



# Georgia's Kinship Manual

Georgia Department of Families and Children | Kinship | October 2021

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hope



**Georgia Department  
of Human Services**  
Division of Family & Children Services

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## Kinship Navigator Program Overview

The Georgia's Kinship Care program started over ten years ago as a state and county initiative to provide information, referral, and follow up to grandparents and other relatives raising children. The Kinship Navigator Program is designed to link kin caregivers to benefits, supports, and services that they or their children need. Based on the success of these early programs, advocates sought to obtain support at the national level through the Fostering Connections to Success and Increasing Adoptions Act of 2008. These advocacy efforts resulted in additional funding to support expansion of kin caregiver support through Georgia Family Connection Collaboratives in selected counties and to establish a Kinship Navigator Evaluation System.

According to the 2016 American Community Survey, 263,332 grandparents in Georgia are living with their grandchildren. The data on grandparents caring for grandchildren has significant implications for child well-being. For example, the percentage of adults aged 60 and older that are raising their grandchildren that live in poverty is twice that of their peers (24% compared to 12%). Grandparents who are kin caregivers are also more likely to have a disability and more than half (58%) of grandparents raising grandchildren are still in the workforce.

The Georgia Division of Family & Children Services (DFCS) launched the Kinship Navigator program in direct response to the increasing number of grandparents and other relative caregivers who have assumed responsibility for raising relative child(ren). The Kinship Care Program is designed to support and assist relative caregivers, understanding the importance of keeping children within their family unit when their biological parent cannot adequately provide for them.

A kinship caregiver serves as a short or long-term caregiver for relative child(ren). A kinship caregiver can be a grandparent, aunt, uncle, sibling, or anyone who has established a 'kin-like' bond with the child(ren). Most kinship care arrangements are informal, private arrangements between parents and relative caregivers, while other situations arise as a result of involvement with the child welfare system.

Georgia's Kinship Care Program serves as a one-stop shop for information and referral services for grandparents, relatives, and other caregivers who are currently raising relative child(ren). The Kinship Navigators are located statewide to assist kinship families in identifying and locating resources within their local community. The program's overarching goal is to close the gaps and/or delays with service delivery to kinship caregivers. The Department of Human Services focuses on providing a responsive strength-based supportive role to our kinship families.

More information about Georgia's Kinship Care program including the Kinship Navigator Referral form can be found at the Kinship Care Portal; <https://dhs.georgia.gov/kinship-care-portal>.

## Kinship Navigator Program At-A-Glance

Program Goal	To assist kinship caregivers in understanding and accessing programs and services; develop proactive ways to address their needs and develop an informal and formal support system; and to create a safe and supportive home environment for the children in their care.
Implementation	May 2015
State Office Location	2 Peachtree Street NW Atlanta, GA 30303
Kinship Navigator Program Contact #	678-984-5880
Statewide Kinship Navigation Program Manager	ChaKevia Melvin 678-984-5880 <a href="mailto:Chakevia.melvin@dhs.ga.gov">Chakevia.melvin@dhs.ga.gov</a>
Kinship Director	Tacia Spooner 404-309-7699 <a href="mailto:Tacia.Spooner@dhs.ga.gov">Tacia.Spooner@dhs.ga.gov</a>
Links to Safety	CFRS measures include tracking kinship outcomes for child welfare. Kinship Navigator program supports the State meeting these goals which are reported annually in APSR report.  Item 2: Services to family to protect children in the home and prevent removal or re-entry to foster care.  Safety Item 3: Risk and safety assessment and management.  Permanency Item 4: Placement stability  Safety Manager, Tripp Jones, <a href="mailto:Tripp.jones@dhs.ga.gov">Tripp.jones@dhs.ga.gov</a>  Kinship Director, Tacia Spooner 404-309-7699 <a href="mailto:Tacia.Spooner@dhs.ga.gov">Tacia.Spooner@dhs.ga.gov</a>

## Kinship Navigator Delivery of Services

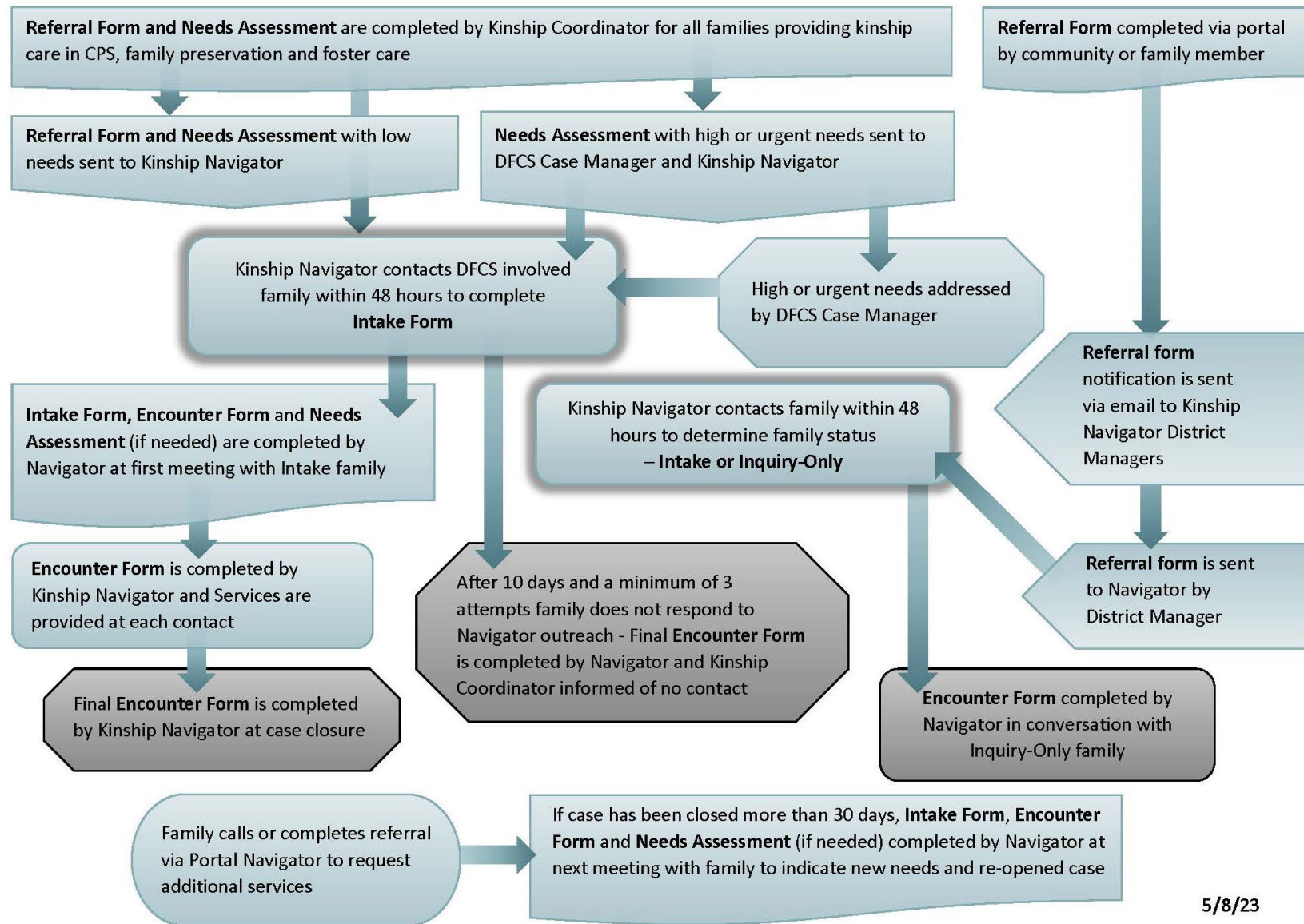
Kinship Navigators serve a vital role in communities to support kin caregiving families as well as bolster the services and resources that are available to families. The primary task of the Kinship Navigator is to provide resources to support to kinship families. Figure 1 below describes the Kinship Navigator Program process. Referrals can come directly from the Department of Human Services and community members as well as self-referrals. Kinship Navigators help families 'navigate' an array of Department of Family and Children Services as well as community support services. The work of the Kinship Navigator helps reduce the barriers and lag time that prevent caregivers from receiving timely services and resources needed to ensure a child's well-being. The parental protective capacity of kinship caregivers is strengthened, and placement stabilized through the many services the Kinship Navigator provides. Kinship Navigators' work with families and community-based agencies include the following:

- Establish relationships with community public and private service providers with the intent to educate them regarding the needs of kinship families and to develop capacity and expertise to respond to their needs; and serving as an ongoing liaison between the caregiver and community.
- Assure that the region's resource guide/list is up-to-date so that it is useful to families and staff.
- Assist with planning for permanency i.e., Guardianship or adoption.
- Serve as a referral source for kinship caregivers.
- Accompany kin caregiver to court and help them navigate the legal system.
- Pro-actively mediate with state agency staff and/or services providers, assist with establishing relationships between kinship caregivers and relevant state and federal program staff, including Area Agencies on Aging and the Department of Education.
- Educate kinship caregivers/service providers about resources and supports within their local community.
- Aid with community collaboration focusing on kinship services.
- Advocate for services and resources for kinship caregivers.
- Provide supportive listening to kinship caregivers of all ages who are raising children or planning to do so.
- Engage kinship families in their service area, identifying those not involved in support group networks and/or in need of additional services. Special attention is focused on serving relatives from isolated and ethnic communities.
- Collect necessary data to support program evaluation.

Adherence to the Kinship Navigator Program model is measured twice a year during January and June by the Kinship Navigator Program Manager and Kinship Coordinator. A fidelity instrument is completed for each Navigator to assess their fidelity to the program model. Completion of items is conducted through use of the KinDS system, quarterly reports, and other documentation of Navigators work. All fidelity items rated as 1, 2, or 3 will require an improvement plan to be developed with the Navigator and Manager to address deficiencies. The June implementation results will be included in the Navigator performance review completed at the end of each fiscal year. The Kinship Navigator Program Fidelity Tool is included in Appendix A.



**Figure 1: Kinship Navigator Program Implementation Process**



5/8/23

## Kinship Navigator Essentials

### Referrals to the Kinship Navigator Program

Families may self-refer or be referred to the Kinship Navigator program by Kinship Coordinators, hospitals, community mental health services, schools, juvenile or family courts, churches, private agencies, family members and any other community member. Contact should be made with the kinship families within 48 hours of receiving a referral.

