or ask foster parents to allow and arrange for sibling contact. Set up visitation between child, siblings and parents as soon as possible.
 - c. Notify the child's school so they can be supportive, if the child remains in the school, or to provide classmates the opportunity for closure or continued connection if the child is to attend a different school. Allow the child to resume attending school as soon as possible. School may have been the one place where they felt safe.
 18. Provide services aimed at healing and wellbeing as soon as possible, including trauma informed services:
 - a. Make sure the child has someone to talk to about what's happening that they feel comfortable with.
 - b. Refer the child and parents for assessments, counseling and/or other trauma informed therapy.
 - c. Provide training, information and support to the foster parents to help them care for the child and to address the child's needs.

Motor Vehicle 'Hot Car' Safety

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

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

Pictures of Children in Foster Care

Pictures are useful tools in child welfare cases. Pictures serve as evidence in child abuse cases. They can be utilized as a resource for identifying children in foster care who need to be transported by a service provider, have been abducted or have runaway. Pictures may also document one's childhood and play a vital role in the development of the child's Life Book while in foster care.

Because of trauma that children in foster care have suffered, it is imperative that sensitivity is used when taking pictures of children. Parents, caregivers, and children, when age and developmentally appropriate, should be provided an explanation of the need for maintaining updated pictures in the case record.

If a current picture meeting the criteria outlined in procedures is available and can be uploaded, an additional picture is not needed. However, if a current photo is not available, the SSCM should engage the parents and/or caregivers, when possible, in taking a picture of the child using the SSCM's state issued camera or mobile device. The picture should appear natural and not intrusive.

Safe to Sleep

Caregivers of infants' ages 0-12 months old must be informed of conditions that constitute a safe sleeping environment and that reduce the risk of Sudden Infant Death Syndrome (SIDS), also known as "crib death" (See DFCS Infant Safe Sleep Guidelines and Protocol for additional guidance). Prior to placing a child with a placement resource, the home environment should be assessed to ensure that safe sleep conditions exist. At minimum, caregivers must be advised of the three primary safe sleep recommendations of the American Academy of Pediatrics (AAP) commonly referred to as the 'ABC's' of safe sleep:

Alone – The baby's sleep area should be close to, but separate from, where caregivers and others sleep. The sleep area should be free of soft objects, toys, and loose bedding.

Back – Infants should always be placed on their back to sleep for naps and at night.

Crib – Place infants on a firm sleep surface, such as on a safety approved crib mattress, covered by a fitted sheet.

Information outlined above should be discussed with the child and caregiver on the day placement occurs and encouraged during pre-placement visits.

Sibling

Sibling is defined as a person with whom a child shares a biological mother or father or one or both parents in common by blood, adoption or marriage, even if the marriage was terminated by death or dissolution. Additionally, the relationship between a child and his/her siblings shall not be severed until the relationship is terminated by a final adoption order.

FORMS AND TOOLS

Agreement Supplement

Creating and Using Life Books

Caregiver Child Safety Agreement

Infant Safe to Sleep Guidelines and Protocol

Permanency Timeline

Room, Board and Watchful Oversight Placement Agreement

Notice of Case Record Information Available to Parents/Guardians
Notice of Case Record Information Available to Parents/Guardians (Spanish)