

### Re-evaluation questions for Primary caregiver

Can you please take a few moments to answer the following questions in detail and return to us at your earliest convenience.

1. What does a typical day in your home look like for all household members? Work hours, school hours etc.
2. Describe any activities that all members in the home participate in? including after school activities, weekend rituals etc.
3. How has this past year been? Include how Covid has affected you personally, your extended family, annual trips, church, vacations etc.
4. What are your hobbies? How do you manage stress? What does your support system look like?
5. Who is your extended family? How often do you communicate with them? How do they feel about you as a foster parent? How have they interacted with the child placed in your home? (if applicable)
7. Describe each child currently placed or was placed in your home during the review period? Have you had to call 911 during the review period? If so, why?

## Re-Evaluation Answers

1. A typical day is going to work Mon-Fri for 8 hours. There are times when the warehouse is extremely busy and we stay over 1 to 2 hours over. When I leave work, I run errands if need to or go home to cook and relax.
2. Activities that I participate in are sports (games) that my grands are in. I am their number 1 fan cheering them on. My children love having family night on the weekends once or twice a month if permitted. We ae always participating in church functions.
3. This past year has been great. COVID didn't disrupt the family too much. We all stayed away from anyone who showed signs and wore our mask. 2023 we went on vacation as normal.
4. My hobbies are sports, singing, crocheting, anything fun. A stressful day for me is to have quiet time. Meditate. I usually talk to the kids and visas versa. My support system is my children and aunt. They help me out when needed and very supportive,
5. My extended family is my kids/grandchildren and other family members. We communicate every day either thru phone or text. My kids think I'm crazy for wanting to be a Foster Parent but truly support my decisions. I've only had I child placed in my home and he interacted with my kids/grandkids well.
6. I only had one child placed in my home thru Elk's. He started out so very manner able on the first day but turned into a nightmare. Yes 911 were called so he could be escorted to Coastal Harbor. He was off his meds for a period of time which may have contributed to him acting out. Verbally abusive and wanted to fight me.

DRIVER'S LICENSE



DL NO 054119397 DOB 01/11/1963  
CLASS C EXP 01/11/2028  
KATIE ANN  
SPAULDING  
9988 PIN POINT AVE UNIT E  
SAVANNAH, GA 31406-8668  
CHATHAM  
Restrictions B End NONE  
Iss 01/11/2017  
Sex F Eyes BRO  
Hgt 5'-06" Wgt 150 lb  
DD 296631336180044965

*Katie*

DONOR

Additional documents for Re-evaluation

1. Driver License information:

DL # 054119397  
EXP - 11/11/25

2. Automobile insurance information:

Geico  
Policy # 6073-18-81-68  
1/24 - 7/18/24

3. Mortgage information:

4. Verification of income - check stubs

See attachment



Tel: 1-800-841-3000

# Declarations Page

This is a description of your coverage.  
Please retain for your records.

**GEICO General Insurance Company**  
One GEICO Center  
Macon, GA 31295-0001

**Policy Number: 6073-18-81-68**

**Coverage Period:**

01-18-24 through 07-18-24

Your coverage begins and ends at 12:01 am local time at the address of the named insured.

Endorsement Effective: 01-18-24

Date Issued: December 24, 2023

KATIE ANN SPAULDING  
9988 PIN POINT AVE UNIT E  
SAVANNAH GA 31406-8568

Email Address: katiespauling63@gmail.com

<u>Named Insured</u>	<u>Additional Drivers</u>
Katie Ann Spaulding	Kaprice A Spaulding

<u>Vehicles</u>	<u>VIN</u>	<u>Vehicle Location</u>	<u>Finance Company/ Lienholder</u>
1 2019 Toyota Camry	4T1B61HK1KU186352	SAVANNAH GA 31406-8568	
2 2015 Mazda Cx-5	JM3KE2CY6F0468144	SAVANNAH GA 31406-8568	CARMAX AUTO FINANCE
3 2020 Dodge Durango	1C4RDHDG7LC252414	SAVANNAH GA 31406-8568	SANTANDER BANK NA

<u>Coverages*</u>	<u>Limits and/or Deductibles</u>	<u>Vehicle 1</u>	<u>Vehicle 2</u>	<u>Vehicle 3</u>
Bodily Injury Liability Each Person/Each Occurrence	\$50,000/\$100,000	\$460.70	\$516.20	\$336.40
Property Damage Liability	\$30,000	\$260.40	\$271.80	\$215.70
Uninsured Motorist BI - Add-On Each Person/Each Occurrence	\$50,000/\$100,000 Non-Ded	\$283.10	\$283.10	\$283.10
Uninsured Motorist PD - Add-On	\$30,000 250 Ded	\$0.00	\$0.00	\$0.00
Comprehensive (Excluding Collision)	\$500 Ded	\$125.70	\$75.30	\$92.40
Collision	\$500 Ded	\$501.00	\$235.50	\$309.10
Emergency Road Service	ERS FULL	\$12.30	\$19.00	\$10.60
Rental Reimbursement	\$50 Per Day \$1,500 Max	\$57.40	\$57.40	\$57.40
<b>Six Month Premium Per Vehicle</b>		<b>\$1,700.60</b>	<b>\$1,458.30</b>	<b>\$1,304.70</b>

\*200001607318816810034002844\*

1086323335 00000617 00000002/00000003 00002927/00004332

**POLICY DECLARATIONS**

American Modern Property and Casualty Insurance Company

**Dwelling Basic  
Policy Change****Premium Summary**

Dwelling #1:	\$1,199.00
9988 PINPOINT ROAD SAVANNAH GA 31416	
Policy Coverages	\$0.00
Additional Costs	\$0.00
<b>Total Policy Premium</b>	<b>\$1,199.00</b>

Note: a minimum earned premium of \$0.00 applies to this policy.