Referrals are completed on-line through the Kinship Program portal - <https://kinnav.dhs.ga.gov/#/referral-form>. The Referral Form collects the information needed to allow contact with the family and begin service provision; see Appendix D. This data includes:

- Name of person referring and contact information
- Contact person's Information
- Child's information (except placement parameters)
- Reason for referral

The role of Kinship Coordinator is a core component to Georgia's Kinship Continuum working in partnership with the state's Kinship Navigator program to serve all kinship families, especially the kinship caregiver in CPS, Family Preservation, and kinship foster care. The Kinship Coordinators are at the center of introducing greater formality into the processes of DFCS kinship placements. The Kinship Coordinator is responsible for completing the kinship caregiver Pathways form, full disclosure, Needs Assessment and addressing any challenges by incorporating the full range of services offered by social services, OFI, and community agencies. Their collaborations with regional Kinship Navigators are to ensure access to agency services and community referrals. Kinship Coordinators provide direct support to kin caregivers and indirect support to resources that work with kinship families. More information on the role and responsibilities of the Kinship Coordinator is available in Appendix B.

### Common Caregiver Needs



If a family has been out of services for more than 30 days, and contacts the program for additional supports, a new Intake form, Family Needs Assessment, and Encounter form will be completed; see Appendices C-H for Kinship Navigator Program staff directory, forms, and quarterly report. See KinDS manual for a description of the database and how navigators link families to KinDS ID numbers. To discover what resources and support the kinship caregiver is currently receiving and what needs remain unmet, Navigators should ask the following questions:

1. How did you receive the child(ren)?
2. What types of assistance are the caregiver and/or child currently receiving? (Inquire about the OFI programs and family dynamics, is mom/dad active, what about paternal family, and other people in their lives that can/are assisting you raising these children).

Document all gathered information on the Intake form and Encounter form and include all resolutions and next steps with the family.

### Contact with Families

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The Kinship Navigator will complete an initial meeting with the kinship caregiver within 48 hours of receiving the referral. During the initial contact with the kinship caregiver, the Navigator will determine if further follow up is required or if the family can be designated as Inquiry-Only. Inquiry Only refers to requests for linkage to a specific resource or response to a question that does not require any further follow-up by the Navigator. These inquiries can be handled during the first phone call. Inquiry Only families are not enrolled in the Kinship Navigator Program. If further assistance is required or a new referral is completed, the Navigator must complete the Intake Form. This intake meeting can be conducted in person, Skype, TEAMS, or over the phone. The purpose of the meeting is to gather more information required to successfully problem solve, develop a relationship with the kinship caregiver, and to better assess the overall family dynamics. Kinship Navigators work with the kinship caregiver to complete an Intake and Family Needs Assessment form.

The Intake Form (see Appendix F) collects basic demographic information on the kin caregiver, child and family. If the Family Needs Assessment was not completed at the time of the referral, the Kinship Navigators will complete the Family Needs Assessment to identify needed services (Appendix E) to document referrals and supports provided during the initial meeting and at every subsequent contact with the family.

Use the following steps to set-up and prepare for the intake meeting:

- Obtain a location and set aside approximately 2 hours.
- Complete the Family Needs Assessment IF it has not been completed by the Kinship Coordinator
- Prepare for the meeting by asking the caregiver about their 'family story'.
- Follow the Family Team Meeting format: Family story; Possible Family Purpose; Outcome; Needs/Services
- Navigators are required to follow up with the family every- 2-3 weeks, until services and/or resources have been rendered.
- Once all needs are met and there are no additional resources/services needed, close the case.



## GA KinDS

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All data for the Kinship Navigator Program is entered and tracked in the Georgia Kinship Data System (GA KinDS). GA KinDS is a web-based database application designed to support and manage operational data in support of the program. GA KinDS consists of two access public access points: 1) Referral and 2) Complaints and a secure web-based database application for DFCS and Kinship Navigator Program internal users.

The Referral site provides kinship caregivers or individuals and agencies working with kinship caregivers and families the ability to submit a Referral for resources and services available to kinship families. The Complaints site provides the kinship caregiver the ability to submit a complaint to the Kinship Navigator Program for assistance with locating a child in foster care, a payment dispute or assistance with denials for services such as food stamps, TANF, or Medicaid; see Appendix I.

The database application provides a secure centralized solution for Kinship Navigator Program to respond and manage referrals from inception until the kinship family's needs are met, by providing the ability to create and track Needs Assessments, Intakes, and Encounters, as well as the ability to record pre-intake contact attempts and create and track outreach resources. The database application also provides the ability for Complaints to be reviewed and responded to in a timely manner. Easy retrieval of historical complaints and responses is provided by the database as well. To assist the Kinship Navigator Program in meeting service goals, there are numerous alerts and email notifications within GA KinDS. Performance Measures within GA KinDS include reports, dashboards visualizations, and the collection of survey data from the kinship caregiver families at the time of exit.

## Crisis Management

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Kinship Navigators may receive referrals where the family is identified as “in crisis”. Common examples include: a serious health condition of the caregiver, unmanageable/unruly behavior of a child and eviction from rental property. These crisis situations put the kinship placement at risk. The Kinship Navigator Program wants to prevent a child from entering or re-entering state custody and being placed in foster care which only compounds the trauma that many children experienced in their young lives. While the Kinship Navigator cannot be the “fixer” of such complex issues, they are expected to know what action steps to take and what specific services and resources they can utilize to help the kinship family.

Consider the following questions when developing action steps:

1. How long has the crisis been going on? How have they managed in the past?
2. What have they done to try to get through this crisis? Who have they reached out to for assistance?
3. What are the specific needs and which DFCS stakeholders, organizations and individuals could lend assistance?
4. If there is an open DFCS case with the parents, who do you need to talk to about the case? Has the Navigator looked in SHINES to read the family history to see what services were put in place. Example: sometimes Navigators may discover that no services were put in place for the children when the family came to the attention of DFCS.
5. Would a Family Team Meeting be helpful in bringing people together to develop a plan and support the family? A Family Team Meeting can be adapted and utilized informally with community members when it is not a DFCS case.

6. If this is a terminal health condition of the caregiver, do they have a legal plan in place in case of death?
7. If the health condition is resulting in financial stress and strain, what services are available?
8. If the family is at risk of being evicted from the home, what measures have they taken with the property owner? Is the property owner open to giving us some time to resolve? If you secure financial assistance this time, what happens the next time? How did they get to the point of being evicted? Does this warrant serious and transparent conversation about other family members stepping up to help, or the child being placed with another relative? The same questions could apply to chronic problems with paying utilities.

Common Crisis Situations: (Refer also to Guidelines to Resources Section and the Kinship Navigator TEAM OneDrive)

- Unruly/behavioral issues of the child/teen – In this situation, there could be two different needs: therapeutic or mental/behavioral health. From a therapeutic lens, the Navigator should ask whether the child/teen has ever received therapy specific to the trauma/adverse childhood experiences that they have been through. If the behavior is severe to the point of harming self or others (or threatening to do so) they probably require mental health services. This is usually accomplished through a 1013 which is an involuntary placement in a state mental health facility. The Kinship Navigator does not initiate a 1013. The role of the Navigator is to be knowledgeable about the services and resources available and inform the caregiver. The Navigator can listen to the caregiver and provide some guidance on what steps the caregiver needs to take. The Navigator should provide the caregiver with the names of agencies, people they need to talk with and contact numbers. Navigators can also help caregivers understand the process.
- Serious health condition – When the Navigator receives referrals and learns that the caregiver has a serious health condition, it is usually for one or two reasons. They are either looking for financial assistance due to the cost of medical care, or they need help with planning for the future. In the first instance, there are a few programs that assist with expenses related to a specific health diagnosis including providing medical equipment at reduced costs or prescriptions. The Kinship Navigator needs to know what programs or resources are available and the process for applying to inform the caregiver or help walk them through the application process. The second reason caregivers often reach out for help is because they are concerned about what will happen to the child/ren if they pass away before the child/teen is able an adult and capable of caring for him/herself. In these situations, the Navigator should refer them to Legal Aid and/or Georgia Legal Services. Georgia has an Advance Directive for Health Care which can be accessed through the Kinship Navigator TEAM OneDrive. Again, the role of the Navigator is to know about the resources, educate the caregiver and provide them with the information.
- Eviction from rental property- The Kinship Navigator Program often receives referrals from caregivers asking for financial assistance because they are behind in their rent and are in fear of an eviction. This issue can be a sign of something deeper and more complex. While the Kinship Navigator cannot be the “fixer” of such complex needs, they can ask the caregiver questions and brainstorm possible solutions. Sometimes Kinship Navigators are successful in negotiating with property owners a grace period in order to find financial assistance through local or regional organizations. Such organizations include Community Action, church benevolence programs, Red Cross and Salvation Army. In circumstances where the caregiver

is being taken advantage of by property owners who prey on the poor, a referral to Atlanta Legal Aid can be helpful. Through discussion with the caregiver the Navigator may learn that there are other relatives who may be asked for support, or there may be another relative or kin-like relationship that would take over caring for the child/ren if the housing/financial problem is chronic. The Navigator can provide the caregiver with a list of potential lower income housing. It is the job of the Kinship Navigator to be aware of housing resources (what is and what is not available) For example: USDA has a program that helps families secure their own housing.

## Cultural/Heritage Sensitivity

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Cultural competence refers to the ability to provide services in ways that reflect an understanding and appreciation of other cultural beliefs. It is an expectation that Kinship Navigators intentionally make culture central to the interaction between the children and families we serve.

Navigators will need to engage in the following:

- Follow culturally sensitive engagement and outreach practices, such as participation in local community events, home visits and walk-in appointments.
- Follow a culturally sensitive communication style that emphasizes the cultural preferences for personalized, in-person (rather than written mail and email) communication.
- Provide translation services to all children and families who need them.
- Plan and allow for extended family members to attend appointments.
- Use culturally relevant screening and assessment tools that are translated at the appropriate literacy level and have been validated.

True partnership with kinship families depends on one-on-one relationships and building trust. Some recommendations for relationship building with people from diverse cultural backgrounds include the following:

- Be flexible about time; different cultures view time differently.
- Correct pronunciation shows respect: learn to pronounce each person's name.
- Do not be offended if a client speaks to another person in their primary language.
- Adjust communication style as much as possible to the person's style in regard to tone, pauses, pace of speech, gestures, eye contact, personal space, and touching.
- Understand the person's interpretation of their culture; it is critical to recognize that everyone has his or her own personal belief system.

## Closing Services to a Family

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When a family is no longer in need of Navigator services, the Navigator should complete a final Encounter Form and document the current status of the family and children in their care and reason for exiting services. Families leave services for four primary reasons: (1) the family has successfully been serviced by the Navigator program; (2) the family determines they no longer wish to access services; (3) the Navigator has been unable to contact or locate the family for 60 days, or (4) the family moves out of state.

