

11.11 In the initial and subsequent ISP, it should clearly indicate the assessed needs of the child, the objectives of the placement and how these objectives will be addressed on a daily basis which includes efforts to be made by the direct care staff and HSP.

11.12 Providers must actively promote the involvement of all children in the placement's social group, counters isolation of individuals, nurtures friendships between children and supports children who for any reason do not readily "fit in" with the group.

11.13 Providers must have a process for ensuring that the opinions and views of children on the operations of the placement are ascertained on a regular and frequent basis and given due consideration. Children are given the opportunity to meet with staff individually and in groups to discuss the general running of the home, to plan activities and to share their views.

11.14 Providers must ensure that children's privacy is respected and information is handled in a confidential manner. Provider's must ensure that staff know how to deal with and share information which they are given in confidence by the child or others.

11.15 Providers must ensure that children are provided with adequate quantities of suitably prepared food and drink having regard to their needs and wishes and as appropriate children have the opportunity to shop for and prepare their own food.

11.16 To the extent possible, providers must ensure that children are able with assistance when necessary to prepare snacks and drinks for themselves at reasonable times.

11.17 The selection, preparation, and serving of food will be guided by the nutritional, social, cultural, religious, and health needs of the children served. Many of the children have experienced both physical and emotional deprivation. They require food that is both nutritionally sound and prepared and served in a nurturing way.

1. Food should be appetizing and attractively served. The dining area should be pleasant.
2. Meals should occur at regularly scheduled times. The atmosphere should be relaxed with opportunities for children to engage in conversation. In small group home settings, there should be enough chairs for all the children to eat together.
3. Meals should include some of the food preferences of the children of different cultural and ethnic groups
4. Children may be encouraged to eat; they may not be forced.
5. Snacks should be offered after school and at other times as appropriate.
6. Children should have a voice in menu planning.
7. Children should be given opportunities to participate, with supervision, in food shopping and preparation.
8. Unless there are dietary restrictions, children should be allowed to have second helpings.
9. For those children with special dietary needs, a professional nutritionist or a dietitian must be available for consultation on menu planning, portions, and preparation.
10. The dietitian or nutritionist should be aware of the particular needs of children who have experienced neglect and deprivation.

11.18 Providers must ensure that children's clothing and personal needs are met.

11.19 Providers must ensure that there are ample opportunities for children to participate in a range of appropriate leisure activities.

11.20 Providers will have a program of indoor and outdoor recreational and leisure activities.

11.21 In addition to providing activities on site, the provider shall utilize the community's cultural, social, and recreational resources whenever possible and appropriate. If children are participating in a community program, the provider must ensure that the program has sufficient and appropriate supervision for the children in attendance or provider staff will supplement the supervision as necessary to achieve an adequate level.

11.22 Leisure and recreational activities will be incorporated in each child's service plan. Children's strengths, needs, and interests should be addressed when developing recreational and leisure activities. Recreation and leisure activities must provide opportunities for children to participate in both group and individual events. Providers must ensure that all activities are appropriate for the ages of the children being served.

11.23 Recreational equipment must be in good condition. Games and supplies must be useable and in good condition.

11.24 Providers must have adequate space to allow several different activities to occur simultaneously. Examples of activities that are appropriate for inside are table tennis, reading, art (class and free expression), and board and card games. Sufficient outside space must be provided for more active games such as basketball, volleyball, badminton, and soccer.

11.25 Providers must ensure that children do not spend all (or most) of their leisure time watching television or playing video and computer games.

11.26 New buildings will be accessible to people with disabilities and reasonable accommodations should be made in older buildings.

11.27 CCIs must have a family visiting room or designated areas for visits.

Note: Appropriate exceptions to the above will be made for "Specialty" camp programs. Campsites shall be designed to meet the needs of the children served and shall be maintained in accordance with the ORCC rules and regulations for these programs.

General Administrative Matters

Standard 12: Provider Operations

Provider's administrative structure, programs and policies will provide the framework for delivering quality services to children and families.

12.1 Providers must maintain all licenses, certifications, or accreditations in effect at the time of the approval of the R.B.W.O. provider or as required by federal or state law or regulation or the Department or professional associations or entities providing accreditation, certification or licensing for staff, facilities and programs and to maintain compliance with R.B.W.O. Requirements.

12.2 Providers must provide telephones, fax machines, copiers and computers with Internet access to be used by provider staff in performing these requirements and to assure that the Department and provider are able to communicate by telephone twenty-four (24) hours per day, seven (7) days per week.