**Policy Discounts**

Claims Free Discount

**Dwelling Discounts**

The following discounts apply to one or more dwellings on this policy.

9988 PINPOINT ROAD, SAVANNAH GA 31416  
Deadbolts, Smoke Alarm and Fire Extinguisher

**Policy Summary**

**Policy Number:**  
101-479-163

**Policy Period:**  
07/10/2023 to 07/10/2024 12:01 A.M. Standard Time

**Named Insured(s):**

ESTATE OF CLARA MABRY  
9988 EAST PINPOINT AVE  
SAVANNAH GA 31416

**Contracted Agency:**

IVANTAGE SELECT AGENCY INC - #302619  
POST OFFICE BOX 5323  
CINCINNATI OH 45201

**Your Agent:**

PENCE FAMILY AGENCY INC - #0A6810  
51 W. FAIRMONT AVE STE 100  
SAVANNAH GA 31406

**Additional Named Insureds and Designees**

**Name:**  
KATIE SPAULVING

**Relationship to Primary Named Insured:**  
Other

**Address:**  
936 MILL STREAM CT, SAVANNAH GA 31419-2973

**Description of Interest:**  
DESIGNEE

**Name:**  
C/O MAGGIE WALKER

**Relationship to Primary Named Insured:**  
Other

**Address:**  
936 MILL STREAM CT, SAVANNAH GA 31419-2973

**Description of Interest:**  
DESIGNEE

**Dwelling #1: 9988 PINPOINT ROAD, SAVANNAH GA 31416**

<b>Occupancy:</b>	<b>Residence Type:</b>	<b>Construction Type:</b>	<b>Year Built:</b>	<b>Protection Class Code:</b>	<b>Territory:</b>
Rental	1 Family Residence	Brick/Masonry	1975	2	1

**Coverage Detail**

Coverage	Limit / Description	Premium
Dwelling (Fire & Extended Coverage)		\$839.00
Limit	75,000	
Loss Settlement	Full Repair Cost	
All Other Peril Deductible	500	
Wind and Hail Deductible	1,000	
Other Structures	7,500	Included
Loss Settlement	Full Repair Cost	
Personal Property	25,000	\$216.00

CO FILE DEPT CLOCK VCHR NO  
 Z1W 002261 003500 000060166 1

# Earnings Statement



SHIP8 INC  
 45875 NORTHPORT LOOP EAST  
 FREMONT, CA 94538

Period Beginning: 01/21/2024  
 Period Ending: 02/03/2024  
 Pay Date: 02/09/2024

Filing Status: Head of household  
 Exemptions/Allowances:  
 Federal: Standard Withholding Table

**KATIE SPAULDING**  
 9988 PIN POINT AVENUE UNIT E  
 SAVANNAH GA 31406

<b>Earnings</b>	rate	hours	this period	year to date
Regular	18.0000	80.00	1,440.00	4,027.68
Overtime	27.0000	.78	21.06	250.56
PTO BAL	18.0000	1.15	20.70	82.80
HOLIDAY				432.00
<b>Gross Pay</b>			<b>\$1,481.76</b>	<b>4,793.04</b>

<b>Other Benefits and Information</b>	this period	total to date
Pto	42.55	
Totl Hrs Worked	80.78	

**Important Notes**

COMPANY PH#: +1 510 490 9786

BASIS OF PAY: HOURLY

**Additional Tax Withholding Information**

Taxable Marital Status:  
 GA: Single  
 Exemptions/Allowances:  
 GA: 1 Plus 2 Dependents(Head of Household)

<b>Deductions</b>	Statutory		year to date
Federal Income Tax		-25.55	118.38
Social Security Tax		-91.87	297.17
Medicare Tax		-21.49	69.50
GA State Income Tax		-43.34	149.12
<b>Net Pay</b>		<b>\$1,299.51</b>	
CHECKING		-1,299.51	
<b>Net Check</b>		<b>\$0.00</b>	

Your federal taxable wages this period are  
 \$1,481.76

SHIP8 INC  
 45875 NORTHPORT LOOP EAST  
 FREMONT, CA 94538

Advice number: 0000060166  
 Pay date: 02/09/2024

Deposited to the account of	account number	transit ABA	amount
KATIE SPAULDING	xxxxxx0132	xxxx xxxx	\$1,299.51

THIS IS NOT A CHECK

**NON-NEGOTIABLE**

CO. FILE DEPT. CLOCK VCHR. NO.  
 Z1W 002281 003590 0000080170 1

# Earnings Statement



SHIP8 INC  
 45875 NORTHPORT LOOP EAST  
 FREMONT, CA 94538

Period Beginning: 02/04/2024  
 Period Ending: 02/17/2024  
 Pay Date: 02/23/2024

Filing Status: Head of household  
 Exemptions/Allowances:  
 Federal: Standard Withholding Table