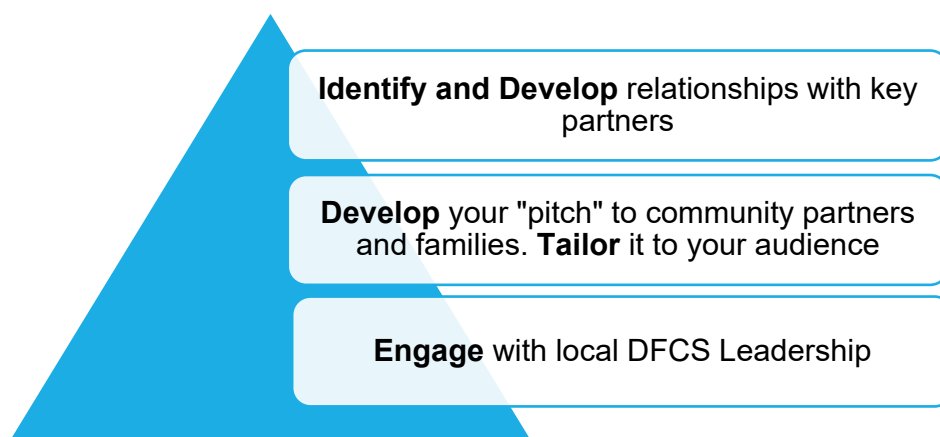
## Building Relationships with DFCS and Community Partners

### DFCS and Other Community Engagement

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It is important that Navigators be available and visible in the local DFCS offices across the region. Make contact with the Social Service Administrators and Supervisors to be added to the agenda, when needed, for meetings. Social Service Supervisors and Case Managers have summits that Navigators can attend to present kinship information as well as work on developing relationships with the front-line staff. Navigators should become familiar and get to know the DFCS C3 Coordinator and Field Program Specialists to ensure that they are invited to and are on the agenda for the yearly stakeholder meetings in each region.

It is vital that Navigators develop and maintain relationships in their local communities to ensure that they can navigate informal resources. Kinship Navigators often partner with community agencies in order to help meet the needs of Kinship families. Navigators attend community meetings to maintain these relationships and to spread awareness about the Kinship Navigator Program. The three key steps to building relationships with community partners are identified in the graphic below.



### Developing Your “Pitch”

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It is important for the Navigators to be connected with community service providers in order to both be knowledgeable of and be able to integrate Navigator services with existing community organizations. Find out as much as you can about the community agency/organization before calling, visiting, or emailing. Consider the following questions when connecting with Community Partners,

- What is the target population they serve?
- What are the services/resources the agency provides?
- What is the referral process?
- Who are the contacts and their information?
- How may the Kinship Navigator Program benefit Community Partners?

## Partnering, Attending, and Hosting Community Events

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Navigators should consider attending local Georgia Family Connection Collaborative meetings. GaFCP brings together more than 3,000 local- and state-level partners in all 159 counties in Georgia working toward measurably better outcomes for our children, families, and communities. Georgia Family Connection is the only statewide network of its kind in the country and is a good way for Navigators to network with local and regional service providers.

In addition to asking questions about Community Partners, Navigators are expected to connect and interact with organizations, through:

- Engaging Community Partners- Stop by the community agency and leave a brochure.
- Engaging the Faith-based Community- Get to know what churches are involved in social concerns.
- Engaging Families- Listen to their story.
- Engaging Regional & Local DFCS Leadership- Schedule a one-on-one meeting with the regional and local leadership.
- Engaging local Social service staff- Spend more time in the county offices you are not housed at and get acquainted with the staff.
- Attending meetings- in the community enhances your ability to network, schedule and partner with agencies so that you can be a participant in community events. Some examples are health fairs and diaper drives.

## Utilizing Communication Plan

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When conflict arises and communication is needed with regional staff, Navigators should be make to review and become familiar with the communication plan. There are times when the Supervisor and Program Manager will need to be involved in communication with your local DFCS offices.

See Appendix J to review the Escalation Communication Plan



## Guidelines to Resources

### Developing Resource Guides

Once a referral is received and the intake has been completed, the next step involves identifying the resources that may address the Kinship family needs. Common resources that Kinship Navigators use within the scope of assisting kinship families are clothing, furniture, navigating the OFI process, and utilities/housing assistance.

Navigators should become acclimated with the staff from the agencies below and other local entities that provide services to smoothly navigate resources for kinship families.

Agencies	Frequently Asked Questions
<b>Office of Family Independence</b> <ul style="list-style-type: none"> <li>TANF- Temporary Assistance for Needy Families~ child only, MSP(GRG)/CRISP</li> <li>Medicaid</li> <li>SNAP-formally called food stamps</li> <li>Child Support</li> <li>Child care</li> </ul>	<ul style="list-style-type: none"> <li>What do I qualify for?</li> <li>Can you assist me with completing the application for food stamps?</li> <li>Why are they using my income for food stamps?</li> <li>When will I hear a response about the benefits I applied for?</li> <li>Will I qualify for child support and childcare?</li> <li>How long does it take for the childcare to start?</li> <li>Can you provide with me the status of my childcare application?</li> </ul>
<b>DFCS Stakeholders</b> <ul style="list-style-type: none"> <li>Atlanta Legal Aid</li> <li>Department of Behavioral Health Development Disabilities (<i>see below</i>)</li> <li>Department of Education</li> <li>Department of Juvenile Justice</li> <li>Local Court System</li> <li>Faith Based Organizations</li> <li>Georgia Community Action Association</li> </ul>	<ul style="list-style-type: none"> <li>How can DJJ assistance my family</li> <li><i>For Local court system:</i> What court roles assist my family?</li> <li><i>For Faith Based Organization:</i> Do I have to be a member on the congregation to receive services?</li> <li><i>For GCAA:</i> How do I qualify for services from GCAA?</li> <li>How may times can I receive assistance from GCAA</li> </ul>
<b>Department of Behavioral Health and Development Disabilities</b> <ul style="list-style-type: none"> <li>Access services- Georgia access and crisis line 1-800-715-4225</li> <li>Office of Children, Young Adults and Families</li> <li>Developmental disabilities</li> <li>Mental Health</li> </ul>	<ul style="list-style-type: none"> <li>Who is eligible to receive DBHDD services?</li> <li>How can DBHDD services help my family?</li> <li>How long will it take to get services started?</li> </ul>

<b>Atlanta Legal Aid</b> <ul style="list-style-type: none"> <li>• Finalizing Adoption</li> <li>• Temporary Guardianship of children</li> <li>• Legal custody</li> <li>• Grandparent Power of Attorney</li> </ul>	<ul style="list-style-type: none"> <li>• Do I have to pay for Atlanta Legal aid services?</li> <li>• Will they represent me in court?</li> <li>• Do Atlanta Legal Aid help with guardianship?</li> <li>• Can Atlanta legal aid help me obtain birth certificates and social security cards?</li> </ul>
<b>Department of Education</b> <ul style="list-style-type: none"> <li>• Individualized Education plan</li> <li>• Understanding the Individualized Education plan</li> </ul>	<ul style="list-style-type: none"> <li>• Who do I contact if my child has not been enrolled in school?</li> <li>• Do they help with getting my child tested for educational services?</li> </ul>

## Building a Support Group

The Kinship Navigator Program recognizes the importance of support groups as a source of support for caregivers. A support group allows participants to share their personal experiences with others who are in similar situations and are experiencing the same types of issues. This forum can provide a productive way to accept and work through problems as a group and make the participants feel less alone in their struggles.

A key function of support groups is to provide reinforcement and encouragement through the “give and take” of the group members.

1. A kinship care support group, for example, might meet to discuss common problems, such as how to deal with government agencies or substance abuse by the children’s parents, or how best to guide the behavior of the children they are raising. Additional support group goals may include providing information and resources, inviting experts to talk about issues of interest to kinship caregivers, or learning coping skills.
2. In a sense, a support group can provide an “extended family” for kinship caregivers, many of whom develop friendships with other support group participants that may continue long after the support group ends.

There is no one recipe for a successful support group. Navigators should start by assessing the most immediate needs of those you expect to participate. Talk to the kinship caregivers you know about what kind of support group structure would be most helpful to them. Next, you will have to evaluate the capabilities and talents of those available to lead the support group activities.

Questions you may have prior to building a support group:

1. What population of kinship caregivers will the support group serve?
2. Who should facilitate the support group?
3. How often should the support group meet?
4. Should children be included in the support group?

Before starting a support group for kinship caregivers, it should first be determined if there are other kinship care support group in the area. Refer to Kinship Navigator Resource Directory for additional resources and refer to the Kinship Unit Training Guide for a list of most frequently used resources.

## Mandated Reporting

### Duties of Mandated Reporter

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In Georgia law, it designates certain professionals as mandated reporters of child abuse or neglect [OCGA 19-7-5(c)(1)].

If you, as a DHS staff, have reasonable cause to believe that a child has been abused, you must make a report, immediately but no later than 24 hours, to your local DFCS office or law enforcement and are subject to criminal penalty for failing to do so.

You are required to complete a one-hour online training to learn how to better recognize the indicators of abuse and neglect, understand your role in responsible reporting, and identify the groups of children that may be at a higher risk of being abused or neglected.

A report can be made by calling 1-855-422-4453, 24 hours a day, 7 day a week, 365 days per year. A phone agent will respond to your call quickly and gather necessary information that an intake specialist will need to assess the child's safety. See Appendix K for the Mandated Reporter Form.

### Confidentiality

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Many DFCS employees are exposed to privileged or confidential information through their knowledge of official plans and programs which may be of significant interest to the public.

1. Employees shall not knowingly use their positions in any manner which will result in financial or other benefit, directly or indirectly for themselves, their relatives, or individuals with whom they are personally or financially involved.
2. Privileged or confidential information (e.g., contract bids, certain financial, personnel or client information, etc.) is to be released only by authorized DHS officials.
  - 2.1 The release of any privileged or confidential information, financial or otherwise, is not authorized to any person who does not have a legitimate need to know.
  - 2.2 Employees shall not disclose information gained in the course of, or by reason of, their official responsibilities in a way that would affect a personal financial interest for themselves, their relatives, or individuals with whom they are personally or financially involved.
3. Use of computers to obtain information concerning clients, patients, customers, other employees or third parties for non-work-related reasons is prohibited.
4. DHS is a "covered entity" under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which provides for the safeguarding of each individual's personal health information. In response to HIPAA, the federal Department of Health and Human Services has issued a "Privacy Rule" effective April 14, 2003.