12.3 Providers must maintain sound practice informed by literature, research, legislation, policies and procedures as well as professional ethics and values.

12.4 Providers must notify the OPM of any change of address, telephone contacts, administrator/executive director, admissions contact, GA + Score reporting contact and the After hours contact via the GA+Score system within 48 hours of the change.

12.5 Providers must notify OPM of change to policies and procedures that significantly impact the delivery of services or programmatic changes i.e. gender or ages served

12.6 Providers must use contracted service vendors who possess the appropriate license, certificate, or accreditation, as may be required by the OPM when providing services to children to whom services are provided pursuant to these requirements.

12.7 Providers must comply with all requests for information and records for use in and to participate, as requested, in the annual Time Study and Cost Report, including, but not limited to providing the OPM with a copy of the provider's Annual Independent Audit Report, and to comply with all requests made by the Department to assist it in its efforts to obtain payment or recovery of costs of R.B.W.O services from third parties.

12.8 Providers must provide to OPM such data and reports as it requests for use in developing baselines, baseline data and other reports or review processes to promote improvement in performance under these requirements and in any other area related to the services provided to children placed by DFCS in the following areas: Child health and safety,

Family and community involvement, Permanency, Functioning levels, Placement stability, and Reentry to care.

12.9 Providers must fully and to accurately submit all required data into the GA+Score Services Tracking and Reporting system. Information must be entered timely and kept up to date.

12.10 Providers must employ or contract with an adequate number of qualified staff to provide the necessary services.

12.11 Provider staff must not be assigned more than one position except in rare situations based on the work assignment and responsibilities at the discretion of the agency's director.

12.12 Providers must ensure that no staff must have an unsatisfactory determination as to his or her criminal record shall be employed by the facility.

12.13 All provider staff must meet the minimum educational and experiential requirements based upon their position as outlined in the Staffing section of the RBWO Standards.

12.14 Staffing ratios must meet the minimum standards as outlined in the Staffing Section of the RBWO Standards.

12.15 Providers must designate a staff member to coordinate training.

12.16 An individual staff development plan must be developed for each service staff member and kept on file.

12.16 Case support workers, direct care staff and health services professionals must be supported by regular, ongoing supervision.

12.17 Agency Directors must be supported through regular, ongoing supervision.

12.18 Providers must maintain appropriate, clear, relevant, concise, timely and up-to-date records, including electronic and hard copy case records. Documentation relevant to children and young people is dated, signed and makes reference to the time of occurrence and is legible. Providers review the quality of documentation on a regular basis and continuously improve methods. Records are maintained at all times.

12.19 Services must comply with relevant regulations for the protection of the confidentiality and privacy of the children in care and keep all documentation in a secure environment.

12.20 Providers must comply with all applicable rules and regulations of the Office of Residential Child care (ORCC).

12.21 Providers must ensure that DFCS has access to children in its custody 24 hours a day, 7 days a week, regardless of placement in CPA foster homes or CCIs.

Program Designations

There are thirteen types of R.B.W.O. care for all children whether they are served in residential care with Child Caring Institutions or Child Placing Agencies. The types of care and the children served are described as follows:

CPA	CCI
Traditional Care	BASE Care-BWO
BASE Care-BWO	Additional Watchful Oversight- AWO
Maximum Watchful Oversight- MWO	Maximum Watchful Oversight- MWO
Specialty Base Watchful Oversight- SBWO	
Specialty Maximum Watchful Oversight- SMWO	
Specialty Medically Fragile Watchful Oversight- SMFWO	
	Maternity (Maternity Home)
	Second Chance Homes
	Teen Development
	Independent Living Program
	Camp (Specialty Camp)

Traditional (CPA) or BASE-BWO (CCI) Care:

A child served in Traditional Care or Base Care will have **mild to occasionally moderate** emotional and/or behavioral management problems that interferes with the child’s ability to function in the family, school and/or community without guidance and supervision. The behaviors identified for Traditional Care children placed in a CPA are identified as **mild**. The behaviors identified for BWO children placed in a CCI are identified as **mild to moderate**.