**KATIE SPAULDING**  
 9988 PIN POINT AVENUE UNIT E  
 SAVANNAH GA 31406

Earnings	rate	hours	this period	year to date
Regular	18.0000	75.70	1,362.60	5,390.28
PTO BAL	18.0000	7.00	126.00	208.80
Overtime				250.56
HOLIDAY				432.00
<b>Gross Pay</b>			<b>\$1,488.60</b>	<b>6,281.64</b>

Deductions	Statutory		year to date
Federal Income Tax		-26.37	144.75
Social Security Tax		-92.29	389.46
Medicare Tax		-21.58	91.08
GA State Income Tax		-43.72	192.84
<b>Net Pay</b>		<b>\$1,304.64</b>	
CHECKING		-1,304.64	
<b>Net Check</b>		<b>\$0.00</b>	

Other Benefits and Information	this period	total to date
Pto	40.15	
Total Hrs Worked	75.70	

**Important Notes**  
 COMPANY PH#:+1 510 490 9788

BASIS OF PAY: HOURLY

**Additional Tax Withholding Information**  
 Taxable Marital Status:  
 GA: Single  
 Exemptions/Allowances:  
 GA: 1 Plus 2 Dependents(Head of Household)

Your federal taxable wages this period are  
 \$1,488.60

SHIP8 INC  
 45875 NORTHPORT LOOP EAST  
 FREMONT, CA 94538

Advice number: 0000080170  
 Pay date: 02/23/2024

Deposited to the account of	account number	transit ABA	amount
KATIE SPAULDING	xxxxxx1500	xxxx xxxx	\$1,304.64

THIS IS NOT A CHECK

**NON-NEGOTIABLE**



AIDMORE, INC.

### **BULLYING POLICY**

In efforts to provide the child a safe and nurturing home environment free from bullying and abuse. Bullying is defined as:

- **Imbalance of Power:** people who bully use their power to control or harm and the people being bullied may have a hard time defending themselves
- **Intent to Cause Harm:** actions done by accident are not bullying; the person bullying has a goal to cause harm
- **Repetition:** incidents of bullying happen to the same the person over and over by the same person or group.

Foster parent and staff will be trained and expected to provide the child placed in the foster home and/or cottage a safe environment free from bullying, and will not tolerate any person in the home bullying another in any of the following ways:

- **Verbal:** name-calling, teasing
- **Social Media:** spreading rumors, leaving people out on purpose, breaking up friendships
- **Physical:** hitting, punching, shoving · **Cyberbullying:** using the Internet, mobile phones or other digital technologies to harm others

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Foster parents are to be aware and report any reports or warning signs of their child being bullied such as:

- **Comes home with damaged or missing clothing or other belongings**
- **Reports losing items such as books, electronics, clothing, or jewelry**
- **Has unexplained injuries**
- **Complains frequently of headaches, stomachaches, or feeling sick**
- **Has trouble sleeping or has frequent bad dreams**
- **Has changes in eating habits**
- **Hurts themselves**
- **Are very hungry after school from not eating their lunch**

- **Runs away**
- **Loses interest in visiting or talking with friends**
- **Is afraid of going to school or other activities with peers**
- **Loses interest in schoolwork or begins to do poorly in school**
- **Appears sad, moody, angry, anxious or depressed when they come home**
- **Talks about suicide**
- **Feels helpless**
- **Often feels like they are not good enough**
- **Blames themselves for their problems**
- **Suddenly has fewer friends**
- **Avoids certain places**
- **Acts differently than usual**

If there is suspicion the child is being bullied in the school setting, the foster parent is to inform the child's teacher and the educational coordinator. A meeting will be scheduled with goals to provide the child with increased supervision and safety.

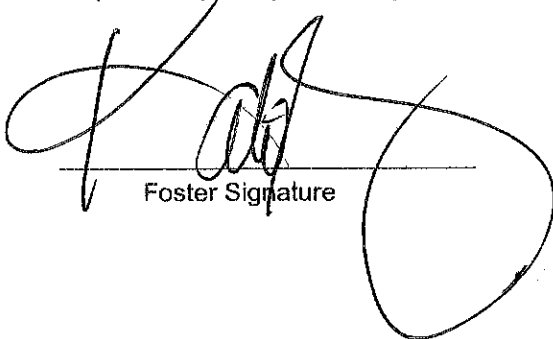
If the child reports an act of bullying in the home setting, the foster parent is to immediately notify the Family Consultant, who in turn will address any issues of safety with the children. If the conflicts cannot be resolved, and the team feel the environment may not be safe, placement in a foster home may occur.

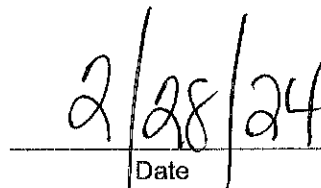
Foster parent will be trained in ways to teach the children how to prevent themselves from becoming victims of bullying such as:

- **Speak up against bullying. Say something like, "stop it."**
- **Walk away. Act like you do not care, even if you really do.**
- **Tell an adult you trust. They may have ideas about what you can do.**
- **Stick together. Staying with a group might help.**

#### Acknowledgement

I have participated in Elks Aidmore, Inc. annual training on the Bullying Policy and understand my responsibility in implementing the above.