## Navigators Staff Meetings/Conference Calls

### Meetings

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All staff members are required to attend and participate in the unit meetings, cadence, and conference calls. To remain current on expectations, agency and program changes, it is critical that we share and review current policy, state directives, statewide and regional concerns, and community needs.

- Unit Meetings- every other month 10:00am-4:00pm on TEAMS or face-to-face if possible.
- Monday Cadence- every other Monday at 9:30am-10:30am; except during the week we have a scheduled unit meeting in Macon or when a holiday falls on a Monday. Staff are expected to join the TEAMS meeting link embedded in the Outlook appointment email in order to view reports, presentation, documents, etc.
- Quarterly District Meeting- TBA 10:00am-3:30pm of the quarter.

Once the date of the meeting has been provided, no other activity should be scheduled during that timeframe. If there is an emergency that conflicts with the scheduled unit meeting you must address it, in advance of the scheduled meeting with your supervisor.

### Staff Conferences

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- Navigators and Coordinators are expected to be able to staff and provide an update on all families, intakes, and any other issues or concerns.
- Individual conferences will be held on TEAMS with Navigators and Coordinators quarterly at their region/county location and/or offsite.
- Monthly TEAMS conferences will be scheduled by District Managers.
- Weekly check-ins will occur at the request of the supervisor or Navigators/Coordinators.

During staff conferences the following will be addressed: performance, training needs, individual concerns, etc. Plans will be made to increase or improve performance and work quality. A copy should be given to you while the original is maintained in your productivity file.



## APPENDIX A: Kinship Navigator Program Fidelity Tool

The Kinship Navigator Program Fidelity Instrument is designed to measure adherence to the Kinship Navigator Program model. Each item is a required aspect of the Kinship Navigator Program and is rated on a 5-point scale of 1= Not Implemented to 5= Fully Implemented. The instrument will be completed by the Kinship Coordinator for each Navigator twice a year.

### Program Areas to be Assessed

Timeliness						Additional Explanation (as needed):	
<b>Needs Assessment Completion:</b>							
1	All open kinship care families have completed Needs Assessment by Kinship Coordinator.	(1)	(2)	(3)	(4)	(5)	
2	All kin foster care families have completed Needs Assessment by Kinship Coordinator.	(1)	(2)	(3)	(4)	(5)	
<b>First Contact with Families:</b>							
3	All referred families are contacted within 48 hours of referral going to Navigator.	(1)	(2)	(3)	(4)	(5)	
<b>Encounter Form Completion</b>							
4	Encounter Form is completed at every Encounter (phone and in-person) with family.	(1)	(2)	(3)	(4)	(5)	
5	Encounter Form is completed and marked as "final" as the last Encounter only with families with Intake Form.	(1)	(2)	(3)	(4)	(5)	
<b>Intake Form Completion:</b>							
6	Intake Form is completed at first Encounter with family following determination of level of effort to meet Referral needs.	(1)	(2)	(3)	(4)	(5)	
<b>Case Closures:</b>							
7	Final Encounter Form is completed with all Intake families at the last Encounter	(1)	(2)	(3)	(4)	(5)	



Timeliness							Additional Explanation (as needed):
Program Reentry							
8	Families with a Referral and previous Intake and Final Encounter more than 30 days prior to new Referral have new Needs Assessment and Encounter completed.	①	②	③	④	⑤	

Form Completion							Additional Explanation (as needed):
Completeness of Variables							
1	Intake Form variables are all populated.	①	②	③	④	⑤	
2	Needs Assessment Form variable are all populated.	①	②	③	④	⑤	
3	Encounter Form variables are all populated.	①	②	③	④	⑤	
Entry into KinDS							
4	Intake Form variables are all populated.	①	②	③	④	⑤	
5	Needs Assessment Form variables are all populated.	①	②	③	④	⑤	
6	Encounter Form variables are all populated.	①	②	③	④	⑤	
7	All families with completed Intake Form have assigned ID	①	②	③	④	⑤	
Needs Assessment for Every Family							
8	All families with completed Intake Form have a completed Needs Assessment.	①	②	③	④	⑤	
9	All families with a Referral and more than one need identified have a completed Needs Assessment.	①	②	③	④	⑤	

Contact with Families						Additional Explanation (as needed):	
Initial Contact Following Referral							
1	Each referred family will be assessed for Intake or Inquiry-Only status.	(1)	(2)	(3)	(4)	(5)	
2	Initial meeting follows the Family Team Meeting format.	(1)	(2)	(3)	(4)	(5)	
3	An Encounter form is completed during the initial contact.	(1)	(2)	(3)	(4)	(5)	
Frequency of Contact							
4	After an Intake is completed, families are contact every 2 to 3 weeks to ensure needs are being met.	(1)	(2)	(3)	(4)	(5)	
Relationship Established							
5	Navigator works with kin caregivers to establish and maintain a trusted relationship.	(1)	(2)	(3)	(4)	(5)	
6	Navigator shares contact information with kin caregivers to ensure easy access.	(1)	(2)	(3)	(4)	(5)	
7	Navigator follows a culturally sensitive communication style that emphasizes the cultural preferences of the kin caregiver.	(1)	(2)	(3)	(4)	(5)	
8	Navigator communicates with kin caregivers in a manner that is most desirable for the kin caregiver (phone, email, in-person).	(1)	(2)	(3)	(4)	(5)	
Active Referrals							
8	Navigator follows up with family after any referral to ensure services were provided.	(1)	(2)	(3)	(4)	(5)	
9	When possible, Navigator contacts agencies or organizations on behalf of the kin caregivers to link the family to needed services.	(1)	(2)	(3)	(4)	(5)	
Intake Families Service Provision							
10	All families are provided translation services as needed.	(1)	(2)	(3)	(4)	(5)	
11	Navigator ensures involvement of multiple family members in appointments as appropriate.	(1)	(2)	(3)	(4)	(5)	

Contact with Families							Additional Explanation (as needed):
12	Navigator ensures each need identified as addressed with an active referral or direct linkage to services.	①	②	③	④	⑤	
13	Navigator ensures provisions of basic needs for children in care.	①	②	③	④	⑤	
14	Navigator ensures direct linkage basic needs for all kin caregiver family members.	①	②	③	④	⑤	
15	Navigator provides hands-on assistance with completing enrollment and maintenance forms for public services (subsidized childcare, SNAP, WIC, ACA, others).	①	②	③	④	⑤	
16	As requested by the kin caregiver, Navigator accompanies families to court appointments, school appointments, and other official business pertaining to the care of the child(ren).	①	②	③	④	⑤	
17	Navigator provides support to address any family crisis in a timely manner to minimize disruption of placement for the children.	①	②	③	④	⑤	
18	Navigator reviews all data included in DFCS SHINES system to ensure full knowledge of history of services.	①	②	③	④	⑤	
19	Navigator is familiar with the DFCS Communication Plan in place for families involved with DFCS.	①	②	③	④	⑤	
20	Navigator will close case and complete Exit Encounter when the family meets one of four criteria: (1) family has successfully been serviced by the Navigator program; (2) family determines they are no longer in need of services; (3) family ha been unable to contact or locate for 60 days; or (4) family moves out of state.	①	②	③	④	⑤	
21	Without signed consent, Navigator maintains confidentiality regarding family needs and/or services.	①	②	③	④	⑤	

Community Involvement							Additional Explanation (as needed):
Connections with Community-based Organizations							
1	Navigator is knowledgeable of community service organizations across the state.	①	②	③	④	⑤	

Community Involvement							Additional Explanation (as needed):
2	Navigator connects with Family Connection Collaboratives across the state.	①	②	③	④	⑤	
3	Navigator ensures community service organization contact information is accessible to families through Resource Guide.	①	②	③	④	⑤	
4	Navigator attends community events to establish and maintain their knowledge of community services and providers.	①	②	③	④	⑤	
5	Navigator is involved in establishing Kinship Support Groups as needed.	①	②	③	④	⑤	
6	Navigator attends and supports Kin Caregiver Support Groups in the region where their office is located.	①	②	③	④	⑤	
7	Navigator is involved in Kinship Navigator Program promotion activities.	①	②	③	④	⑤	
Relationship with Local DFCS Workers							
8	Navigator maintains regular contact with the DFCS Social Service Administrators across the state.	①	②	③	④	⑤	
9	Navigator maintains regular contact with the DFCS Supervisors across the state.	①	②	③	④	⑤	
10	Navigator maintains regular contact with the DFCS C3 Coordinator the region where their office is located.	①	②	③	④	⑤	
11	Navigator maintains regular contact with the DFCS Field Program Specialists the region where their office is located.	①	②	③	④	⑤	

Kinship Navigator Staff Preparedness						Additional Explanation (as needed):	
Understanding the KN Model							
1	Navigator can describe the vision, mission and purpose of Kinship Navigator Program.	①	②	③	④	⑤	

Kinship Navigator Staff Preparedness							Additional Explanation (as needed):
Staff Requirements							
2	Navigator maintains confidentiality regarding DFCS official plans and programs.	①	②	③	④	⑤	
3	Navigator does not use their position in any manner which will result in financial or other benefit, directly or indirectly for themselves, their relatives or individuals with whom they are personally or financially involved.	①	②	③	④	⑤	
4	Navigator participates in all unity, cadence and conference calls and meetings of the Kinship Navigator Program.	①	②	③	④	⑤	
5	Navigator participates in weekly supervisory meetings with Kinship Coordinator.	①	②	③	④	⑤	
6	Navigator understands and follows the duties of a mandated reporter.	①	②	③	④	⑤	
7	Navigator completes the one-hour online mandated reporter training annually.	①	②	③	④	⑤	
Family Support and Child Safety Knowledge							
8	Navigator has understanding of child safety guidelines and best practices.	①	②	③	④	⑤	
9	Navigator has understanding of best practices related to family support, such as Strengthening Families framework.	①	②	③	④	⑤	
10	Navigator is engaged in active learning to stay aware of the latest research related to family support and child safety.	①	②	③	④	⑤	
Reporting							
11	Navigator is aware of and utilized KINDS reports to monitor their work with families.	①	②	③	④	⑤	
12	Navigator completes Quarterly Reports with sufficient detail to describe their community involvement and related activities.	①	②	③	④	⑤	
13	Navigator completes Quarterly Reports on-time.	①	②	③	④	⑤	



## APPENDIX B: Kinship Coordinator Roles & Responsibilities

### Georgia's Kinship Coordinator



BRIAN P. KEMP  
GOVERNOR

TOM C. RAWLINGS  
DIRECTOR

### Job Duties and Expectations

Kinship coordination includes two main types of duties: work related to a kinship caregiver, and working as a resource to those who work directly with kinship families (an indirect role).

