



Georgia Division of Family and Children Services

Child Abuse Prevention and Treatment Act (CAPTA) Plan

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Vision

Safe Children. Strengthened Families. Stronger Georgia.

Mission

We prioritize the safety of Georgia's children in the decisions we make and the actions we take. We strengthen families toward independence and build stronger communities with caring, effective and responsive service.

Guiding Principles

As the Division of Family and Children Services we...

1. Demonstrate our commitment to the safety of our children in the decisions we make and the actions we take.
2. Empower, strengthen and support families on their path toward independence.
3. Serve with compassion.
4. Provide caring, responsive and effective service.
5. Engage, listen, and respond to our participants, communities and each other.
6. Collaborate with our communities to create systems of support.
7. Develop a competent, professional and efficient workforce that never stops learning and growing.

Overview

The Division and its three CAPTA Panels have an interest in evaluating the effectiveness of the CAPTA Plan and use of CAPTA State Grant funds in improving areas of the child protection system. With the submission of the State's 2020-2024 Child and Family Services Plan (CFSP) during the summer of 2019, the agency is taking this opportunity to update the CAPTA Plan to ensure coordination with the goals of the new CFSP and to structure the plan in such a way that it provides clear guidance on spending priorities and leads to measurable outcomes.

The goals of Georgia's 2020-2024 CFSP are:

1. A competent, satisfied, effective, and ever developing workforce;
2. Effective practice resulting in positive outcomes for families; and
3. An engaged and diverse community that serves to promote partnerships and holistically support families.

The goals and objectives outlined in the CAPTA Plan all directly support those in the CFSP, are aligned with priority areas identified by CAPTA Panel recommendations over time and offer opportunities for the state to invest in specific activities that further these priorities and are supportive of the goals of the CAPTA Basic State Grant. The goals presented are agency goals for system improvement and the objectives listed are intentionally broad and meant provide a framework to guide specific activities that may be funded by the CAPTA State Grant. Each individual objective may not have a specific activity undertaken to support it during the timeframe of the plan. The agency chose to put forth a wide variety of objectives so different program areas in the agency and stakeholders could identify appropriate opportunities that best match system priorities and available resources to further the system improvement goals using the grant. Activities funded under the CAPTA State Grant will be reported on annually in the APSR and as part of final report on the 2020-2024 CFSP, the Division and CAPTA Panels will assess overall progress towards goals presented in the plan.

Approach

To approach the drafting of a new plan with measurable outcomes, the CAPTA Panel Coordinator and Division's Federal Plans Manager reviewed CAPTA Panel recommendations from recent years, the requirements for state child protection systems in §106(b)(2)(B), the areas for improvement in §106(a) and worked with the CAPTA Panels to identify priority areas of focus.

These reviews and discussions resulted in five substantive areas of focus. Four have been long standing areas of interest for the panels and Plans of Safe Care are an emerging priority since CAPTA was amended by the Comprehensive Addiction and Recovery Act of 2016. The areas directly pertain to CAPTA mandates in §106(b)(2)(B) and are:

1. Mandated reporting
2. Child representation

3. Workforce development and worker safety
4. Prevention and reporting of maltreatment related child fatalities
5. Plans of safe care and services to mothers with substance use disorders and infants affected by prenatal exposure to substances

To create a plan with clear, measurable goals, the Division decided to structure the content of the plan differently from previous versions. The agency convened a work group with representation from each panel, relevant Division program areas, and other subject matter experts, including the Court Improvement Project Director to outline specific goals and objectives for each priority focus area. The goals and objectives drafted by the smaller workgroup were reviewed at the Division's annual CAPTA Panel Retreat in September of 2019 and feedback was incorporated into the final draft of the plan for submission.

Use of CAPTA State Grant Funds and Plan Structure

Allocation of CAPTA State Grant Funds will be driven by the content of this plan. Requests for funding must demonstrate relevancy to the articulated goals and objectives, and a plan for evaluation of each activity supported by funds. The Division intends to start issuing an annual solicitation for proposals, structured similarly to the one currently issued for the state's Children's Justice Act Grant funds, to ensure the timely and appropriate use of CAPTA funds and to enable the Division and CAPTA Panels to measure the efficacy of the funds in improving identified priority areas.

