

## **290-9-2-.07 Foster Care Services.**

- (1) Foster care shall be considered only after it has been established that it is necessary for the physical and/or emotional well-being of the child.
- (2) No more than 6 children under the age of 19 may reside in a foster home.
- (3) Orientation Prior to Foster Care Application. The Agency shall provide orientation information in person or in written form to prospective foster parent(s) to assist them in making an informed decision about applying to become a foster parent. The format of the orientation must be documented in the applicant's file. The orientation information must include at least the following:
  - (a) The Agency's purpose and a listing of services provided;
  - (b) A description of the approval process for foster parenting;
  - (c) The minimum requirements for foster parenting including the limits to the number of children in the home;
  - (d) The roles and responsibilities of foster parent(s), including the provision of room, board and watchful oversight;
  - (e) A description of children served by the Agency;
  - (f) Support services available for foster parent(s);
  - (g) General information regarding financial reimbursement for expenses in foster care; and
  - (h) Policies and procedures regarding appropriate behavior management and emergency safety interventions.
- (4) Training for Prospective Foster Parent(s). Once an application to become a foster parent has been submitted, and prior to the approval of an applicant for placement of a child in foster care, the agency shall provide and document training for the applicant in at least the following topics:
  - (a) The Agency's grievance policies and procedures;
  - (b) The annual training requirements for foster parent(s), including the requirement of at least fifteen (15) hours of training relevant to the type of child placed or to be placed in the foster home if the child is more than 12 months old. For parent(s) providing foster care for children under 12 months of age, the foster parent shall have at least eight (8) hours of training.
  - (c) The Agency's policies and procedures for behavior management techniques and emergency safety interventions for children in foster care;
  - (d) Child abuse recognition, reporting, and investigation procedures;
  - (e) Characteristics of children served and their developmental needs, including special needs when applicable; and
  - (f) The Agency's policies and procedures for handling medical emergencies (conditions or situations which threaten life, limb, or continued functioning), and managing use of medications by children in care.
- (5) Minimum Requirements for Prospective Foster Families.
  - (a) Home Study. The Agency shall make a thorough evaluation of each prospective foster family and document this evaluation in a foster home study report which shall be updated as changes in the required home study information occur and include at least the following:

1. The names of family members, the family address and telephone number, drivers' license numbers, and proof of automobile insurance as applicable;
2. The motivation for foster parenting, including but not limited to attitude toward childlessness;
3. A description of family members, including:
  - (i) Date and place of birth;
  - (ii) Physical description;
  - (iii) Family background and history;
  - (iv) Current relationships with immediate and extended family members;
  - (v) Education;
  - (vi) Social involvements;
  - (vii) Personal characteristics;
    - (I) Personality;
    - (II) Interests and hobbies; and
    - (III) Emotional stability.
4. Evaluation of marriages and family life:
  - (i) Verified date and place of marriage, if applicable;
  - (ii) Assessment of marital relationship;
  - (iii) Family interaction patterns; and
  - (iv) Previous marriages.
5. Evaluation of parenting practices:
  - (i) Description of parenting knowledge, attitudes and skills;
  - (ii) Current behavior management practices; and
  - (iii) Current child-rearing practices.
6. Evaluation of physical and mental health needs and/or supports that maybe required from external sources, such as an MRO:
  - (i) Health history and condition of family members;
  - (ii) Documentation of a physical examination of the foster parent applicants completed by a licensed physician, physician's assistant, or a registered nurse with advanced training working under the direction of a physician, or the public health department, within 12 months prior to the completion of the home study;
  - (iii) A statement from a licensed physician, physician's assistant, or public health department regarding the general health status of other members of the prospective adoptive family, obtained within the 12 months prior to the completion of the home study;
  - (iv) Evaluation of emotional and mental health status of each member of the prospective foster family; and
  - (v) Screening for tuberculosis and venereal disease for prospective foster parent(s) and children 16 years of age and older living in the prospective foster home.
7. Understanding of and adjustment to foster parenting:
  - (i) Understanding of the role of a foster parent and the issues in caring for foster children;
  - (ii) Foster family's attitude toward the parent(s) of the foster children including parental visits in their home;
  - (iii) Expectations of the foster child, including intellectual and physical achievement;
  - (iv) Anticipated adjustment of each foster family member to a foster child;
  - (v) Willingness to cooperate with the placement agency; and