#### **The range of kinship coordination duties includes:**

##### *Direct work related to kinship caregivers (responsibility of the Kinship Coordinator):*

- Initiate contact with the kinship caregiver within 48 hours of receiving the initial referral to introduce themselves and explain their role to the family.
- Complete a Kinship Caregiver Needs Assessment, within three calendar days of initial contact with the kinship family, to identify needs that would hinder the voluntary kinship caregiver from adequately providing for the care or needs of the child.
- Inform the SSCM of the need to implement services in the voluntary kinship caregiver's home.
- Participate in the 7-10 day family meeting.
- Providing kinship caregivers with information regarding the Georgia's Kinship Pathway and their roles in involving child in their care.
- Maintain face-to-face and/or telephone contact with the voluntary kinship caregiver weekly to provide resources and supports the kinship family will need to assist in caring for the child.
- Participate in the 45th day meeting to provide an update on:
  - a. The ongoing needs assessment of the voluntary kinship caregiver.
  - b. Status of any services they have initiated.
- Participate in a staffing, via face-to-face or by telephone, prior to the 90th day, if it is determined that the child cannot safely return home within the 90-day timeframe.
- Assure accurate and complete data collection for kinship caregiver/case. Data entry into Georgia SHINES is critical for evaluation of the strategy. The Kinship Coordinator must ensure it is completed accurately and in a timely fashion. The Kinship Coordinator should be a person who will run the reports on a regular basis and track voluntary kinship cases and possible transition to foster care.
- The Kinship Coordinator will ensure that voluntary kinship caregivers are referred to Resource Development staff if the child enters foster care.
- Ensure voluntary kinship caregivers receive timely information on requirements to complete Impact and the Foster Home Approval Process. Kinship Coordinator ensures that the kinship assessment is complete, the caregiver is enrolled in Impact, and any waivers are submitted within 90 days.
- Ensure that all children placed with in a non-kinship home receive a Kinship Exception within 30 days of being placed in a traditional foster home or group home setting.

*Indirect duties (responsibility of the Kinship Coordinator and/ or other assigned staff):*

- Advocating for individual kinship cases and/or in the broader context of influencing and informing policy and practice guidelines.
- Supporting kinship caregivers in fulfilling their roles in connection with child welfare court proceedings.
- Supporting/advising staff on how to locate, assess and engage kinship caregivers.

#### **Kinship Coordinator Staff Expectations:**

All staff performing kinship coordination duties should have a good working knowledge of child welfare practices and value the use of kinship families in child welfare placements. They can be supervisors, case workers, and/or support staff. The sections below indicate the specific competencies/skills that these staff should have, prior to the individual taking full independent responsibility for any of the kinship coordination duties.

*All staff performing kinship coordination functions should have the following competencies:*

- Ability to engage families to elicit, gather, evaluate, analyze and integrate pertinent information to determine a kinship family's capacity to meet safety and quality of care needs for the child; determine strengths, concerns and support needs.
- Ability to serve as a liaison between the DFCS and community when organizing and accessing DFCS and community services and information for families according to their unique and individual needs; ability to connect kinship families to information and services that the family specifically needs, even across county lines when appropriate;
- Ability to interact and collaborate with various and diverse families, internal staff and community partners;
- Ability to respect culture and diversity of families; to engage and to support kinship caregivers and children; to promote placement stability and positive permanency outcomes;
- Ability to provide education and advocacy on behalf of kinship families; and
- Strong empathy and understanding of the unique role, needs and challenges of kinship caregivers.
- Participate in monthly Kinship Coordinator Huddle calls, unit trainings and meetings as requested.

#### *Training for Kinship Coordination Staff*

Training for Kinship Coordinators should be viewed as an ongoing process. Ongoing training opportunities should be identified by the Kinship Coordinator and the supervisor/director overseeing the Kinship Coordination process, regardless of the experience level of the coordinator. Kinship Coordinators should attend and look for any relevant local and national training opportunities.

Kinship management in collaboration with Division's Knowledge Management Section will be involved in developing an ongoing training plan for Kinship Coordinators.

To ensure consistency in Georgia's Kinship Continuum, initial training for Kinship Coordinators should address all components of the Kinship Continuum manual. As appropriate, the training should draw upon relevant skill-building materials and activities related to the competencies previously listed.

Any staff with responsibility for any kinship coordination duties should receive initial training on the following topics:

1. Orientation to the Kinship Continuum Manual
2. Kinship Overview, including education on all forms (Kinship Assessment, Kinship Coordinator Referral Form, Caregiver Need Needs Assessment, Kinship Navigator Program, CPS/Criminal Waivers, and the Kinship Exception Request Form)
3. Locating kinship families & updating genograms – This area is critically needed to help ensure that workers know all the tools and resources available to locate kinship members
4. Education on the services available
5. Special attention to engagement with kinship caregivers to help assess any possible services the kinship family may need to help deflect any future concerns that arise; and to address:
  - Resource management;
  - Relative dynamics (conflict & loyalty);
  - Difficulty managing child behaviors;
  - Knowing what to tell the child about the future; and
  - Information concerning critical agency decision points.

Once they have been trained, Kinship Coordinators should be able to help train other agency staff who work closely with kin, especially regarding the completing kinship services timely and entering data and ways to give special attention to kinship caregivers' needs.

Kinship Coordinators will meet regularly to share updates, concerns and comments. These coordinators may meet face-to-face, on conference calls, and through an e-mail listserve.



## APPENDIX C: Kinship Navigator Staff Contact List

Regional Kinship Navigator	Physical Address and Telephone
<b>Carrie Harper</b> District Manager <a href="mailto:CarrieE.Harper@dhs.ga.gov">CarrieE.Harper@dhs.ga.gov</a>	<b>Camden County DFCS</b> 32 Oakwood St Folkston, GA 31639 Cell: 229-520-2727
<b>Ellen Dillinger</b> <a href="mailto:Ellen.dillinger@dhs.ga.gov">Ellen.dillinger@dhs.ga.gov</a>	<b>Union County DFCS</b> 163 Blue Ridge Hwy Blairsville, GA 30546 Cell: 762-210-9589
<b>Yolanda Vinson</b> <a href="mailto:Yolanda.Vinson@dhs.ga.gov">Yolanda.Vinson@dhs.ga.gov</a>	<b>Douglas County DFCS</b> 8473 Duralee Ln., Suite 100 Douglasville, GA 30134 Cell: 470-225-9937
<b>Robbie Mitchell</b> <a href="mailto:Robbie.mitchell@dhs.ga.gov">Robbie.mitchell@dhs.ga.gov</a>	<b>Meriwether County DFCS</b> 17234 Roosevelt Hwy Greenville, GA 30222 Cell: 470-233-5865
<b>Eric Jackson</b> <a href="mailto:Eric.Jackson@dhs.ga.gov">Eric.Jackson@dhs.ga.gov</a>	<b>Sumter County DFCS</b> 1601 North Martin Luther King Blvd Suite 120 Office 117 Americus, GA 31719 Cell: 229-815-4442
<b>Jalaysia Malloy</b> <a href="mailto:Jalaysia.Malloy@dhs.ga.gov">Jalaysia.Malloy@dhs.ga.gov</a>	<b>Dougherty County DFCS</b> 200 W. Oglethorpe Blvd. Albany, GA 31706 Cell: 229-869-7436
<b>Sharon Paris</b> <a href="mailto:Sharon.paris@dhs.ga.gov">Sharon.paris@dhs.ga.gov</a>	<b>Berrien County DFCS</b> 301 S. Jefferson St. Nashville, GA 31639 Cell: 229-237-2076
<b>Kim-Marie Smith</b> <a href="mailto:Kim.Marie-Smith@dhs.ga.gov">Kim.Marie-Smith@dhs.ga.gov</a>	<b>DeKalb Access and Resource Center (ARC)</b> 949 North Hairston Road Stone Mountain, GA 30083 Cell: 678-877-5186



## APPENDIX D: Kinship Navigator Referral Form

Agency/Referring Person's Name: \_\_\_\_\_ Agency: \_\_\_\_\_  
 \_\_\_\_\_ Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 \_\_\_\_\_ County: \_\_\_\_\_

Referral Type: ☐ Formal ☐ Informal (If you are a Kinship Coordinator then Referral Type = Formal. Everyone else = Informal.)

Referral Source: ☐ Individual ☐ School ☐ DFCS ☐ Other \_\_\_\_\_

Date of Referral \_\_\_\_\_ SHINES ID: \_\_\_\_\_ KN Case ID: \_\_\_\_\_

**Reason(s) for Referral:** ☐ Financial ☐ Legal ☐ Mental Health ☐ Medical ☐ Education  
☐ Housing ☐ Child Care ☐ OFI Benefits ☐ Other

Explain:

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

### Kinship Caregiver Information:

Name: \_\_\_\_\_ Gender: ☐ M ☐ F ☐ O DOB: \_\_\_\_\_

Race: ☐ African American ☐ American Indian/Alaskan Native ☐ Asian ☐ Native Hawaiian/Pacific Islander  
☐ White ☐ Other Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino ☐ Unable to Determine

Address: \_\_\_\_\_

County: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Caregiver ID: \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Domestic Partnership

Relationship to Child (select only one): ☐ Grandparent ☐ Sibling ☐ Foster Parent ☐ Cousin  
☐ Fictive Kin/Non-Relative ☐ Parent ☐ Aunt/Uncle ☐

Other \_\_\_\_\_

**Other Household Members:** Total adults living in the household: \_\_\_\_\_ Total children living in the household: \_\_\_\_\_

### List up to 4 members of the household:

Name												
Kincare Child	Yes	No		Yes	No		Yes	No		Yes	No	
DOB												
Gender	M	F	O	M	F	O	M	F	O	M	F	O
Race												
AA-African American, AI/AN-American Indian/Alaskan Native, A-Asian, NH/PI – Native Hawaiian/Pacific Islander, W-White, O-Other	AA	AI/AN	A	AA	AI/AN	A	AA	AI/AN	A	AA	AI/AN	A
	NH/PI	W	O	NH/PI	W	O	NH/PI	W	O	NH/PI	W	O
Ethnicity	H	NH	U	H	NH	U	H	NH	U	H	NH	U