  
Foster Signature

  
Date



## Agreement for Behavior Management

I, Katie Spaulding ("Therapeutic Foster Care Parent" or "Supervising Adult"), hereby agree to be trained in the TACT2 (Therapeutic Aggression Control Techniques) at Elks Aidmore Inc. within thirty (30) days of the date of this Agreement. I further agree to manage any acting out behaviors of a child who resides in my home using the least restrictive manner according to the **acceptable methods** listed below:

**Verbal Cuing:** Warning of limits/choices/expectations.

**Time Out:** Request to move the child to a designated quiet area for a specified length of time. This technique is to allow the child to collect his or her thoughts, to reflect on his or her inappropriate behavior, and what he or she will need to do to rectify the situation and/or make better choices.

**Verbal Discussion:** Request to have a one-on-one discussion between the child and the TFC Parent or another adult member of the household. This intervention shall be used to help the child understand his or her behaviors and to help in exploring alternative solutions.

**Family Meeting:** Have the entire family sit down together with the TFC child to discuss and problem-solve the inappropriate behavior as well as to re-establish expectations for appropriate behavior in the home.

**Behavioral Contracts:** Draw up a verbal or written behavioral contract which helps the child to identify his or her "triggers" to inappropriate behavior, to strategize about how to manage this behavior, provide appropriate alternatives to this behavior, and to establish consequences for the repetition of inappropriate behaviors

**Differential Attention/Diversion:** The TFC Parent ignores inappropriate behavior as much as possible, attends and reinforces appropriate behavior only, or provides a diversionary activity such as drawing, journaling, exercise, etc.

**Removal of Privileges:** Provide a logical consequence for the child's misbehavior by removing a privilege or an activity that the child enjoys such as television, video games, outside play, etc. These removals should be short-term with child knowing when the item will be returned.



## Agreement for Behavior Management

In accordance with the Georgia Department of Human Resources Division of Family and Children Services and Elks Aidmore Therapeutic Foster Care Policy, We/I understand that the following behaviors are **STRICTLY PROHIBITED** with any child in Elks Aidmore's TFC Program:

- No hands on foster child during restriction/redirections
- Corporal punishment or threats of physical harm
- Verbally abusing or ridiculing the child or child's family
- Assignment of excessive or unreasonable work tasks or chores not appropriate for behavior
- Loss or threat of loss/restriction of child's contact with his or her birth parent(s);
- Denial or threat of denial of mail sent to the child;
- Threats of removal from the foster home;
- Denial or threats of denial of essential personal needs, including meals, hydration, shelter, clothing, and sleep
- Denial or threats of essential services
- Chemical or mechanical restraint
- No Seclusion of child

***PLEASE UNDERSTAND DFCS HAS A HANDS-OFF POLICY!!!!!!***

Additionally, we/I have discussed alternative methods of discipline and have received instruction on these methods as part of our IMPACT Training.

**Disruption Protocol:**

**I/We were informed of the Agency requiring a 30-day written notice in the event I/we are no longer able to parent the child placed in my/our care. Discussion also held on the negative impacts of disruptions in foster homes settings as well.**

	2/28/24		
Foster Parent,	Date	Foster Parent	Date
Other Caregiver	Date	Elks Aidmore Staff	Date



## Reasonable and Prudent Parenting Standards (RPPS)

Elks Aidmore Inc. in accordance with The Division of Family and Children Services has assigned as designees for the Reasonable and Prudent Parenting Policy Standards (RPPS) the Community Services Director, Residential Program Director, Family Consultant Supervisor, Family Consultant and both Human Services Professional-Service Coordinators who all have completed the necessary training to support this policy.

This standard shall be applied when determining the participation in extracurricular, enrichment, cultural, and social activities in conjunction with the plan for supervision and oversight of such activities without direct supervision of caregivers. These decisions are made in a manner that protects and maintains the health, safety, and best interests of the youth and encouraging emotional and developmental growth. During activity approval, consideration is given to the age and/or developmentally appropriateness as determined by cognitive, emotional, physical, and behavioral capacities.

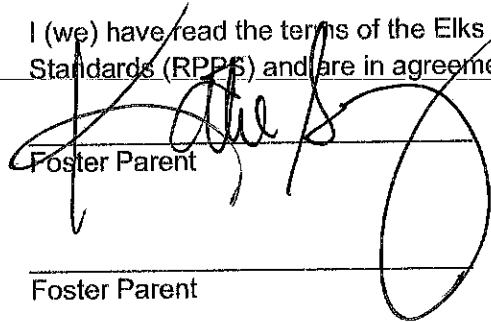
The RPPS approved participation in activities will be documented and shared with the Social Services Case Manager during regular contacts. It may be determined that a youth is not cognitively, emotionally, physically, and/or behaviorally capable of participating in the activity without direct supervision and thus not be allowed to without having an assigned staff involved.

Staff will ensure that youth that are allowed to participate in such unsupervised activities are aware of procedures to be taken during an emergency and have access to emergency numbers of the staff and other approved contacts. No decisions will be made for normalcy activities that are in contrary to pre-existing court orders or in violation of any DFCS discipline policy.

Non-negotiable decisions making for Elks Aidmore Inc Designees include:

- Changing a child's school, attendance, IEP or participation in a GED program
- Changes to psychotropic or other prescribed medication
- Authorizing of major medical procedures
- Changing court ordered visit plans
- Interfering with sibling visits
- Drastically changing a child's appearance
- Changing child's religion or allowing to participate in religious ceremonies
- Preventing ILP participation
- Out of state travel authorization
- Returning to caregiver from which they were removed.