(vi) Support network in place for the foster family, including support systems for single parent families, if applicable;

8. Finances and occupations of family members:

(i) Employment history, including whether the home is a registered family day care home or operating any other business or service out of the home that might have an impact on health and safety of the children in care;

(ii) Financial stability of the family;

(iii) Possible financial impact of the addition of a foster child to the home;

9. Home and community:

(i) Description of neighborhood;

(ii) Physical standards of the home, including:

(I) Space and sleeping arrangements, such that:

(II) Only bedrooms are used as sleeping space for children,

(III) A maximum of two (2) children sleep in a double or larger bed, and only if they are of the same sex and under 5 years of age,

(IV) No child over one (1) year of age sleeps in a room with an adult,

(V) Children over three (3) years of age of different sexes do not share a bedroom,

(VI) Children sleep in a bedroom with adequate space for clothing and personal possessions,

(VII) The home is maintained in a condition to ensure the health and safety of children,

(VIII) Hazardous items are not accessible to children,

(IX) A statement as to whether or not there are firearms kept in the home and if so, all firearms owned and in the home are locked away from children,

(X) A statement as to whether or not there is a swimming pool on the premises, and if a swimming pool is present at the home, it is fenced with a locked gate to prevent unsupervised access and it meets all applicable community ordinances,

(XI) Each level of the home is equipped with a functional smoke alarm,

(XII) Water supply and sewage disposal systems which, if other than public systems, have been approved by appropriate authorities,

(XIII) Domestic pets owned or residing with the family have been inoculated against rabies as required by law, and

(XIV) Gas heaters are vented to avoid fire and health hazards, with any un-vented, fuel-fired heaters equipped with oxygen depletion safety shut-off systems.

(iii) Assessment of community resources, including accessibility of schools, churches, recreation, medical facilities and mental health facilities;

10. Religion;

11. A statement regarding the results of a criminal records check, as required by law, for each prospective foster parent(s) and any adult residing in the home. Where the individuals in the home have not resided in this state for the five years preceding their application to foster, the Agency shall require additional documentation available through the state child welfare agency in which the applicant resided that the individuals are not listed on the child abuse and neglect registry.

12. Pre-service training the prospective foster parent and/or family may have received;

13. A minimum of three (3) character references:

(i) At least one reference shall be from an extended family member not residing with the prospective foster family; and

(ii) If the prospective foster parent has either served previously as a foster parent for another agency, and/or been employed within the past five (5) years in a job involving the care of children, at least one reference must be from the former agency or employer.

14. A description of the type of child desired by the prospective foster family;

15. The date the study is completed and the name and signature of the person completing the study; and

16. Recommendation regarding approval as prospective foster parent(s), including description of any identified training or resource needs; and that the prospective foster parents possess the capacity to provide room, board and watchful oversight.

(b) Notification of Approval. Potential foster parent(s) shall be notified in writing as to whether or not their application has been approved.

(c) Location of Foster Homes. Foster homes used by the Agency shall be located within a reasonable travel distance from the Agency so as to be accessible for regular visits by family and Agency staff.

(6) Services Prior to Foster Care Placement.

(a) The selection of a foster home for a particular child shall be based on an assessment of the child's total needs and how well a particular home can meet the child's needs.

(b) Children of the same family shall be kept together when possible unless it has been determined through casework services that this is not desirable.