H-Hispanic/Latino, NH-Not  
Hispanic/Latino, U-Unable to  
Determine

<b>Mobile Phone</b>				
<b>Email</b>				
<b>Relationship to Caregiver</b> G-Grandchild, S-Sibling, N- Niece/Nephew, C-Cousin, FK- Fictive Kin, O-Other	G S N C FK P	G S N C FK P	G S N C FK P	G S N C FK P
<b>Relationship to Child(ren)</b> G-Grandparent, S-Sibling, FP-Foster Parent, C-Cousin FK-Fictive Kin/Non Relative, P-Parent, AU-Aunt/Uncle	G S FP C FK P AU Other:	G S FP C FK P AU Other:	G S FP C FK P AU Other:	G S FP C FK P AU Other:

**Current Financial Assistance** (*check all that apply*): ☐ SNAP ☐ SSI ☐ WIC ☐ TANF ☐ Medicaid  
☐ CAPS  
☐ Child Support ☐ Other

**Current Social Supports** (*check all that apply*):  
☐ Family Members ☐ Neighbors/Friends ☐ Church ☐ Community Based Organizations  
☐ Others (please  
specify): \_\_\_\_\_

Please provide any additional information that might assist with this family (use back of form, if needed):

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## APPENDIX E: Kinship Navigator Needs Assessment

Kinship Caregiver's Name: \_\_\_\_\_ Date: \_\_\_\_\_

# Children in Your Care: \_\_\_\_\_ Relationship to Children: G-Grandparent, S-Sibling, FP-Foster Parent, C-Cousin, FK-Fictive Kin/Non Relative, P-Parent, AU-Aunt/Uncle, O-Other \_\_\_\_\_ Date of Placement: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_

SCALE: 1=No 2=Low 3=Moderate 4=High 5=Urgent

	Family	Head of HH	Child 1	Child 2	Child 3	Child 4	Child 5
Name:							
Age:							
<b>FINANCIAL</b>							
Emergency Financial Support							
SSI/ Survivorship/ Disability							
OFI Benefits (TANF, Medicaid, SNAP)							
Budgeting							
Other, specify:							
Comments:							
<b>LEGAL</b>							
Custody							
Guardianship							
Adoption							
Child Support							
Other, specify:							
Comments:							
<b>MENTAL HEALTH</b>							
Behavioral Issues							
Stress Relief							
Grief and Loss							
Anger Management							
Conflict Resolution							
Family Counseling							
Individual Counseling							
Domestic Violence							
Trauma							

SCALE: 1=No 2=Low 3=Moderate 4=High 5=Urgent

	Family	Head of HH	Child 1	Child 2	Child 3	Child 4	Child 5
Other, specify:							
Comments:							
<b>MEDICAL</b>							
Medical Care							
Specialized Services							
Other, specify:							
Comments:							
<b>EDUCATION</b>							
School Enrollment							
Tutoring							
Mentoring							
IEP							
College (financial aid)							
Other, specify:							
Comments:							
<b>HOUSING</b>							
Rent							
Utility Assistance							
Housing options							
Other, specify:							
Comments:							
<b>CHILD CARE</b>							
Child Care/After school care							
Parenting Support							
Summer Camp							
Child Development							
Home Safety/ Childproofing							
Other, specify:							
Comments:							
<b>OTHER</b>							
Respite							
Role Definition/ Kin Caregiver							
Child Extracurricular Activities							

SCALE: 1=No 2=Low 3=Moderate 4=High 5=Urgent

	Family	Head of HH	Child 1	Child 2	Child 3	Child 4	Child 5
Support Group							
Employment Resources							
Clothing							
Baby Items							
Furniture							
Transportation							
Hygiene products							
Nutrition (WIC, Food Bank)							
Other, specify:							
Comments:							

### Social Supports:

Immediate/Extended Family

Members: \_\_\_\_\_

Neighbors/Friends: \_\_\_\_\_

\_\_\_\_\_

Church: \_\_\_\_\_

\_\_\_\_\_

Community Based

Organizations: \_\_\_\_\_

Others: \_\_\_\_\_

\_\_\_\_\_

### Moving Forward:

What is the greatest strength (positive family legacy) you bring as a Kinship Caregiver?

What is your greatest worry (negative family legacy) in being a Kinship Caregiver?

Plan to Address Needs and Next Steps:



## APPENDIX F: Kinship Navigator Intake Form

Intake Date: \_\_\_\_\_ KN Navigator Name: \_\_\_\_\_

Referring Person's Name: \_\_\_\_\_

Referring Person's Agency/Organization: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Reason for

Contact: \_\_\_\_\_

Referral Type: ☐ Formal ☐ Informal \_\_\_\_\_ Previous History w/CPS: ☐ Yes ☐ No

Case Type ☐ CPS ☐ Family Preservation ☐ Relative Foster Care

SHINES Case ID : \_\_\_\_\_ County: \_\_\_\_\_ KN Case ID: \_\_\_\_\_

Case Manager's Name: \_\_\_\_\_

Phone(s): \_\_\_\_\_

### Kinship Caregiver Information (ONLY COMPLETE IF NO REFERRAL FORM):

Name: \_\_\_\_\_ Gender: ☐ M ☐ F ☐ O DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Caregiver ID: \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Domestic Partnership

Relationship to Child (select only one): ☐ Grandparent ☐ Sibling ☐ Foster Parent ☐ Cousin  
☐ Fictive Kin/Non-Relative ☐ Parent ☐ Aunt/Uncle ☐

Other \_\_\_\_\_

Why is child in your care? \_\_\_\_\_

### Child(ren) Information: (complete for all *Kincare* children in the home)

	Child 1	Child 2	Child 3	Child 4	Child 5
Childs' Name	_____	_____	_____	_____	_____
Child KN ID	_____	_____	_____	_____	_____
Child SHINES ID	_____	_____	_____	_____	_____
Child's DOB	_____	_____	_____	_____	_____
Gender	M F O	M F O	M F O	M F O	M F O
Date of Kinship Placement	_____	_____	_____	_____	_____
Custody Status	G C N	G C N	G C N	G C N	G C N
G-Guardianship,	T	T	T	T	T
C-DFCS Custody, T-	Other:	Other:	Other:	Other:	Other:
Temporary, N-None	_____	_____	_____	_____	_____
Parent's Whereabouts	I H IP	I H IP	I H IP	I H IP	I H IP
I-Incarcerated, H-	C U	C U	C U	C U	C U
Homeless IP-In-Patient, C-	Other:	Other:	Other:	Other:	Other:

In County, D-Deceased U-Unknown					
Are there concerns about the child?	Y N	Y N	Y N	Y N	Y N
Specify					
Other siblings not in the household? Y N Specify:					

**Other Household Members (ONLY COMPLETE IF NO REFERRAL FORM):**

Total adults living in the household: \_\_\_\_ Total children living in the household: \_\_\_\_

**List up to 4 members of the household:**

Name				
<b>Kincare Child</b>	Yes No	Yes No	Yes No	Yes No
<b>DOB</b>				
<b>Gender</b>	M F O	M F O	M F O	M F O
<b>Mobile Phone</b>				
<b>Email</b>				
<b>Relationship to Caregiver</b> G-Grandchild, S-Sibling, N-Niece/Nephew, C- Cousin, FK-Fictive Kin, O- Other	G S N C FK P	G S N C FK P	G S N C FK P	G S N C FK P
<b>Relationship to Child(ren)</b> G-Grandparent, S-Sibling, FP-Foster Parent, C- Cousin FK-Fictive Kin/Non Relative, P-Parent, AU-Aunt/Uncle	G S FP C FK P AU Other:	G S FP C FK P AU Other:	G S FP C FK P AU Other:	G S FP C FK P AU Other:

**OTHER NOTES:**



## APPENDIX G: Kinship Navigator Encounter Form

Navigator's Name: \_\_\_\_\_ Encounter Date: \_\_\_\_\_

I & R ONLY? Y N Type of Encounter: ☐ Face to Face ☐ Phone ☐ Electronic ☐

Other \_\_\_\_\_

Location: ☒ In Home ☐ DFCS Office ☐ Court Visit ☐ Other Public House ☐ Other \_\_\_\_\_

KN Case ID: \_\_\_\_\_ SHINES ID: \_\_\_\_\_

Kinship Caregiver's Name: \_\_\_\_\_

Reason for

Contact: \_\_\_\_\_

Is this the last visit and case is being closed? Y N

If Yes, Exit Status: ☐ Family Needs Met ☐ Family Moved Out of State ☐ Family No Longer Caring for Child(ren)

☐ Family no longer Interested in Services ☐ Unable to Contact Family ☐ Other \_\_\_\_\_

FINANCIAL				
Emergency Financial Support	Y N	Y N	Y N	Y N
SSI/ Survivorship/ Disability	Y N	Y N	Y N	Y N
OFI Benefits (TANF, Medicaid, SNAP)	Y N	Y N	Y N	Y N
Budgeting	Y N	Y N	Y N	Y N
Other, specify:	Y N	Y N	Y N	Y N
LEGAL				
Custody	Y N	Y N	Y N	Y N
Guardianship	Y N	Y N	Y N	Y N
Adoption	Y N	Y N	Y N	Y N
Child Support	Y N	Y N	Y N	Y N
Other, specify:	Y N	Y N	Y N	Y N
MENTAL HEALTH				
Behavioral Issues	Y N	Y N	Y N	Y N
Stress Relief	Y N	Y N	Y N	Y N
Grief and Loss	Y N	Y N	Y N	Y N
Anger Management	Y N	Y N	Y N	Y N
Conflict Resolution	Y N	Y N	Y N	Y N
Family Counseling	Y N	Y N	Y N	Y N
Individual Counseling	Y N	Y N	Y N	Y N
Domestic Violence	Y N	Y N	Y N	Y N
Trauma	Y N	Y N	Y N	Y N
Other, specify:	Y N	Y N	Y N	Y N
MEDICAL				
Medical Care	Y N	Y N	Y N	Y N

Specialized Services	Y N	Y N	Y N	Y N
Other, specify:	Y N	Y N	Y N	Y N
<b>EDUCATION</b>				
School Enrollment	Y N	Y N	Y N	Y N
Tutoring	Y N	Y N	Y N	Y N
Mentoring	Y N	Y N	Y N	Y N
IEP	Y N	Y N	Y N	Y N
College (financial aid)	Y N	Y N	Y N	Y N
Other, specify:	Y N	Y N	Y N	Y N
<b>HOUSING</b>				
Rent	Y N	Y N	Y N	Y N
Utility Assistance	Y N	Y N	Y N	Y N
Housing options	Y N	Y N	Y N	Y N
Other, specify:	Y N	Y N	Y N	Y N
<b>CHILD CARE</b>				
Child Care/After school care	Y N	Y N	Y N	Y N
Parenting Support	Y N	Y N	Y N	Y N
Summer Camp	Y N	Y N	Y N	Y N
Child Development	Y N	Y N	Y N	Y N
Home Safety/ Childproofing	Y N	Y N	Y N	Y N
Other, specify:	Y N	Y N	Y N	Y N
<b>OTHER</b>				
Respite	Y N	Y N	Y N	Y N
Role Definition/ Kin Caregiver	Y N	Y N	Y N	Y N
Child Extracurricular Activities	Y N	Y N	Y N	Y N
Support Group	Y N	Y N	Y N	Y N
Employment Resources	Y N	Y N	Y N	Y N
Clothing	Y N	Y N	Y N	Y N
Baby Items	Y N	Y N	Y N	Y N
Furniture	Y N	Y N	Y N	Y N
Transportation	Y N	Y N	Y N	Y N
Hygiene products	Y N	Y N	Y N	Y N
Nutrition (WIC, Food Bank)	Y N	Y N	Y N	Y N
Other, specify:	Y N	Y N	Y N	Y N

**Additional Comments/Concerns:**





## APPENDIX H: Navigator Quarterly Report

Kinship Navigator's Name: \_\_\_\_\_

Report Quarter: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

1. Describe any community collaboration or outreach, contacts or meetings conducted during this quarter. This does not include contacts made with organizations to provide direct services to a Kinship Navigator family. *Add rows as needed.*

Date	Location	Organization	What was the purpose of the meeting/contact?	What occurred during the meeting/contact? What was the outcome?


