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|  | **Tennessee Department of Children’s Services**  **FOSTER PARENT OATH TO ABIDE** |

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| Foster Home Name: |  |

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| Foster Parent  Initials | Co-Parent  Initials | **Confidentiality** |
|  |  | A great deal of sensitive and confidential information about children and families served by Department of Children’s Services (DCS) will be shared with foster parents. DCS believes that protecting sensitive and confidential information is critical to building and maintaining positive relationships and requires that all persons affiliated with DCS adhere to a practice of protecting that kind of information. DCS requires all potential and active foster parents to sign an oath to refrain from sharing any information about children or families with individuals or agencies, including sharing on social media, not authorized by a child’s Child and Family Team, to include birth parent, to share that information. |
| Foster Parent  Initials | Co-Parent  Initials | **Report Child Abuse and Neglect** |
|  |  | I understand it is my duty to report suspected child abuse or neglect and to abide by child safety restraint laws. I do solemnly pledge to report any suspected child abuse or neglect to the proper authorities. I realize that failure to report is a violation of the law and is not in the best interest of children. I also pledge to adhere to child restraint laws while transporting children in my vehicle. |
| Foster Parent  Initials | Co-Parent  Initials | **Drug and Medication Expectations** |
|  |  | I have read and understand the Protocol for Drug and Medication Expectations for Approved Foster Homes to ensure a drug-free environment.  For Relative/Kinship Caregivers: If applicable, I have been instructed on how to complete the medication log. |
| Foster Parent  Initials | Co-Parent  Initials | **Proper Use of Car Seats** |
|  |  | I pledge to adhere to child restraint laws while transporting children in my vehicle. |
| Foster Parent  Initials | Co-Parent  Initials | **Handgun Carry Permit** |
|  |  | I have provided DCS with a copy of the permit when applicable. I understand that I am responsible for the safety of the children in my care and will always exercise extreme caution. (Attach copy of permit.)  **N/A** |
| Foster Parent  Initials | Co-Parent  Initials | **Foster Parent Agreement with pool or other water hazards on their property** |
|  |  | Compliant with [***Water Hazard/Pool Safety Assessment Tool***](https://files.dcs.tn.gov/forms/4203.doc) and local ordinances.  **N/A** |
| Foster Parent  Initials | Co-Parent  Initials | **Foster Parent Involved searches:** |
|  |  | Policy 31.4 has been reviewed with me, my concerns discussed, and questions answered. |

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| Foster Parent  Initials | Co-Parent  Initials | **Foster Home Disclosure Acknowledgement** |
|  |  | I have received information and understand that serving as a foster parent is a privilege and that the approval and re-approval processes are intentionally rigorous to ensure the best able to care for children who are abused or neglected become or remain foster parents. I understand that information regarding my performance and quality of care as a foster parent will be shared between agencies if I choose to transfer or re-activate my services for an agency other than my initial assessment for the purpose of caring for children in state’s custody.  **N/A for Relative/Kinship Caregivers** |

**I confirm that the Oath to Abide has been reviewed with me and I understand my responsibilities as a foster parent:**

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| *Applicant’s Signature* |  | *Co-Applicant’s Signature* |
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| *Date* |  | *Date* |

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|  |
| *Witness* |
|  |
| *Date* |