(c) Placement considerations shall include the potential for children's participation in religious and cultural activities in accordance with their cultural ethnic heritage.

(d) The Agency shall discuss the prospective foster placement with the foster family and shall prepare the foster family for the placement of a particular child by anticipating the adjustments and problems that may arise during placement and any specialized services to be provided. This discussion shall be documented in the case record.

(e) Pre-placement activities between child and foster family shall be documented in the case record of the child and family.

(f) Complete written placement agreement(s) shall be developed with the involvement of the child, the foster parent(s), the parent(s) or guardian(s), and the placing agency representative and signed by all adult parties; such agreement(s) shall include the following:

1. Written authorization to care for the child;

2. Written authorization to obtain medical care for the child;

(g) The Agency shall have a written agreement with the foster parent regarding its policies as to payment of board, arrangements for medical care, clothing, incidental expenses, visits by parent(s), discipline, advance notices for removal when placements are terminated by foster parent and emergency procedures.

(7) Services During the Foster Care Placement.

(a) A plan of care, or case plan, for the foster child and the foster family shall be developed within 30 days from the date of placement.

1. The case plan shall be reevaluated for appropriateness in a case review conference at least every 6 months.

2. The involvement of the child, foster parent, Agency representative and, when appropriate the legal custody holder, shall be documented in the case plan.

(b) The case plan shall include, but not be limited to:

1. Reason for present foster care placement;

2. Statement of preliminary plans for discharge;
3. Statements of any special care and services that will be arranged for or provided directly;
4. Statements of time-limited goals and objectives for the child and family and methods of achieving them and evaluating them, and:
  - (i) Designation of responsibility for carrying out objectives with child, birth parent(s), foster parent(s), and Agency representative;
  - (ii) A method for evaluating and changing goals as needed.
5. A visitation plan, with any changes to the plan documented:
  - (i) Provisions for visits between parent(s) and children shall be made, except where the parental rights have been terminated or where it is documented that visits are detrimental to the child;
  - (ii) The parent(s) and the child shall be informed of the visitation plan.
  - (c) When the agency has a written contract with a state human services agency to provide home finding services only, and the state agency has prepared a case plan for the child and family, then the contracting Child-Placing Agency shall not be required to complete an additional case plan. The Child-Placing Agency must document that a case plan is in place at the time of placement of the child.
  - (d) The Agency shall provide for a complete health and dental program for each child including:
    1. A physical examination of the child shall be provided within 72 hours (excluding weekends and holidays) of placement. If the child is being moved from a previous placement by a licensed agency or state agency, results from an examination completed within one year prior to the new placement shall be accepted for this requirement as long as there appears to be no obvious change in health status;
    2. A general dental examination of a child over the age of three (3) years shall be provided for unless such an examination has been completed within 6 months prior to placement. Such examinations shall be done by either a dentist or a licensed dental hygienist;
    3. Correction/improvement of health and dental defects (including an annual physical examination and a semiannual dental examination);
    4. Immunizations appropriate for the age of the child.
  - (e) The Agency shall provide opportunity for academic and/or vocational training for each child in accordance with his ability and aptitude and as required by the school attendance laws of the state.
  - (f) Home visits shall be conducted by the Agency at least monthly in order to verify that the foster parent(s) are delivering care and room, board and watchful oversight in a safe and healthy environment to the children, in accordance with these rules and regulations and Agency policies and procedures. Such visits shall include observation of the foster child with at least one of the foster parent(s).
  - (g) The Agency shall provide an annual evaluation of the strengths and needs of the foster family and assessment of the best way to maximize the foster care experience for the foster family and the children placed with them. This evaluation shall be shared with the foster family as evidenced by the signature of the foster parent(s) on the evaluation.
  - (h) Documentation of supervision of the placement by the agency shall include:
    1. Adjustment of the child to the foster family and vice versa;