2. If you traveled to county DFCS offices during this quarter, complete the information below. Be sure to include any meetings with Social Services staff or OFI regarding kinship cases (CPS investigation, Family Preservation or Permanency). *Add rows as needed.*

Date	County Office	What was the purpose of the meeting/contact?	Outcome and Follow-Up

3. Based on your intakes for the quarter list any identified resource or service gaps. *Add rows as needed.*

County	What was the resource need or gap in service?	What steps did you take to close the gap and who else is assisting you?

## APPENDIX I: Complaint Form

 Kinship Navigator Program

### Complaint Form

Last Name:

Address:

County:

Primary Phone Number:

Are you the Kinship Caregiver?:

Complaint Type:

Complaint Details:  

Please Provide Complaint Details

First Name:

City:

Email Address:

Alternate Phone Number:

Zip Code:  
  
You must include Zip.

Phone Type:

☐ I hereby consent to the use of my contact information as required to mediate and resolve my complaint

Submit Complaint

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## APPENDIX J: Escalation Communication Plan

### Escalation Communication Plan

Georgia Department of Families and Children | Kinship | April 2019

Good communication among and between employees and agency leaders greatly increases productivity. Rather than wasting time on clearing up confusions caused by a breakdown in communication, staff can spend time on their job duties. Additionally, good communication allows you to build consensus and reach agreement on everyone's role and action steps. This results in confidence that the Kinship Navigator Program can deliver desired results more quickly and efficiently. Navigators are also less likely to make mistakes when effective communication is valued within the program.

#### Expectations

Kinship Navigators are similar to customer service representative in that they respond to issues that didn't initiate from their direct involvement. Kin caregivers do not like having to repeat the same information to several people, so Navigators provide good customer service by gathering the appropriate information at the outset and involving the appropriate parties as needed. If a navigator is unable to resolve the issue with another department, agency, or community partner within 30 days he /or she must document all of the information that the consumer provides and relay that information to the next employee in the communication chain.

Within the first 30 day of receiving an issue or complaint a Navigator will:

1. Review all case history or pertinent information related to issue.
2. Contact the county staff and supervisor via phone to discuss the caregiver's concern. Discuss how you were made aware of the issue and the impact to the child, caregiver, and agency if the issue is left unresolved. Explore possible solutions or alternatives and discuss your availability to assist. Agree on next steps and a time frame to check-in. Send an email if you are unable to reach county staff via phone.
3. Send a brief follow-up email highlight the action items and timeframes for follow up
4. Follow-up communication should always be documented and indicate any activity/progression towards resolution.
5. Schedule a meeting with county staff to discuss next steps if you have been unable to follow-up via phone/email.
6. Discuss unresolved complaints during monthly supervision to determine if the issue meets the criteria for escalation.

#### Escalation

Kinship Navigators must make several attempts to partner with the county since different types of issues may require multiple steps to reach a resolution. It is critical to remember that issues that involve kin may not take priority over other urgent problems. You should escalate complaints for high-priority kinship issues to your supervisor, and if necessary, they will partner with you to escalate the issue further up the chain of command.

Use the following criteria to determine if a complaint is a high priority and if further escalation is appropriate:

1. Will there be a significant change in the caregiver circumstances if the matter is not resolved in a specific time frame?
2. Did the caregiver attempt to resolve their issue with county prior to contacting the Kinship Navigator Program?
3. Are other stakeholders involved?
4. Will further delays impact safety and/or permanency for the child?

5. Are there fiscal impacts to the agency?

It is appropriate to escalate the caregiver's issue up the chain if you answer yes to three or more of the five questions listed above.

### **How to Escalate**

The Escalation Process will be used to ensure critical issues are raised soon enough to prevent undesirable impacts to the kinship caregiver and the agency. Following the escalation plan will ensure the appropriate parties are informed and involved in critical decision-making. The Kinship Navigator, Supervisor, and Program Manager shall always strive to address issues at the lowest possible level.

The escalation process is invoked when a supervisor determines that an issue requires escalation for resolution. The issue must be reported to the County Director. The communication must indicate how previous attempts were made to partner with county staff and request if this issue can be assigned directly to the staff member for a response, or if the matter can be delegated to the appropriate staff person.

Communication to the County Director should also include the following:

1. Highlight the issues that determined that escalation was appropriate.
2. Provide any alternative solutions (pros/cons) to address the complaint.
3. Indicate opportunities for navigators assist with action items/next steps.
4. Provide your availability to schedule a conference call or meeting to further discuss the caregiver's issues within the next five days.
5. Discuss the navigator program's overall commitment to timely issue resolution.
6. Highlight the county's trends (positive and/or challenging) responding to kinship issues.
7. Request a time frame for a response from the county.
8. Include the Regional Director

### **Tracking the Escalation**

The supervisor will document and track an issue escalated to County Director. If the issue is resolved, the supervisor updates the tracking log to reflect the date the issue was escalated and the date the resolution was reached.

In the event that the Kinship Navigator and Supervisor are unable to resolve the issue after 30 days the urgency of the issue should be escalated to the Kinship Navigator Program Manager. The Program Manager will work with the Regional Director and the County Director in order to resolve the issue.

The notice of the final escalation includes a summary of the issue and the analysis of each party's position.

- Discuss if the resolution requires approval and indicate who makes this determination. Provide any recommendations if additional stakeholder should be involved.
- Indicate what processes or situations triggered an escalation.
- Discuss any required time frames and deadlines involving notifying the other party of the escalated item.
- Indicate the impacts and considerations if the agency continues to delay action (constituent complaints, etc...)
- Consider an escalation meeting within a certain number of days (not more than ten business days) of the notification.

**Other Considerations**

Good verbal and written communication aids in relaying company messages and duties clearly and efficiently. By not wasting time on redoing a misunderstood task, employees can devote more company time to their work.

The following are examples of types of issues that might be escalated to the County Director


- Chronic Practice Issues
- Fiscal Payments
- Action items not being completed or appear that they will not be completed timely, resulting in missed target dates
- Adverse Child/Caregiver Outcome
- Complaints involving agency stakeholders

**Closure**

The Program Manager tracks the implementation of the issue resolution or completion of the assigned escalation. Upon completion of the resolution the Program Manger updates the tracking log with the final results and closes the item.

The Kinship Unit will annually review the issues tracking and resolution log to assess regional trends and improvements.

## APPENDIX K: Mandated Reporter Form

	<b>GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES</b> <b>CHILD WELFARE POLICY MANUAL</b>			
	<b>Chapter:</b>	(3) Intake	<b>Effective Date:</b>	July 2019
	<b>Policy Title:</b>	Mandated Reporters		
	<b>Policy Number:</b>	3.24	<b>Previous Policy #:</b>	N/A

### CODES/REFERENCES

O.C.G.A. §19-7-5 Reporting of Child Abuse  
 O.C.G.A. §49-5-12 License and Inspection of Child Welfare Agencies; Standards; Penalties  
 O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records Title IV-E of the Social Security Act Section 471(a) (9) (A)  
 Child Abuse and Prevention Treatment Act  
 Comprehensive Addiction and Recovery Act of 2016 (P.L. 114-198)

### REQUIREMENTS

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

1. *Report to the Child Protective Services Intake Communication Center (CICC) immediately, but in no case later than 24 hours of known or suspected instances of child abuse and neglect including reports of physical or mental injury, sexual abuse or exploitation or negligent treatment or maltreatment of children including children receiving aid under Titles IV-B or IV-E, including children in the custody of DFCS. NOTE: This includes physical injury or death, neglect or exploitation, endangering a child, sexual abuse and sexual exploitation in accordance with Georgia law (see Forms/Tools: Maltreatment Codes for definitions).*
2. Ensure that mandated reporter training available for mandated reporters by:
  - a. Providing opportunities for educating mandated reporters on their legal obligation to report known or suspected child abuse.
  - b. Providing medical personnel training opportunities regarding their obligation to report known or suspected child abuse to the CICC, including:
    - i. Infants born-alive suspected of medical neglect under circumstances that indicate that the child's health or welfare is threatened; and
    - ii. Infants born and identified as being affected by substance abuse (legal and illegal) or withdrawal symptoms resulting from prenatal drug exposure or a Fetal Alcohol Spectrum Disorder.
3. Inform mandated reporters of their obligation to report known or suspected instances of child abuse in accordance with the mandated reporter statute O.C.G.A. §19-7-5.
4. Immediately inform a mandated reporter of their legal obligation to report child abuse and provide him/her with a copy of the mandated reporter statute, upon becoming aware of their failure to report known or suspected child abuse.
5. Inform all mandated reporters during the intake process:
  - a. Reporters are immune from any civil or criminal liability when a report is made in good faith;
    - i. **NOTE:** This includes any person or persons, partnership, firm, corporation, association, hospital, or other entity participating in the making of a report or
    - ii. causing a report to be made, and individuals who otherwise provide information

- assistance, including, but not limited to, medical evaluations or consultations, in connection with a report.
- b. Of the ability to obtain the status of an intake report assigned as an investigation, including whether the investigation is completed or ongoing.
  - c. Of the option to request notification of the disposition of an intake report assigned as an investigation (substantiated or unsubstantiated). If the mandated reporter requests notification of the disposition, DFCS will provide a written notification within five calendar days of the conclusion of the investigation (see policy 5.1 Investigations: Conducting an Investigation).
  - d. If school personnel, that DFCS shall provide written notification:
    - i. Within 24 hours of the receipt of an intake report to the school personnel who made the report; and
    - ii. Within five calendar days of completing the investigation to the school counselor from the school the child was attending at the time of the reported abuse, advising of the disposition (substantiated or unsubstantiated) of an intake report assigned as an investigation. If a school does not have a school counselor, this disclosure shall be made to the principal see policy 5.1 Investigations: Conducting an Investigation).
6. Provide notification of the receipt of the intake report in the form of the Mandated Reporter Letter via mail, email, or fax to the mandated reporter **within 24 hours** of the receipt of an intake report from a mandated reporter.