I (we) have read the terms of the Elks Aidmore Inc. Reasonable and Prudent Parenting Standards (RPPS) and are in agreement of the policy.

  
 \_\_\_\_\_  
 Foster Parent

\_\_\_\_\_ 2/28/24 \_\_\_\_\_  
 Date

\_\_\_\_\_   
 Foster Parent

\_\_\_\_\_   
 Date

\_\_\_\_\_   
 Elks Aidmore Inc. Staff

\_\_\_\_\_   
 Date

Elks Aidmore Inc.  
Therapeutic Foster Care

**HAZARDOUS MATERIALS POLICY**

It is the policy of ELKS AIDMORE that all hazardous materials (including cleaning supplies, bleach, etc.) must be kept in a locked box or any lockable container or cabinet.

Exceptions to this policy can only be made if my foster child is working towards Independent Living goals that require the handling of less hazardous chemicals (i.e., laundry detergent, fabric softener, dish detergent, surface cleaner, etc.) while under my supervision.

**SAFETY POLICY**

It is the policy of ELKS AIDMORE that all sharp objects (knives, scissors, tools, etc.) must be stored in a locked location. This includes not leaving sharp objects in the dishwasher. The knives, for example, should be washed by hand and stored in the locked location.

**CONFIDENTIALITY POLICY**

I understand the importance of protecting the privacy of my foster child. Information concerning my child's history, birth family, diagnosis, school functioning, medical information, current functioning, and treatment goals and issues are considered confidential. This information may only be shared with ELKS AIDMORE, Department of Family and Children's Services (DFCS), therapist, respite provider, medical doctor, law enforcement (when applicable), and school officials. I understand this policy and agree to comply. If I have any questions as to whether or not to share with someone, I will ask my ELKS AIDMORE worker before doing so.

**THIRTY-DAY NOTICE POLICY**

I agree to give ELKS AIDMORE at least 30 days' notice of the need for removal of my foster child from my home. Exceptions will be made if it is determined by the child's treatment team that the child is currently a threat to him/herself or to others.

Elks Aidmore Inc.  
Therapeutic Foster Care

## SUPERVISION POLICY

It is the policy of Elks Aidmore Therapeutic Foster Care Program that foster parents are able to account for their child's whereabouts at all times.

Foster Parents will not allow their foster child to be left in supervision of other adults unless approved by the SFC Program and/or the child's legal guardian.

Foster Parents shall not allow their foster child to have overnight visits unless they have received approval from the Elks Aidmore Staff and with an approved respite provider.

If a child is away from the home without permission, the foster parent shall immediately contact program staff and follow the runaway protocol of contacting local law enforcement to file a missing person's report.

## DISRUPTION POLICY

During initial training, foster parents are informed that Elks Aidmore's SFC Program requires a 30-day written notice in the event the family feels they are no longer able to parent the child placed in their care. Parents receive thorough trainings on the negative impacts of foster care disruptions to include requirements to adjust to another family, rejection issues, grief and loss, and change in school settings. Therefore, foster parents are encouraged to work to maintain the child in their home.

In the event the child poses a threat to the safety of self and others, the foster parents are provided with the 24-hour Emergency Phone Numbers, and agree to work with Elks Aidmore's SFC Program in having the child assessed for acute hospitalization, detention, or immediate removal from the foster home, whichever is deemed appropriate for the safety of everyone involved.

## DAMAGES AND LIABILITY

In the event a foster child causes damage to a foster parent's personal belongings, they shall submit a description of all damages to their Homeowner's insurance carrier. ***ELKS AIDMORE will not assume any liability for damages caused by a foster child while residing in your home.***

Elks Aidmore Inc.  
Therapeutic Foster Care

**ALCOHOL/RECREATIONAL DRUG USE**

While it is not against ELKS AIDMORE policy that a parent partakes of alcoholic beverages on a social basis, it is a policy that any parent may **not** transport a child while under the influence of alcoholic beverages. It is also against ELKS AIDMORE policy that any parent fosters a child while under the influence of recreational drugs.

**MEDICATION POLICY**

It is the policy of ELKS AIDMORE that all of the foster child's medications and all other medications belonging to family members, including vitamins and supplements (i.e., calcium, iron, etc.) must be kept in a locked box or any lockable container or cabinet.

Medications can only be handled by the foster parent. When administering medications to a child, the foster parent must take out only the appropriate dosage and hand that amount to the foster child. The child should never have more than the current dosage in his or her possession at one time. The child has the right to refuse medication; however, such refusal may result in the incapacity of the agency to maintain the child in placement.

Medications must be administered as prescribed. I understand that I may not alter or change the medication dosage in any way unless the dosage is changed by the prescribing physician. I will report all medications and dosages given to my child, as well as my child's refusal to take medications, on the Medication Administration Record (MAR).

**GRIEVANCE PROCEDURE POLICY**

If you or your child have a concern that you feel is not being heard, there is a grievance procedure:

**STEP 1:**

**FAMILY CONSULTANT**





# Internet and Social Media Policy

## Internet use

It is the policy of ELKS AIDMORE that care shall be taken by foster parents and other responsible adults to help children and youth avoid internet site containing material potentially harmful or not age appropriate for the child/youth.