The plan outlines the goals, objectives and relative areas for improvement in §106(a) with contextual narrative for each of the five program areas identified. The plan captures priority objectives for each program area at the time of submission. The agency anticipates that additional objectives will develop over time as work in each area progresses. The appropriateness of funding requests should be considered in the context of:

1. Articulated program area goals outlined in CAPTA Plan;
2. The requirements for state child protection systems in §106(b)(2)(B);
3. Areas for improvement in §106(a);
4. Annual CAPTA Panel recommendations;
5. Applicability to CFSP goals.

Program Areas

Mandated Reporting

Goal: Improve quality and consistency of reports of child abuse and neglect made to the Child Protective Services Intake Communications Center (CICC).

Mandated reporting is a priority of the Children's Justice Act Task Force and the Mandated Reporter subcommittee consistently works on issues pertaining to mandated reporter training requirements and the availability of quality mandated reporter training with the belief that standardized, quality training will help improve reports received by the agency, thus allowing for better decision making at intake.

This work supports the agency's compliance with the mandate in §106(b)(2)(B)(i) requiring the state to have:

provisions or procedures for an individual to report known and suspected instances of child abuse and neglect, including a State law for mandatory reporting by individuals required to report such instances;

Currently Identified Objectives:

1. Develop training requirements for mandated reporters.
2. Develop mechanism for authorizing and approving mandated reporter training.
3. Provide mandated reporters with consistent, up-to-date training, and promote the available authorized/approved trainings currently available.
4. Facilitate agreements between child serving state agencies to adhere to established mandated reporter training requirements.
5. Develop procedures for regularly communicating updates to mandated reporting law and/or policy, and relevant system trends (i.e. drug abuse) to mandated reporters.
6. Assess the quality of reports received by mandated reporters and the agency's response to inform training needs both for the Division and mandated reporters.

Consistent and complete reports to CICC should support quality intake decision-making by the Division. Training that includes additional information regarding the roles and responsibilities of the child protection system is also an opportunity for broader education on how to access community resources and connect families to supports when there is not an allegation of child abuse and neglect that needs to be brought to the attention of the Division.

Relevant CAPTA Priority Areas in §106(a): 1, 8, 10

Child Representation

Goal: Ensure that all children have access to and are appointed qualified individuals to represent their interests in dependency proceedings.

Quality legal representation for children has been a priority of the Children's Justice Act Task Force since it completed its 2009 assessment. The Task Force worked closely with the Division on a PIP in 2009 that resulted in updates to policy and the SHINES system to facilitate the collection of information on the appointment of attorneys and/or GALs.

With the recent decision to allow Title IV-E reimbursement for administrative costs related to parent and child representation, the Task Force has reestablished its Child Representation Committee, with a focus on training of GALs and ensuring quality representation for children throughout the State.

This work supports the agency's compliance with the mandate in §106(b)(2)(B)(xiii) requiring the state to have:

provisions and procedures requiring that in every case involving a victim of child abuse or neglect which results in a judicial proceeding, a guardian ad litem who has received training appropriate to the role, including training in early childhood, child, and adolescent development, and who may be an attorney or a court appointed special advocate who has received training appropriate to that role (or both), shall be appointed to represent the child in such proceedings—

- I. To obtain first-hand, a clear understanding of the situation and the needs of the child; and*
- II. to make recommendations to the court concerning the best interests of the child;*

Currently Identified Objectives:

1. Support research and implementation planning to facilitate adoption of best practices for child representation at the individual attorney level and structural system-level.
2. Facilitate implementation of claiming of IV-E for child representation, including supporting pilot projects, monitoring and evaluation.
3. Support the completion of basic prerequisite training for attorneys, GAL and judges.
4. Utilize observation and peer review to reinforce and strengthen local practice and implementation. Incorporate on-site, real-time feedback in addition to a trend report.
5. Support the regular occurrence of court stakeholder meetings & trainings to address and improve practice.
6. Expand the participation of GALs (CASA & attorneys) in the twice per year Court Improvement Initiative site meetings.
7. Enhance CPRS to incorporate/prioritize best interest factors by providing a standardized reporting templates for GALs.
8. Extend opportunities for GAL participation in multi-disciplinary trainings (i.e. Summit).
9. Support efforts to clarify language specific to GAL training requirements, dual appointments, and specific duties/reporting in state law.
10. Increase GAL participation in cross-judicial circuit MD-CANIs.
11. Support local training offerings that reach GALs in all counties.
12. Enhance data sharing and coordination between court systems and Division to ensure legal representation is accurately captured.