## PROCEDURES

### Mandated Reporter Training

DFCS will provide mandated reporters with the following resources to facilitate mandated reporter training:

1. Locations of web-based training for all mandated reporters.
2. Specific training opportunities for medical personnel concerning:
  - a. Infants born-alive suspected of medical neglect under circumstances that indicate that the child's health or welfare is threatened; and
  - b. Infants born and identified as being affected by substance abuse (legal and illegal) or withdrawal symptoms resulting from prenatal drug exposure or a Fetal Alcohol Spectrum Disorder.
3. Mandated reporter training for DFCS staff.
4. Mandated reporter duties and responsibilities to report suspected child abuse as outlined in O.C.G.A. §19-7-5, Reporting Child Abuse.
  - a. **NOTE:** County Departments may provide mandated reporter training in coordination with the Training and Professional Development.

### Engaging Mandated Reporters during the Intake Assessment

The CICC Social Services Case (SSCM) will:

1. Inform mandated reporters of the following:
  - a. Reporters are immune from any civil or criminal liability when a report is made in good faith.
    - i. **NOTE:** This includes any person or persons, partnership, firm, corporation, association, hospital, or other entity participating in the making of a report or causing a report to be made, and individuals who otherwise provide information or assistance, including, but not limited to, medical evaluations or consultations, in connection with a report.
    - ii. Reporter information will be kept confidential; however, the case record may be subpoenaed as a result of court proceedings and the reporter cannot be assured confidentiality will be fully protected.

- i. **NOTE:** If asked or compelled in court to name a reporter, the SAAG/DFCS will request that the reporter's identity be disclosed in the judge's chambers.
  - c. If court action is initiated to protect a child, it may be necessary for the reporter to appear in court.
  - d. They are able to make an anonymous report. If the reporter is unwilling to divulge his/her name, the CICC SSCM will continue with the intake report.
  - e. The necessity to gather information concerning the family functioning areas in order to conduct the intake assessment and make an intake decision.
  - f. The option to obtain the status of an intake report assigned as an investigation and whether the investigation is completed or ongoing.
  - g. The option and process to receive information verbally or in writing the disposition (substantiated or unsubstantiated) of an intake report that is assigned as an investigation. Inform any mandated reporter who requests notification that an update will be received within five calendar days of the conclusion of the investigation.
  - h. If the mandated reporter is school personnel, that DFCS will provide written notification within five calendar days of completing an intake report assigned as investigation to them advising of the disposition (substantiated or unsubstantiated). If a school does not have a school counselor, this disclosure shall be made to the principal.
  - i. If the mandated reporter is school personnel, but not the school counselor (e.g. teacher, bus driver, janitor, etc.) the name of the school counselor or principal where the child is attending at the time of the intake report is needed.
    - i. **NOTE:** Document this information in the additional comments section in Georgia SHINES (see policy 5.1 Investigation: Conducting an Investigation).
  - j. If the mandated reporter is the school counselor (or principal if the school does not have a counselor) and the intake report is assigned as an investigation they will be provided the disposition of the investigation (substantiated or unsubstantiated) within five calendar days of conclusion (see policy 5.1 Investigation: Conducting an Investigation).
2. Upon approval of the Intake Assessment by the Social Services Supervisor, provide the Mandated Reporter Letter via mail, email or fax to the mandated reporter within
    - a. 24 hours of the receipt of the intake report. The letter will include the following information:
  3. Notification of the receipt of the intake report and a listing of potential dispositions.
  4. Notification of the mandated reporters' ability to request the findings of substantiated or unsubstantiated if the case is assigned as an investigation.
  5. If the report was made by a mandated reporter who is school personnel (and is not the school counselor), that the school counselor (or principal) where the child is attending at the time of the report will also be notified of the investigation findings (substantiated or unsubstantiated) within five calendar days of the conclusion of the investigation.

### **Mandated Reporters who Fail to Report Child Abuse**

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The County Director or Designee will:

1. Immediately contact the mandated reporter by telephone, when DFCS becomes aware that a mandated reporter failed to make a report of known or suspected child abuse and inform the mandated reporter:
  - a. Of their responsibility as a mandated reporter to report known or suspected instances of child abuse or neglect per O.C.G.A. §19-7-5 Reporting Child Abuse.
  - b. That persons who knowingly and willfully fail to report shall be guilty of a misdemeanor.
2. Notify the District Attorney, if repeated violations occur.
3. Mail the mandated reporter a copy of O.C.G.A. §19-7-5 Reporting Child Abuse. **NOTE:** An employee or volunteer who makes a report to the person designated to make reports to DFCS shall be deemed to have fully complied with O.C.G.A. §19-7-5 Under no circumstances shall the person designated to make reports exercise any control, restraint, modification or make a change to the information provided by the reporter, although the reporter may be consulted prior to



the designated person making the report and may provide additional, relevant, and necessary information when making a report.

## PRACTICE GUIDANCE

### Mandated Reporters in Georgia

Mandated reporters, in many instances, have long standing relationships and a unique perspective on the children and family for which they are reporting child abuse. Information based on this perspective is therefore vital to intake decision-making process. Mandated Reporters per O.C.G.A. §19-7-5 Reporting Child Abuse are:

1. Physicians licensed to practice medicine, physician assistants, interns, residents
2. Hospital or medical personnel
3. Dentists
4. Licensed psychologists and persons participating in internships to obtain licensing pursuant to Chapter 39 of Title 43
5. Podiatrists
6. Registered professional nurses or licensed practical nurses licensed pursuant to Chapter 24 of Title 43 or nurse's aides
7. Professional counselors, social workers, or marriage and family therapists licensed pursuant to Chapter 10A of Title 43
8. School teachers
9. School administrators
10. School counselors, visiting teachers, school social workers, or school psychologists certified pursuant to Chapter 2 of Title 20
11. Child welfare agency personnel, as that agency is defined pursuant to O.C.G.A. §49-5- 12
12. Child counseling personnel
13. Child service organization personnel
14. Law enforcement personnel
15. Reproductive healthcare facility or pregnancy resource center personnel and volunteers;
16. Persons that are employees or volunteers at a hospital, school, social agency, or similar facility shall notify the person in charge of such hospital, school, agency, or facility, or the designated delegate, and the person notified shall make the report
17. Clergy members when information is received outside the context of confession or other similar communication required to be kept confidential under church doctrine or practice (receipt from another source even in conjunction with the confession of the perpetrator).

**Requirements of a Mandated Reporter Per O.C.G.A. §19-7-5 Reporting of Child Abuse** Mandated reporters are required to report known or suspected instances of child abuse and/or neglect in the following manner:

1. Make an oral report by telephone or other oral communication or a written report by electronic submission or fax, immediately, but in no case later than 24 hours from the time there is reasonable cause to believe suspected child abuse has occurred, by telephone to 1-855-GA-CHILD or otherwise and followed by a report in writing, if requested.
  - a. **NOTE:** Oral reports may be requested by DFCS to be followed up in writing.
2. Ensure that reports contain the names and addresses of the child and the child's parents or caregivers, if known, the child's age, the nature and extent of the child's injuries, including any evidence of previous injuries, and any other information that the reporting person believes might be helpful in establishing the cause of the injuries and the identity of the alleged maltreater.

### Mandated Reporter Training

DFCS shall provide Mandated Reporters training related to their obligation to report known or suspected

child abuse. Such trainings can be provided in person or by referring mandated reporters to available training including those available online at the following links:

1. Mandated Reporter Law Webinar Training
2. Mandated Reporter Training
  - a. Select Course Menu;
  - b. Scroll to Health and Safety Section; and
  - c. Select Mandated Reporters: Critical Links in Protecting Children.
3. Mandated Reporter Training for Medical Professionals
  - a. Select Course Menu;
  - b. Scroll to Health and Safety Section; and
  - c. Select Mandated Reporting Requirements: A Track for Georgia Medical Professionals

### Building Community Partnerships with External Stakeholders<sup>1</sup>

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External Stakeholders within the local community, including mandated reporters are an important resource and can be a wealth of information for DFCS at any point during the life of a case, from intake through case closure. When DFCS and external stakeholders work collaboratively, each entity can learn and grow from each other through cultivating the partnership by:

1. Learning about the availability of new resources and how to access them.
2. Closing cases more confidently knowing that community services and supports are available to families.
3. Gaining a critical understanding and perspective of the neighborhoods in which they serve.
4. Making more informed decisions regarding out of home care and placement in the community.
5. Reducing stress caused by working in isolation from the community.
6. Increasing local awareness of child maltreatment and related issues.
7. Forming and strengthening relationships with community members, which can build trust between families, child welfare agencies and service providers.

Traditionally, child maltreatment responses have been from a single agency and focused on obtaining facts and information related to the allegations of child abuse. As child welfare practice has evolved, more external stakeholders have become involved with the families DFCS serves through the schools, service providers, mental health professionals etc.

Despite any differences between DFCS and these external stakeholders, all share one primary goal, which is serving children and families. As the traditional agency leading the community in child welfare interventions DFCS has an opportunity to take the initiative to build strong collaborative relationships with the external stakeholders within their community. Additionally, in order to better develop a common understanding of what each stakeholder's respective role and responsibility should be regarding child welfare in Georgia DFCS should be providing training to external stakeholders on a regular basis and participating in other multi-disciplinary activities within the community. Further information on building collaborative partnerships with community stakeholders may be found at <https://www.childwelfare.gov/pubs/usermanuals/partners/>

### FORMS AND TOOLS

Georgia Statute: O.C.G.A. §19-7-5 Reporting of Child Abuse and Neglect  
Mandated Reporter Letter  
Maltreatment Codes

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<sup>1</sup> Child Welfare Information Gateway-Community Partnerships: Improving the Response to Child Maltreatment, 2010