2. Progress made on service plan goals;
3. Any new problems that have arisen and the actions taken toward a solution of those problems;
4. Contacts and issues with other resources and community agencies (i.e., MRO) serving the child;
5. Agency updates reassessing the appropriateness of the foster care placement whenever a significant change occurs in the home, to ensure that care and room, board and watchful oversight continues to be delivered in a safe and healthy environment in accordance with these rules and regulations and agency policies and procedures.
6. Documentation that the foster parent(s) have received the required clock hours of training annually following the initial foster placement, with the training being relevant to the type(s) of children placed in the foster home.
  - (i) Termination of Agency care shall be determined by casework study and planning with the child and his family and/or the court or local public Agency responsible for the child.
- (8) Behavior Management and Emergency Safety Interventions in Foster Care.
  - (a) Child training and behavior management may be administered by the foster parent(s) when appropriate and shall be appropriate for the child's age, intelligence, emotional makeup, and past experience.
  - (b) Foster parents shall supervise the foster children placed in their homes and utilize appropriate behavior management techniques to assist the foster children in meeting service plan goals.
  - (c) Behavior Management.
    1. The agency shall develop and implement policies and procedures on behavior management. Such policies and procedures shall set forth the types of children served in accordance with its program purpose, the anticipated behavioral problems of the children, and acceptable methods of managing such problems.
    2. Such behavior management policies and procedures shall incorporate the following minimum requirements:
      - (i) Behavior management principles and techniques shall be used in accordance with written policies and procedures governing service expectations, service plan goals, safety, security, and these rules and regulations.
      - (ii) Behavior management shall be limited to the least restrictive appropriate method in accordance with the prohibitions as specified in these rules and regulations.
    3. The following forms of behavior management are prohibited and shall not be used:
      - (i) Assignment of excessive or unreasonable work tasks;
      - (ii) Denial of meals and hydration;
      - (iii) Denial of sleep;
      - (iv) Denial of shelter, clothing, or essential personal needs;
      - (v) Denial of essential services;
      - (vi) Verbal abuse, ridicule, or humiliation;
      - (vii) Restraint, manual holds, and seclusion used as a means of coercion, discipline, convenience, or retaliation;
      - (viii) Denial of communication and visits with family unless restricted by case plan or court order;
      - (ix) Corporal punishment;

(x) Seclusion of a child or children in a room or area which may reasonably be expected to cause physical or emotional damage to the child (e.g., small closet, crawl space, cabinet, etc.); or

(xi) Seclusion of a child or children to a room or area for periods longer than those appropriate to the child's age, intelligence, emotional make up and previous experience, or confinement to a room or area without the supervision or monitoring necessary to ensure the child's safety and well-being.

4. Children shall not be permitted to participate in the behavior management of other children.

5. Agencies shall submit to the Department electronically or by facsimile a report within 24 hours whenever the Agency becomes aware of an incident which results in any injury of a child requiring medical treatment beyond first aid that is received by a child as a result of or in connection with any behavior management or emergency safety intervention.

6. The Agency shall take appropriate corrective action when it becomes aware of or observes the use of prohibited forms of behavior management, as specified in sections .07(8)(c)(i) through (xi). Documentation of the incident and the corrective action taken by the Agency shall be maintained in the case records of the child and family.

7. The Agency shall require any foster parent(s) to report to the agency within 24 hours whenever a child receiving services through the Agency requires medical attention beyond first aid as a result of or in connection with the use of behavior management techniques or emergency safety interventions.

(d) Emergency Safety Interventions.

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

2. Emergency safety interventions shall only be used when less restrictive means of dealing with the injurious behavior have not proven successful or may subject the child or others to greater risk of injury. Emergency safety interventions shall not include the use of any 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 a documented medical or psychological condition.