Previous work on child representation allows the Division to track compliance with the appointment of attorneys/GALs. Focusing on establishing best practice standards and training for child attorney/GALs furthers compliance with the CAPTA mandate and allows the agency and judicial partners to focus on quality representation for children.

Relevant CAPTA Priority Areas in §106(a): 2, 5

Plans of Safe Care

Goals:

1. Increase utilization of Plans of Safe Care as a tool to promote safety and well-being of infants born affected by prenatal exposure to substances.
2. Promote consistent screenings of and referrals to appropriate services for:
 - a. pregnant women for substance use disorders
 - b. infants and children for effects of prenatal exposure to substances.

The Division has worked diligently to comply with the amendments to CAPTA by the Comprehensive Addiction Recovery Act of 2016 and, in doing so, has recognized the need for a systemic response to prenatal exposure to substances in the state. The Child Protective Services Advisory Committee established a Plan of Safe Care subcommittee in 2018 and the results of this work will be incorporated into objectives for this program area. The state is participating in a prenatal exposure study at the request of the Children's Bureau during the Fall of 2019 and will use the findings of the assessment and results from the QIC-CCCT grant in Douglas County to inform work in this area.

This work supports the agency's compliance with the mandate in §106(b)(2)(B)(ii),(iii) requiring the state to have:

- ii. policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition of such infants, except that such notification shall not be construed to—*
 - I. establish a definition under Federal law of what constitutes child abuse or neglect; or*
 - II. require prosecution for any illegal action.*
- iii. the development of a plan of safe care for the infant born and identified as being affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder to ensure the safety and well-being of such*

infant following release from the care of healthcare providers, including through—

- I. addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver; and*
- II. the development and implementation by the State of monitoring systems regarding the implementation of such plans to determine whether and in what manner local entities are providing, in accordance with State requirements, referrals to and delivery of appropriate services for the infant and affected family or caregiver;*

Objectives:

1. Utilize findings of prenatal exposure study to identify internal and system gaps in policies, procedures, and services, and create a strategic plan to address gaps and engage in system response to infants and families affected by prenatal exposure to substances.
2. Increase availability of specialized trainings on substance use and child welfare and plans of safe care for agency staff and external partners.
3. Promote interdisciplinary collaboration with OB-GYNs, birthing hospitals, Department of Public Health, and Department of Behavioral Health and Developmental Disabilities for early identification and treatment of maternal substance use.
4. Identify appropriate services for infants and families affected by prenatal exposure to substances and build capacity for services statewide.

The Division is committed to ongoing training and development of staff to promote understanding of and appropriate response maternal substance use and infants and children affected by prenatal exposure. Continuing to work with external stakeholders to develop a system response that promotes early, consistent identification of maternal substance use and facilitates access to treatment is a clear priority for use of CAPTA funding.

CAPTA Priority Areas in §106(a): 7, 10, 13

Workforce Development

Goal: Increase retention of skilled staff resources by recognizing their value to the agency by:

1. Providing opportunities to develop expertise based on individual professional development goals.
2. Ensuring their safety in the workplace.
3. Providing clear pathways for professional growth based on individual potential and preferences.

4. Engaging staff from the field as stakeholders to define and develop opportunities on the above.

The CAPTA Panels, specifically the Child Protective Services Advisory Committee (CPSAC), has a longstanding interest in workforce development. Most recently, in 2018, the CPSAC subcommittee on worker safety issued recommendations to support the physical safety and well-being of frontline staff. The Division has also prioritized workforce development in its CFSP and by participating in a National Child Welfare Workforce Institute grant project. Objectives below reflect the recent recommendations from the CPSAC as well as on going priorities related to retention of a skilled workforce. Priority objectives are ones that overlap areas identified in the CFSP and CAPTA Panel recommendations.