The following are the child characteristics and operational impact on children in Traditional Care or BWO according to the Difficulty of Care Factors:

- May be learning disabled requiring supports such as Student Support Team and tutoring services
- May have poor concentration at school and home
- May have occasional disruptive or disobedient behaviors resulting in In-School Suspension
- May have behaviors that are managed by medications
- Disregard for others property – minor property damage
- Non-compliance with curfew and/or limits set by adults
- Difficulty in adjusting to new environments
- May lack age-appropriate knowledge of self care or life skills
- May have behavioral outbursts inclusive of profane and/or provocative language
- May exhibit “annoying” behaviors to include excessive teasing, horseplay, and language taunting
- May exhibit shyness, fear, anxiety, and nervousness in group/community settings
- May exhibit irritability and/or hostility toward peers
- May exhibit impulsive behaviors that create mild risk – inappropriate verbal outbursts, wanders away from the group
- May be easily frustrated; temper tantrums
- May have difficulty making friends

A child served in Base or Traditional programs will have **minimal to mild** medical needs and can have a mild developmental delay that does not coexist with any medical condition.

BASE-BWO (CPA) or Additional Watchful Oversight- AWO (CCI):

A child served in the Base with Watchful Oversight or Additional Watchful Oversight will have **moderate to occasionally serious** emotional and/or behavioral management problems. In the CCI program, the behaviors exhibited by a child interferes with his or her ability to function in the family, school, and/or community outside of a supervised and structured setting. The behaviors identified for BWO children placed in a CPA are identified as **moderate**. The behaviors identified for AWO children placed in a CCI are identified as more frequent and **serious**.

The following are the child characteristics and operational impact on children in BWO or AWO according to the Difficulty of Care Factors:

- Performance is not in accordance with ability
- Learning disability requiring IEP services
- Disruptive and/or disobedient to school rules, could result in suspension
- Frequent attendance and truancy problems
- Oppositional and defiance in the home and school setting
- Use of vulgar and/or provocative language

- Annoying behaviors – picks on peers, repetitive actions or language, and taunting
- Demanding, Threatening
- Lacks age-appropriate knowledge of self care or life skills
- Occasionally assaultive without causing major injuries
- Disregard for the property of others; intentional property damage
- Occasionally runs away and/or refuses to abide by curfews
- Self harming behaviors, eraser burns, repeatedly picking at sores, biting fingernails until they bleed, and head banging
- Does not engage in typical peer interactions or recreational activities because of tendency to be picked on or bullied by others
- Often fearful, anxious, or sad
- Difficulty identifying and/or expressing emotions, emotionally blunted
- Easily annoyed, frequent and intense irritability
- Possible delinquent behaviors and Department of Juvenile Justice (DJJ) involvement
- Child has engaged in substance use, but use does not interfere with daily activities
- Impulsive actions that create risk (inappropriate outbursts, plays with fire, wanders away)

A child served in Base or Additional programs will have **minimal to mild** medical needs and can have a mild developmental delay that does not coexist with any medical condition.

Maximum Watchful Oversight- MWO (CPA & CCI)

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

The following are the child characteristics and operational impact on children in MWO according to the Difficulty of Care Factors:

- School attendance is poor, grades are poor, concentration is poor when in school – requires oversight from teachers, family and/or caregiver
- Multiply school suspensions and disciplinary actions
- History of school explosion
- Failure and/or inability to learn
- IEP with placement in specialized classes for behavioral or learning disabilities
- May require adaptive learning tools
- Refuses help with school work or tutoring
- Several years behind in the development of age-appropriate knowledge of self-care or life skills
- Verbal aggression (Use of vulgar and/or provocative language)

- Oppositional and defiance in the home and school setting
- Demanding, Threatening
- Smearing and/or throwing of feces
- Bedwetting – graduating to intentional urination in places other than the toilet
- Hiding soiled clothing/bed linens
- Limited ability to perform routine tasks of daily living such as chores and laundry
- Deliberately or impulsively destroying property while in a structured setting – breaking windows, pictures, mirrors, damage to furniture, appliances, clothing, electronics, and vehicles
- Preoccupation with fire
- History of Cruelty to animals
- Sexual acting out with or without aggression that may be opportunistic, situational or planned
- Highly sexualized behaviors, promiscuity, seeking inappropriate relationships with older persons, poor physical boundaries, often with history of sexual abuse and poor self esteem
- Recurrent and/or severe self-injurious behaviors and/or suicidal behaviors that are under control
- Homicidal or suicidal threats
- Physical aggression and/or assault (hitting, kicking, spitting, attacking may with or without a weapon, throwing objects) toward adults and/or other children with and/or without injuries.
- Withdrawn behavior, attention seeking behaviors that are excessive, constant complaining about physical ailments, nightmares, difficulty going to bed, refusal to stay in bedroom
- Fears, worries, and anxieties that affect daily activities; frequent and severe headaches, stomachaches and/or refusal to get out of bed
- Serious problems with personal hygiene
- Impulsive behaviors that present barrier to maintaining physical safety
- Chaotic and poor control of anger toward self and others with frequency and intensity that needs attention
- Inflexibly adheres to routines or rituals and has difficulty with transitions, which may lead to serious harm to self or others or extremely aggressive behaviors
- Difficulties with social interactions and/or communication (failure to speak, make eye contact, shake hands, hiding, standing too close, revealing personal information inappropriately to strangers, etc.)
- Odd, bizarre or explosive actions, which pose a significant risk of harm to self or others
- Hearing voices, seeing things that are not there
- Frequent and/or uncontrollable behavioral outbursts and mood swings
- Seems unable to form any meaningful friendships, is socially isolated and unable to enjoy activities with peers
- Delinquent behaviors – stealing, burglary, assault, battery
- Recurring involvement with Department of Juvenile Justice (DJJ)
- Fire setting with intent to destroy property or injure others and/or preoccupation with fire