- Inappropriate or potentially harmful sites should be blocked by using passwords or if possible add parental controls.
- Foster parents should check internet history in the computer on a regular basis.
- Rules for internet use should be developed and agreed to by the foster parent(s), the child/youth, Family Consultant and DFCS Case Manager.
- To the extent possible, computers should be located in a common area readily visible to all household members, and should never be allowed to remain in child's room unsupervised.

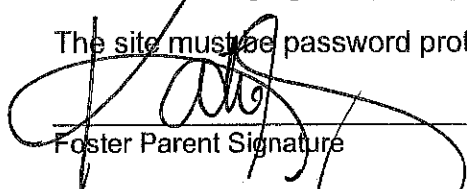
## Social Media sites

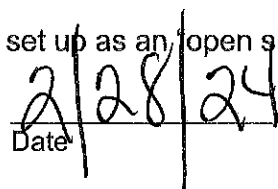
It is the policy of ELKS AIDMORE that foster parents or other responsible adults not place on their personal websites a child or youth's private or identifying information, including photographic images without first obtaining specific written consent from the child/youth's guardian or legal representative. A copy of the written consent, if obtained must be stored in the foster parent's and foster child's agency file. Furthermore, it is strongly not recommended parent's share social media sites with their foster child(ren).

It is the policy of ELKS AIDMORE that while a child/youth's private or identifying information is posted on such a social media site, the following may not be posted on the site.

- Street address of the foster home
- Phone number for the foster home or the child/youth
- Email, social media or other electronic address for a child/youth
- Any Private Health Information (PHI) of a child/youth
- Material or information that violates or disregards any person's individual rights including right to privacy.

The site must be password protected and may not be set up as an "open site".

  
\_\_\_\_\_  
Foster Parent Signature

  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Elks Aidmore Staff

\_\_\_\_\_  
Date

## Maximum Watchful Oversight (MWO)

A child served in the Maximum Watchful Oversight Program will have **serious** to **severe** emotional and/or behavioral management problems. In the CCI program, the behaviors exhibited by a child interfere with his or her ability to function in the family, school, and/or community outside of a supervised and structured setting. The behaviors identified for MWO children placed in a CPA are identified as **serious**. The behaviors identified for MWO children placed in a CCI are identified as more frequent and **severe**. The following are the child characteristics and operational impact on children in MWO according to the Difficulty of Care Factors:

- School attendance is poor, grades are poor, concentration is poor when in school; requires oversight from teachers, family and/or caregiver
- Multiple school suspensions and disciplinary actions
- History of explosive outburst in schools
- Failure and/or inability to learn
- IEP with placement in specialized classes for behavioral or learning disabilities
- May require adaptive learning tools
- Refuses help with school work or tutoring
- Several years behind in the development of age-appropriate knowledge of self-care or life skills
- Verbal aggression (Use of vulgar and/or provocative language)
- Oppositional and defiant in the home and school setting
- Demanding and/or threatening
- Smearing and/or throwing of feces
- Bedwetting – graduating to intentional urination in places other than the toilet
- Hiding soiled clothing/bed linens
- Limited ability to perform routine tasks of daily living such as chores and laundry
- Deliberately or impulsively destroying property while in a structured setting breaking windows, pictures, mirrors, damage to furniture, appliances, clothing, electronics, and vehicles
- Preoccupation with fire
- History of cruelty to animals
- Sexual acting out with or without aggression that may be opportunistic, situational or planned
- Highly sexualized behaviors, promiscuity, seeking inappropriate relationships with older persons, poor physical boundaries, often with history of sexual abuse and poor self esteem
- Recurrent and/or severe self-injurious behaviors and/or suicidal behaviors that are under control
- Homicidal and/or suicidal threats
- Physical aggression and/or assault (hitting, kicking, spitting, attacking with or without a weapon, throwing objects) toward adults and/or other children with and/or without injuries
- Withdrawn behavior, attention seeking behaviors that are excessive, constant complaining about physical ailments, nightmares, difficulty going to bed and/or refusal to stay in bedroom
- Fears, worries, and anxieties that affect daily activities; frequent and severe headaches, stomach aches and/or refusal to get out of bed
- Serious problems with personal hygiene
- Impulsive behaviors that present barrier to maintaining physical safety
- Chaotic and poor control of anger toward self and others with frequency and intensity that needs attention
- Inflexibly adheres to routines or rituals and has difficulty with transitions, which may lead to serious harm to self or others or extremely aggressive behaviors
- Difficulties with social interactions and/or communication (failure to speak, make eye contact, shake hands, hiding, standing too close, revealing personal information inappropriately to strangers, etc.)
- Odd, bizarre or explosive actions, which pose a significant risk of harm to self or others
- Hearing voices and/or seeing things that are not there
- Frequent and/or uncontrollable behavioral outbursts and mood swings

## Maximum Watchful Oversight (MWO)

- Seems unable to form any meaningful friendships, is socially isolated and unable to enjoy activities with peers
- Delinquent behaviors – stealing, burglary, assault and/or battery
- Recurring involvement with Department of Juvenile Justice (DJJ)
- Fire setting with intent to destroy property or injure others and/or preoccupation with fire
- Intentionally and/or maliciously cruel to animals
- Runs away with involvement in situations where high risk activities are likely to occur
- Drinking and/or drug use which may have resulted in disciplinary actions and/or affect daily function
- Involvement with gangs and/or gang-like activities
- Poorly prepared for and lacking skills necessary for independent living