This work supports the agency's compliance with the mandate in §106(b)(2)(B)(xx) requiring the state to have:

Provisions and procedures for improving the training, retention and supervision of caseworkers.

Objectives:

1. Develop and improve specialized skills and expertise in the workforce in response to new trends in child welfare, legislative priorities or deficiencies and inconsistencies identified in evaluation of practice.
2. Encourage and improve multidisciplinary practice/cross training opportunities for Division staff.
3. Increase caseworker personal safety.
4. Reduce the negative impact of secondary trauma on the workforce by increasing awareness of secondary trauma, its impact on the workforce, and resources available, including:
 - a. Increasing awareness of secondary trauma and its effects.
 - b. Recognizing the signs of secondary trauma (in self and colleagues).
 - c. Identifying and utilizing EAP resources.
 - d. Reducing the stigma in using EAP.
5. To increase opportunities to identify leadership roles and develop potential through:
 - a. Clearly identified career paths;
 - b. Clearly identified standards and requirements for promotion; and
 - c. Opportunities to remain in preferred position with defined roles and expectations as an expert resource.

CAPTA Priority Areas in §106(a): 6, 7

Prevention and Reporting of Maltreatment Related Child Fatalities

Goal: Promote accurate reporting of maltreatment related fatalities and use information from fatality reviews to create and implement prevention strategies.

The Maltreatment Committee of the State Child Fatality Review and the Child Fatality Investigations subcommittee of the Children's Justice Act Task Force have longstanding interest in consistent identification, investigation and reporting of maltreatment related fatalities. Consistency in these areas allows for data and practice evaluation to inform strategies for preventing future fatalities

This work supports the agency's compliance with the mandate in §106(b)(2)(B)(x) requiring the state to have:

provisions which allow for public disclosure of the findings or information about the case of child abuse or neglect which has resulted in a child fatality or near fatality;

and in §106(c)(4)(A)(iii)(II) authorizing CAPTA Panels to review child fatalities and near fatalities to determine the extent to which State and local child protection service agencies are effectively discharging their responsibilities.

Objectives:

1. Support multi-disciplinary reviews of child fatalities as part of Nationwide Partnership for Child Safety Collaborative.
2. Provide multi-disciplinary trainings to help improve investigation and consistent identification of maltreatment related fatalities.
3. Develop statewide child fatality investigation protocol for inclusion in the state model child abuse protocol.
4. Improve coordination between the Division and Child Fatality Review to identify effective prevention opportunities based on evaluation of policy, practice and procedures.
5. Support ongoing development of state plan to prevent maltreatment related fatalities.
6. Support data sharing to facilitate analysis and evaluation of CFR, Division and Public Health data to identify trends and opportunities for prevention of child fatalities.

CAPTA Priority Areas in §106(a): 2, 7

Family Involvement in Decision Making

The Division is committed to involving families and youth in decision making pertaining to children who experienced abuse or neglect at both case and state level. As a progression of the Blueprint for Change, Georgia has launched the State of Hope initiative. Key to the State of Hope is the idea that families and communities- not systems and state agencies- are best equipped to raise children. The State of Hope designs initiatives in partnership with families and communities to uniquely address their needs and create communities that reduce the risk of harm and abuse and allow families to thrive. Experience and input of youth and families will be key to the design of projects in each region.

State plans and policies are also shared with members of the CAPTA Citizen Review Panels for input. There are currently two parents of children with disabilities and a relative caregiver on the Children's Justice Act Task Force and two foster/adoptive parents and a relative caregiver on the Child Protective Services Advisory Committee. This representation is consistently maintained on the citizen review panels and the Division actively recruits membership that includes families and former victims affected by child abuse and neglect.

The Division strongly encourages youth involvement in the decision-making process through multiple agency initiatives. The Teens R for Me Program is designed to increase the capacity of those who serve older youth in foster care and to provide youth ages 14-17 in foster care with access to resources and tools they need to successfully transition to adulthood. A Youth Advisory Board comprised of youth in care supports the planning and implementation of the annual Teens R for Me Conference sponsored by the Division. This annual two-day conference is attended by youth, agency staff, Court Appointed Special Advocates, and a variety of service providers, and supports the Teens R for Me program objectives. Youth and young adults are also an integral support in the planning and implementation of Connected by 21, the *Youth Know Your Rights* initiative, and guidance of the State Independent Living Program (ILP) operations. Youth attend meetings year-round and have direct input regarding survey tool development and revisions to policies that affect the services and supports they receive while in foster care.