3. The agency shall have and enforce written policies and procedures for the appropriate use of emergency safety interventions that shall apply to both foster and therapeutic foster parent(s), a copy of which shall be provided to and discussed with each child (as appropriate taking into account the child's age and intellectual development) and the child's foster parent(s) prior to or at the time of placement. Emergency safety intervention policies and procedures shall include:

(i) Provisions for the documentation of an assessment at placement and at each annual exam by the child's physician, a physician's assistant, or a registered nurse with advanced training working under the direction of a physician, or a public health department that reflects that there are no medical issues that would be incompatible with the appropriate use of emergency safety interventions on that child. Such assessment and

documentation must be re-evaluated following any significant change in the child's medical condition; and

(ii) Provisions for the documentation and reporting of each use of an emergency safety intervention by a therapeutic foster parent including:

(I) Date and description of the precipitating incident;

(II) Description of the de-escalation techniques used prior to the emergency safety intervention, if applicable;

(III) Environmental considerations;

(IV) Therapeutic foster parent(s) or staff members participating in the emergency safety intervention;

(V) Any witnesses to the precipitating incident and subsequent intervention;

(VI) Exact emergency safety intervention used;

(VII) Documentation of the 15 minute interval visual monitoring of a child in seclusion;

(VIII) Beginning and ending time of the intervention;

(IX) Outcome of the intervention;

(X) Detailed description of any injury arising from the incident or intervention; and

(XI) Summary of any medical care provided.

(iii) Provisions for prohibiting manual hold use by any staff or therapeutic foster parent(s) not trained in prevention and use of emergency safety interventions.

4. Emergency safety interventions may be used to prevent runaway only when the child presents an imminent threat of physical harm to self or others.

5. Agency staff and foster parent(s) shall be aware of each child's known or apparent medical and psychological conditions (e.g., obvious health issues, list of medications, history of physical abuse, etc.), 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.

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

7. Immediately following the conclusion of the emergency safety intervention and hourly thereafter for a period of at least four hours where the child is with a staff member or 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. Authority O.C.G.A. §§ 49-5-8 and 49-5-12.

8. At a minimum, the emergency safety intervention program that is utilized by staff and foster parent(s) shall include the following:

(i) Techniques for de-escalating problem behavior including child, staff and foster parent debriefings;

(ii) Appropriate use of emergency safety interventions;

(iii) Recognizing aggressive behavior that may be related to a medical condition;

(iv) Awareness of physiological impact of a restraint on the child;

(v) Recognizing signs and symptoms of positional and compression asphyxia and restraint associated cardiac arrest;

(vi) Instructions as to how to monitor the breathing, verbal responsiveness, and motor control of a child who is the subject of an emergency safety intervention;

(vii) Appropriate self-protection techniques;

- (viii) Policies and procedures relating to using manual holds, including the prohibition of any technique that would potentially impair a child's ability to breathe;
- (ix) Agency policies and reporting requirements;
- (x) Alternatives to restraint;
- (xi) Avoiding power struggles;
- (xii) Escape and evasion techniques;
- (xiii) Time limits for the use of restraint and seclusion;
- (xiv) Process for obtaining approval for continual restraints and seclusion;
- (xv) Procedures to address problematic restraints;
- (xvi) Documentation;
- (xvii) Investigation of injuries and complaints;
- (xviii) Monitoring physical signs of distress and obtaining medical assistance; and
- (xix) Legal issues.

9. The emergency safety intervention training for foster parent(s) who are approved to care for children who are likely to require the use of emergency safety interventions shall be recorded in the child's record showing the cause for the emergency safety intervention, the emergency safety intervention used, and, if needed, approval by the executive director, the casework supervisor, and the physician who has responsibility for the diagnosis and treatment of the child's behavior.

10. Agencies shall submit to the Department electronically or by facsimile a report within 24 hours whenever the Agency becomes aware of an incident which results in injury to a child requiring medical treatment beyond first aid that is received by a child as a result of or in connection with any emergency safety intervention.