In addition to the previously mentioned behaviors, children with identified medical needs can either be served in a MWO CPA or CCI program. A child served in this group may have **moderate** medical needs requiring specialized services. Child generally sees 2 or more physicians at least on a quarterly basis for medical needs, requires routine lab work to assess the effectiveness of medications. Medical needs in this group could include two-three of the following:

- Global developmental delay as the primary diagnosis
- Mild Cerebral Palsy
- Fetal Alcohol Syndrome
- Recovering from head injury
- Cancer in remission
- Diabetes – managed with insulin and follow up with Endocrinologist
- Ordered to have physical, occupational, and/or speech therapy 1-2 times weekly
- Infant with sucking difficulty and/or on a monitor
- Reflux that is controlled with 1-2 medications
- HIV exposure with medications
- Severe visual impairment to include a diagnosis of legal blindness
- Seizure disorder requiring medication
- Episodes of enuresis or encopresis or a history of one or both
- Autism (high functioning)
- Deafness or severe hearing impairment
- May have self-harming behaviors such as cutting or ingesting harmful substances.
- Children that are developmentally delayed may not be able to follow simple one and/or two-step directions and frequently have difficulty with three step directives.

\*Remember-MWO is the highest level of placement for foster children.

I have read and understand that any child placed in my home could potentially exhibit any of the aforementioned behaviors.

\_\_\_\_\_  
Foster Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster Parent Signature

\_\_\_\_\_  
Date



**Safety and Quality Standards Acknowledgment**

Primary Caregiver Name: \_\_\_\_\_

*Katie Spaulding*

Secondary Caregiver Name: \_\_\_\_\_

*By signing below you are acknowledging that you have reviewed and understand the Safety and Quality Standards. Review the SQS and sign and date the attestation.*

To attain and maintain Full Approval Status, prospective foster and adoptive parents must:

- a. Demonstrate the maturity, stability, fitness, skills and competency to successfully protect, nurture, and meet the developmental needs of children;
- b. Support the agency's established case goals and permanency plan for child(ren) placed in their care;
- c. Meet the citizenship requirement;
- d. Be at least 21 years of age. Relative/kin caregivers must be at least 18 years old;
- e. Have no substantiated Child Protective Services (CPS) history. Be able to communicate with the child, DFCS/CPA, health care providers, and other service providers. At least one caregiver in the home must have functional literacy, such as having the ability to read medication labels;
- f. A background check is conducted on all prospective foster or adoptive parents. Approval will not be granted for any felony conviction with in the last five years to include:
  - i. Physical assault;
  - ii. Battery; or
  - iii. A drug or alcohol related offense.

The non-negotiable convictions include felonies involving:

- i. Child abuse or neglect;
  - ii. Spousal abuse;
  - iii. A crime against a child or children (including child pornography); or
  - iv. A crime involving violence, including rape, sexual assault, or homicide (but not including other physical assault or battery).
- g. Abstain from the use of illegal drugs and misuse of prescription drugs and alcohol;
  - h. Have sufficient income to maintain their family excluding the amount of the per diem received for any child(ren) in foster care;

continued

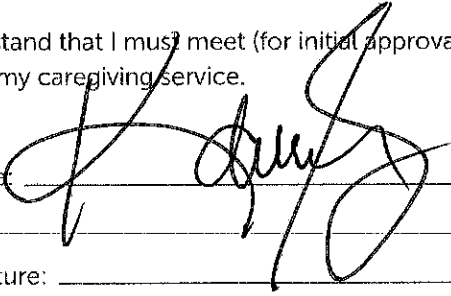
- i. Meet health requirements for all household members;
  - i. All children who are household members must be up-to-date on immunizations unless they are contrary to the child's health as documented by a licensed health care professional.
  - ii. All household members who will be caregivers of infants must have an up-to-date pertussis (whooping cough) vaccination unless the immunization is contrary to the individual's health as documented by a licensed health care professional.
  - iii. All household members who will be caregivers of infants and children with special medical needs must have an up-to-date annual influenza vaccination unless the immunization is contrary to the individual's health as documented by a licensed health care professional.
- j. Be certified in CPR and First Aid;
- k. Have at least three (3) personal character references;
- l. Complete an IMPACT Information Session;
- m. Complete approved pre-service training;
- n. Meet the requirement for Continued Parent Development (CPD);
- o. Have reliable, legal and safe transportation (includes a properly maintained vehicle or access to public transportation);
  - i. Any privately-owned vehicle (owned by caregiver, caregiver's family, or friends) used to transport a child in foster care must be operated by someone with a valid driver's license, insurance, and registration;
  - ii. Safety restraints (as appropriate for the child in accordance with the law) must be used when transporting a child in foster care.
- p. Have a home environment that is clean, free of environmental hazards, and provides a livable atmosphere;
- q. Meet standards for appropriate utilization of the home;
  - i. The total number of foster children that may be cared for in a foster family home must not exceed six except for the following reasons:
    1. To allow a parenting youth in foster care to remain with the child of the parenting youth;
    2. To allow siblings to remain together;
    3. To allow a child with an established, meaningful relationship with the family to remain with the family; and
    4. To allow a family with special training or skills to provide care to a child who has a severe disability.
  - ii. Caregivers must provide a safe sleeping space, including sleeping supplies, such as a mattress and linens for each individual child, as appropriate for the child's needs and age;
  - iii. All children in the home must be treated equitably, meaning each child has a sleeping arrangement similar to other household members;
- iv. Caregivers must not co-sleep, or bed-share, with children in foster care;
- v. Caregivers with infants must adhere to infant sleeping practices outlined in the Infant Safe to Sleep Guidelines and Protocol.
- r. Support the religious and spiritual beliefs of a child's birth family;