The Division also partners with Georgia EmpowerMENT (a youth advocacy and leadership board of the Georgia Youth Opportunities Initiative (GYOI) within the Multi-Agency Alliance for Children) on several initiatives. Georgia EmpowerMENT youth participate in Youth Town Hall meetings with Division leadership as a part of the Blueprint for Change Roadshows, which occur in every region. During these Youth Town Hall meetings, leadership provides agency updates and solicits feedback from youth on issues that affect them. The Youth Town Hall meetings also provide the platform for youth to provide their insight and concerns regarding the services and supports they receive through the Division and how those supports can be strengthened. These Youth Town Hall meetings have played an integral role in the enhancement of the education support services provided to youth through the Division and other policy changes.

Additionally, the GA-RYSE/ Chafee Independent Living Program continues to work closely with Georgia EmpowerMENT to establish a subcommittee comprised of current foster care youth and young adults who were formerly in foster care. This collaboration is a productive way to obtain valuable insights and address the needs of adolescents, youth and young adults in care and transitioning out of care. Youth, by way of EmpowerMENT, participate in all activities and decisions around ILP planning and procedures. They review existing policies and protocols and provide supportive feedback and critiques upon examination.

In 2019 the Division formed the Georgia Parent Advisory Council (GPAC) to advise DFCS about making changes to child welfare services and systems, particularly prevention programming. The GPAC is a sounding board for decisions, ideas and questions that shape the future of the Prevention and Community Support Section and the Division. Parental involvement in decision-making is the key to having policies and programs that

support families' strengths and needs. DFCS is committed to partnering with the GPAC to strengthen and support families, engage all community sectors in child maltreatment and adolescent pregnancy prevention strategies and activities and reduce the need for out-of-home placement of children.

In addition to the involvement of families and youth in state level decision making, the agency places great importance on engaging families and youth in their individualized case planning. As a part of the Blueprint for Change, the Division adopted Solution Based Casework (SBC). All child welfare staff are trained in and will become certified in SBC, which provides a framework for family engagement. The three tenets of SBC are

1. To create a partnership based on problem consensus in language the family understands;
2. To focus that partnership on the pattern of everyday family life that directly relate to threats to safety; and
3. To target solutions specific to the prevention skills needed to create safety and reduce risk in those family situations¹.

The concept of working in partnership with families is reflected throughout the child welfare policy manual, which includes requirements for Family Team meetings, family involvement in case planning as well as practice guidance for engaging families when making purposeful contacts.

Per Division Policy 19.3: Solution-Focused Family Team Meetings, meetings are required:

1. Within 45 calendar days of the transfer staffing when a case has been identified for Family Preservation Services (FPS);
2. Within nine calendar days of a child entering out-of-home care (DFCS custody);
3. Within 25 calendar days of a child entering out-of-home care (DFCS custody);
4. Prior to a judicial or panel review;
5. Prior to a change in a child's permanency plan;
6. Every 90 calendar days during an FPS case;
7. Within the most recent 90 days of a youth in foster care reaching the age of 18 or the youth's exit from foster care; and/or
8. Prior to case closure.

Division policy requires involvement of children in case planning as age appropriate and Written Transitional Living Plans are a requirement for youth 14 and over. This plan, created with the youth in partnership with the youth's Case Manager and other adult supports, provides detailed, actionable and self-directed goals and steps to be completed by the youth and their supporters to encourage and support independent living and self-sufficiency prior to the youth's exit from foster care.

Promotion of Collaboration

¹ Solution Based Casework (www.solutionbasedcasework.com)

The Georgia Division of Family and Children Services Blueprint for Change recognizes that collaboration among agencies is paramount to a successful child protection system and constituent engagement is a crucial pillar of the Blueprint for Change and one of the primary goals of the agency's current CFSP. Agency-wide efforts promote increased community involvement and reflect the expectation that local offices work to enhance collaborative relationships with partners who are involved in investigations, interventions and the delivery of services and treatment provided to children and families affected by child abuse and neglect.