(i) For any agency with 20 or more foster placement homes, serving children who are likely to require the use of emergency safety interventions, any 30-day period in which three or more instances of emergency safety interventions of a specific child occurred and/or whenever the agency has had a total of 10 emergency safety interventions for all children in care within the 30-day period; and

(ii) For any agency with less than 20 foster placement homes, serving children who are likely to require the use of emergency safety interventions, of a specific child occurred and/or whenever the agency has had a total of five instances for all children in care within the 30-day period.

11. Agency staff and foster parents shall submit a written report to the executive director on the use of any emergency safety intervention immediately after the conclusion of the intervention. A copy of such report shall be maintained in the child's file.

12. At least once per quarter, the agency, utilizing a master agency emergency safety intervention log and the child's case record, shall review the use of all emergency safety interventions for each child and foster therapeutic placement, including the type of intervention used and the length of time of each use, to determine whether there was a clinically therapeutic basis for the intervention, whether the use of the emergency safety intervention was warranted, whether any alternatives were considered or employed, the effectiveness of the intervention or alternative, and the need for additional training. Written documentation of all such reviews shall be maintained. Where the agency identifies opportunities for improvement as a result of such reviews or otherwise, the agency shall implement these changes through an effective quality improvement plan.

13. No later than January 1, 2007 and ongoing thereafter, all foster parent(s) who likely may require the use of emergency safety interventions, because of the identified needs of the children being served, shall have evidence of having satisfactorily completed a nationally recognized training program for emergency safety interventions to protect children and others from injury, which has been approved by the Department and taught by an appropriately certified trainer in such program.

14. Manual Holds.

(i) Emergency safety interventions utilizing manual holds require at least one trained staff member or foster parent(s) to carry out the hold. Emergency safety interventions utilizing prone restraints require at least two trained staff members or foster parent(s) to carry out the hold.

(ii) Emergency safety interventions utilized by any staff or foster parent shall not include the use of any 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 a documented medical or psychological condition.

(iii) When a manual hold is used upon any 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.

(iv) If the use of a manual hold exceeds 15 consecutive minutes, the executive director or his or her designee, who possesses at least the qualifications of the executive director and has been fully trained in the agency's emergency safety intervention plan, shall be contacted by a two-way communications device or in person and determine that the continuation of the manual hold is appropriate under the circumstances. Documentation of any consultations and outcomes shall be maintained for each application of a manual hold that exceeds 15 minutes. Manual holds shall not be permitted to continue if the restraint is determined to pose an undue risk to the child's health given the child's physical or mental condition.

(v) A manual hold may not continue for more than 30 minutes at any one time without the consultation as specified in subparagraph (2) of this subparagraph, and under no circumstances may a manual hold be used for more than one hour total within a 24-hour period.

(vi) If the use of a manual hold on a child reaches a total of one hour within a 24-hour period, the staff shall reconsider alternative treatment strategies, document same, and consider notifying the authorities or transporting the child to a hospital or mental health facility for evaluation.

(vii) The child's breathing, verbal responsiveness, and motor control shall be continuously monitored during any manual hold. Written summaries of the monitoring by a trained staff member or foster parent not currently directly involved in the manual hold shall be recorded every 15 minutes during the duration of the restraint. If only one trained staff member or trained foster parent is involved in the restraint and no other trained staff member or parent is available, written summaries of the monitoring of the manual hold shall be recorded as soon as is practicable, but no later than one hour after the conclusion of the restraint.