- Intentionally and maliciously cruel to animals
- Runs away with involvement in situations where high risk activities are likely to occur
- Drinking or drug use which may have resulted in disciplinary actions and/or affect daily function
- Involvement with gangs or gang-like activities
- Poorly prepared for and lacking skills necessary for independent living

A child served in this group may have **moderate** medical needs requiring specialized services. Child generally sees 2 or more physicians at least on a quarterly basis for medical needs, requires routine lab work to assess the effectiveness of medications. Medical needs in this group could include two-three of the following:

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

Children with the identified medical needs can either be served in a MWO CPA or CCI program. However, there are children in the MWO category through selected CCI or Children's Transition Care Center (CTCC) programs whose medical needs are **serious to severe**. These children are deemed clinically stable by a physician but are dependent on life-sustaining medications, treatment/procedures and equipment. Children ages 0-12 are not permitted to be placed in group setting without approval of a DFCS Director. However, under special circumstances with an exclusive contract are approved to place medically fragile children ages 0 –18 in a group setting.

Some of the characteristics in which a child would qualify for a medically fragile approved MWO CCI/ CTCC provider are as followed but not limited to:

- A medical condition which requires management with medications
- Child has a tracheotomy
- Child is oxygen and feeding tube dependent
- Complete or partial paralysis (child weighing 20 pounds or more)
- Depends upon medication to keep a life threatening condition under control – including, but not limited to asthma, chronic lung disease, diabetes, heart disease, HIV infection, or chronic kidney disease being maintained by dialysis
- Limited mobility

Specialty Base Watchful Oversight- SBWO (CPA)

A child served in this specialty program will have **serious** emotional and/or behavioral management problems that interfere with the child's ability to function normally with in the family, school, and community. Due to the severity and required attentiveness in caring for a child approved with a specialty program designation, other children are not permitted to be placed in the home without the written approval from a DHS/DFCS Designee. The child characteristics on children in SBWO are the same as MWO; however the severity and frequency are increased.

Specialty Maximum Watchful Oversight- SMWO (CPA)

A child served in the Specialty with Maximum Oversight Program will have **severe** emotional and/or behavioral management problems that interfere with the child's ability to function in the family, school, and/or community. Due to the severity and required attentiveness in caring for a child approved with a specialty program designation, other children are not permitted to be placed in the home without the written approval from a DHS/DFCS Designee. The child characteristics on children in SMWO are the same as SBWO; however the severity and frequency are increased.

Specialty Medically Fragile Watchful Oversight- SMFWO (CPA)

A child served in the Specialty Medically Fragile program has **serious to severe** medical conditions. Non-compliance with any prescriptive regimen of care will endanger the life or health of the child. These children require time-intensive treatments/procedures to be performed daily by a trained caregiver. Due to the severity and required attentiveness in caring for a child approval with a specialty program designation, other children are not permitted to be placed in the home without the written approved from a DHS/DFCS Designee.