Division leadership participates in "Roadshows" and has traveled the state to meet with key stakeholder groups in each region, including law enforcement, judges and other court personnel, educators and foster youth among others. Regional C3 coordinators also host stakeholder meetings at least quarterly to share agency information with the community, receive feedback, and encourage stakeholder participation in local agency efforts.

To build on the Blueprint for Change reform efforts, the state has partnered with Casey Family Programs to build on the work previously done by the Northwest Georgia System of Care Advisory Council and the Northwest Georgia Region of Hope and create a State of Hope. The State of Hope is an intentional and creative initiative to engage a broad base of community stakeholders in order to transform the lives of Georgia's most vulnerable residents. Communities will work together to design strategies that best address the needs of their most vulnerable residents.

The Division also has a Deputy Director of Strategy, Innovation and Engagement who diligently works to engage other organizations in the work of the agency. Examples of successful partnerships include the Child Welfare Training Collaborative, a partnership with Georgia State University, that provides free trauma and brain development training to child welfare practitioners throughout the state; and a contract with a faith-based organization to expand the care portal system to additional regions in the state. The care portal engages faith communities and allows the Division to make requests for items families need at any stage of a case, including investigations and family support, to help ensure the basic needs of children are met and they are safely maintained in their homes or placements.

The Division has Memoranda of Understanding and Memoranda of Agreements with other state agencies, including the Department of Behavioral Health and Disabilities, Department of Public Health, and court systems, which allow for faster exchange of information and collaboration on services, such as the Women's Treatment Resource Services and Children's First. Representatives from the Division also participate on many statewide and local collaborative groups, including the Inter-agency Director's Team, Statewide Domestic Minor Trafficking Multi-Disciplinary Team (DMST- MDT), and local Family Connection Partnership Boards.

In addition to broader agency wide collaborative efforts, policy and practice mandate collaboration at the case level when working with families. Division policy requires collateral contacts at all stages of a case in order to assess the safety, permanency and well-being of children as well as protective capacities of caregivers. Division policy 19.16: Collateral Contacts outlines the duties of the case manager and supervisor in ensuring these contacts and gives practice guidance on obtaining substantive information and

partnering with collaterals. In addition to the collateral contacts policy, the Division has specific policies on cases involving Intimate Partner Violence, Commercial Sexual Exploitation of Children, and caregiver substance use and substance exposed infants. A Domestic Violence Protocol and CSEC protocol are currently available to the field and a Substance Abuse Protocol is in draft form. The protocols outline the correct procedures for addressing these cases and partnering with other agencies as appropriate to meet the needs of the family.

Georgia Code legislates community collaboration through the governance of a state and local Child Fatality Review committees (CFR) and local Child Abuse Protocol committees. The state level CFR Committee is operated by the Georgia Bureau of Investigations and the Division Director is a statutory member. Each county is also mandated to have a local CFR for reviewing applicable cases within 10 days of the child's death. The local teams are multi-disciplinary and include a representative from the county Division office, law enforcement, judicial partners, medical examiner's offices, the Department of Public Health and other child advocate partners. The objective of the local Child Death Review is to identify systemic factors which may have impacted the death of the child as well as opportunities for enhanced prevention in the community.

State law also requires each county to have a Child Abuse Protocol and a committee to develop and review the protocol annually. A representative from the local Division office is a required member of the multi-disciplinary committee. The protocol defines the collaborative agreement between community partners in regard to assessment, investigation, prosecution, and treatment activities regarding child abuse and neglect.

Policies and Procedures Regarding the Use of Differential Response

Any intake screened in by the CPS Intake Communication Center (CICC) based on the presence of an allegation of maltreatment and the indication of a present danger situation or impending danger safety threat will be assigned for an Initial Safety Assessment with an immediate, 24 hour or 72 hour response time. If the Initial Safety Assessment finds that no present danger situations or impending danger safety threats are identified, the case will be sent to Family Support Services. See Appendix A: Georgia Child Welfare Policy 7.0: Introduction to Family Support Services.