continued

- s. Comply with the standards in the Foster Parent Manual;
- t. Comply with requirements for supervision of children;
- u. Comply with requirements for discipline of children;
- v. Follow the medication management protocol;
- w. Have functional smoke alarms, fire extinguisher and carbon monoxide detector in the home.
  - i. Must post a written evacuation plan in a prominent place in the home (e.g. on a refrigerator or family bulletin board), and review it with the children.
  - ii. Must maintain a comprehensive list of emergency telephone numbers, including poison control, and post numbers in a prominent place in the home.
  - iii. Must maintain first aid supplies.
- x. Meet all safety guidelines in regard to fire safety, water safety, firearm safety, gas heaters, unvented fuel-fired heaters, pet inoculations, etc.
  - i. Must not smoke, and ensure that their guests do not smoke in the foster family home, in any vehicle used to transport a child, or in the presence of a child in foster care.
  - ii. Must adhere to the title IV-E agency's reasonable and prudent standards.
- y. Have a Family Evaluation (Initial and subsequent) approved by the DFCS County Director/Designee or Child Placing Agency Director/Designee.
- z. Must have emergency preparedness plans appropriate for the home's geographic location

**Acknowledgment Statement**

I have reviewed and understand that I must meet (for initial approval) and remain in compliance with the Safety and Quality Standards through my caregiving service.

Primary Caregiver Signature:  \_\_\_\_\_ Date: 2/28/24

Secondary Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_



STATE OF GEORGIA

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Nathan Deal  
Governor

Bobby D. Cagle  
Director

Foster Caregiver Water Safety Assessment

Upload completed assessment into External Documents

Date of Assessment: \_\_\_\_\_ County: \_\_\_\_\_ Region: 5  
Caregiver(s) Name: Kate Spaulding Shines Resource ID: \_\_\_\_\_  
Home Approval Date: \_\_\_\_\_ CPR/1st Aid Training \_\_\_\_\_  
Caregiver 1 Caregiver 2

Is the home address different from what is indicated in Shines? No If yes, please note change below:

Old Address: \_\_\_\_\_ Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate the body of water source that is located near or on the residence: Select One River

Is this residence an apartment complex? No If, yes please indicate the location of the apartment from the identified body of water, as well as the caregiver's supervision plan of safety.

There is a River that can be seen from my home. I put in alarm on doors and cameras outside to monitor children at all times. I do discuss that no one is allowed to the river

Does the family own an alternate residence/vacation home located near a body of water of any type? No  If yes, list the address of the residence below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note an assessment must also be completed of this alternate residence

Does the caregiver know how to swim? Yes  If not, swimming lessons must be completed within 60 days of approval of the home, or within 60 days of acquiring a new swimming pool, or moving to a residence with a pool or other body of water. Obtain verification of swimming lessons, if no official form of verification is available, have caregiver sign a statement attesting their ability to swim.



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Has the caregiver completed the basic water rescue training within the 1<sup>st</sup> year of approval? Yes  
If yes, indicate date of completion: \_\_\_\_\_. Obtain verification of basic water  
rescue training. If no official form of verification is available, have caregiver sign a statement attesting  
their knowledge of basic water safety or historical training dates.

Are there any children in the home over the age of three (3)?  No Please document below the date  
of completion/enrollment into a swimming/water safety course for each child in the home meeting this  
age requirement. Be sure to obtain all verifications of completed trainings. *(Note - until enrollment/  
completion of the swimming/water safety training course - a supervision plan must be implemented for  
the child. Swimming/Water safety course is due within the first year of placement).*

Please document the provision of children under the age of three in the home who may also be mobile.



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Document the adult supervision plan in the swimming pool or water area to prevent children from being left unattended at any time. (Note: Adult Supervision is required at all times despite the child's ability/inability to swim)

N/A

	Yes	No	Description <i>If yes, describe observed compliance. If no, describe plan to reach compliance.</i>
Is there a phone accessible to the caregiver to prevent them from leaving children unattended while outside near the pool/body of water?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the area equipped with lifesaving or flotation devices?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the pool/water area isolated from the home with a fence or through the use of a pool safety cover per ASTM standards? <i>(Refer to Pool Safety Guidelines)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
If there is a safety fence – does the pool meet the height requirements? <i>(Refer to Pool Safety Guidelines)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there "kiddie pools" on the property? If yes – are they properly used/stored? <i>(Must be emptied after each use)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the pool/body of water meet state/local ordinances?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the wall of the house serve as a fence with access from the home directly to the pool area?	<input type="checkbox"/>	<input type="checkbox"/>	
If the home serves as the fence – is there an alarm on the identified exit? <i>(Test the alarm to ensure it meets the standard of 82 decibels)</i>	<input type="checkbox"/>	<input type="checkbox"/>	

N/A