15. Seclusion.

- (i) If used, seclusion procedures in excess of thirty (30) minutes must be approved by the executive director or designee. No child shall be placed in a seclusion room or area in excess of one (1) hour within any twenty-four (24) hour period without obtaining authorization for continuing such seclusion from the child's physician, psychiatrist, or licensed psychologist and documenting such authorization in the child's record.
- (ii) A seclusion room or area shall only be used if a child is in danger of harming himself or herself or others.
- (iii) A child placed in a seclusion room or area shall be visually monitored at least every 15 minutes.
- (iv) A room or area used for the purposes of seclusion must meet the following criteria:
  - (I) The room or area shall be constructed and used in such ways that the risk of harm to the child is minimized;
  - (II) The room or area shall be constructed so that a staff member or foster parent can visually monitor the child;
  - (III) The room shall be lighted and well-ventilated;
  - (IV) The room shall be a minimum fifty (50) square feet in area; and
  - (V) The room must be free of any item that may be used by the child to cause physical harm to himself/herself or others.
  - (VI) No more than one child shall be placed in the seclusion room or area at a time.
- (v) A seclusion room monitoring log shall be maintained and used to record the following information:
  - (I) Name of the secluded child;
  - (II) Reason for child's seclusion;
  - (III) Time of child's placement in the seclusion room or area;
  - (IV) Name and signature of the therapeutic foster parent or staff that conducted visual monitoring;
  - (V) Signed observation notes; and
  - (VI) Time of the child's removal from the seclusion room or area.
- (9) Maintenance of Foster Care Records.
  - (a) The Agency shall maintain separate records for each foster home. The record shall be started at the time of application and shall be kept current.
  - (b) The foster home record shall contain:
    - 1. The application;
    - 2. Home study;
    - 3. Medical reports for each member of the foster family;
    - 4. Summary narrative containing the dates as well as the content material from the caseworker's contacts;
    - 5. References;
    - 6. The annual evaluations of the foster home, family, and placements;
    - 7. Placement history of the foster home, children placed, date(s) admitted, date(s) discharged and reason for discharge;
    - 8. Documentation of satisfactory criminal records checks in accordance with Georgia law.
    - 9. Phone numbers of foster parent(s) including day, cell & evening phone numbers and the days of the week and times of day the foster parent is likely to be accessible at the foster home.

10. Foster children currently in the foster home including the child's name & county of custody.

(c) Foster home records shall be maintained for at least 3 years following the Agency's last placement in said foster home.

(d) The Agency shall maintain separate records for each child placed in foster care. The record for each child shall include:

1. Name, sex, race, birth date and birthplace of child;
2. Name, address, telephone number and marital status of parent or guardian of the child;
3. Name, address, telephone number of the foster parent with whom the child is currently placed;
4. Legal documents including verified birth record, court status, agreements, consents, etc.;
5. Social history of the family and parent background;
6. Medical history and cumulative health record, psychological and psychiatric reports;
7. Education records and reports;
8. Plan of care pursuant to these rules;
9. Summary of each 6 month case review conference which reflects the contacts with and the status of all family members in relation to the placement plan as well as the achievements or changes in the goals or services;
10. Summary of child's contacts with the family, the quality of the relationships and the child's progress in coping;

(e) Upon termination of placement of the child, the following shall be placed in the record of the child and the foster home:

1. Date of termination, reason for termination, the name, telephone number, address, and relationship of the person or Agency assuming responsibility for the child.
2. A termination summary describing the services provided during care, growth and accomplishments, and assessed needs which remain to be met with the service possibilities, which might meet those needs.
3. Aftercare and room, board and watchful oversight plans that determine the responsibility for follow through.

(f) Family/child records shall be maintained for at least 3 years following completion of service.

Authority O.C.G.A. Secs. 49-5-12, 49-5-60. **History.** Original Rule entitled "Foster Care Services" adopted. F. Mar. 16, 2000; eff. Apr. 5, 2000. **Repealed:** New Rule of same title adopted. F. Aug. 21, 2006; eff. Sept. 10, 2006. **Repealed:** New Rule of same title adopted. F. Nov. 20, 2006; eff. Dec. 10, 2006. **Repealed:** New Rule of same title adopted. F. June 5, 2007; eff. June 25, 2007. **Repealed:** New Rule of same title adopted. F. Jan. 24, 2008; eff. Feb. 13, 2008.