These are some of the characteristics in which a child would qualify for SMFWO but not limited to:

- A medical condition which requires management with medications
- Child has a tracheotomy
- Child is oxygen dependent

- Persistent reflux causing frequent vomiting
- Requires oral feedings that take at least 30 minutes or requires tub feedings
- Requires nebulizer treatments on a daily basis
- Requires medications by feeding tube, injection or suppository
- Requires ostomy care
- Has any type body cast
- Blindness
- Deafness or severe hearing impairment
- Complete or partial paralysis (child weighing 20 pounds or more)
- Has self-harming behaviors such as cutting, ingesting poisonous substances, etc.
- Depends upon medication to keep a life threatening condition under control – including, but not limited to asthma, chronic lung disease, diabetes, heart disease, HIV infection, or chronic kidney disease being maintained by dialysis
- Limited mobility
- Bedwetting, urination in places other than the toilet
- Several years behind in the development of age-appropriate knowledge of self-care or life skills
- Medical interventions may be required while in school

Maternity Homes & Second Chance Homes (SCH):

A child served in the Maternity Homes and Second Chance Homes is preparing for motherhood or is receiving hands on parenting training. The premise of these program designations are to support an adolescent who is either pregnant or have a child/children with the skills and knowledge to care for their child(ren). The ages of the adolescent approved for this program designation can be 14-18. Their emotional and/or behavioral management problems are **mild**.

The following are the child characteristics and operational impact on children according to the Difficulty of Care Factors:

- May be learning disabled requiring supports such as Student Support Team and tutoring services
- May have poor concentration at school and home
- May have occasional disruptive or disobedient behaviors resulting in In-School Suspension
- May have behaviors that are managed by medications
- Non-compliance with curfew and/or limits set by adults
- Difficulty in adjusting to new environments
- May have behavioral outbursts inclusive of profane and/or provocative language
- May exhibit “annoying” behaviors to include excessive teasing, horseplay, and language taunting
- May exhibit impulsive behaviors that create mild risk – inappropriate verbal outbursts, wanders away from the group
- May be easily frustrated; temper tantrums
- May have difficulty making friends

A child under Maternity and Second Chance Homes have minimal to mild medical needs and can have a mild developmental delay that does not coexist with any medical condition.

The Second Chance Homes not only serves the mother but also the mother's child(ren). The following are the program designations codes for Second Chance Homes in GA SCORE:

- 2CMB1- Second Chance Mother with one (1) child
- 2CB1- Second Chance one (1) child
- 2CMB2- Second Chance Mother with two (2) children
- 2CB2- Second Chance two (2) children

Camp:

A child served in the Camp will have **moderate to severe** emotional and/or behavioral management problems that interfere with the child's ability to function in the family, school, and/or community outside of a supervised and structured setting. The child characteristics on children approved for the Camp are the same as AWO and MWO.

A child under, Camp has minimal to mild medical needs and can have a mild developmental delay that does not coexist with any medical condition.

Teen Development/ Independent Living Program:

A child served in the Teen Development/ Independent Living Program greatly benefit from life skill training to be more self sufficient and preparing them for adulthood. The premise of this program designation assignment is not behavioral based as the BWO, AWO and MWO are. Behaviors may be considered in the placement of a child, based on each approved provider admission criteria. This program designation can serve adolescent as young as 14 to young adult as old as 21.

A child under, Teen Development has minimal to mild medical needs and can have a mild developmental delay that does not coexist with any medical condition.

DESCRIPTION OF PROGRAM TYPES

Child Caring Institution (CCI)

- Any child-welfare facility that provides full-time room, board and watchful oversight to six or more children through 18 years of age (the exception would be if an emancipated child signed himself/herself back into the care of the Division of Family and Children Services, then 21 years of age or under). The children in CCI's are residing outside of their own home environment. These facilities provide care, supervision, and oversight in a residential setting, including neighborhood - based group homes, campus - based arrangements, and self-contained facilities. The facility Director, Human Service Professional, and Direct Care Staff work as a team to provide a stabilizing and nurturing environment that promotes, safety, well-being and permanency, and it allows the children to be stepped down to the less restrictive environment.
- **Second Chance Home:** Is a Child Caring Institution by definition, however, this type of CCI serves between four and eight adolescents and their child or children. They may also serve no more than one pregnant adolescent in a six month period. Second Chance Homes help adolescent mothers to become self-sufficient by providing them with a safe living environment, support for long-term economic independence, child development, parenting and life skills.
- **Maternity Home:** Is a Child Caring Institution by definition, however this type of facility admits, treats, or cares for, within a period of six months, more than one pregnant adolescent, either before, during or within two weeks after childbirth. This facility offers a group living experience to pregnant adolescents or young mothers. Professional staff assists the young women before and after giving birth to address individual problems and help them plan for living arrangements, employment and/or school, and caring for their new infants. The Director, Social Services Staff, Resident Staff, and Medical Staff work together as a team to promote the safety and well-being of the children that they serve.
- **Children's Transition Care Center:** Is a Child Caring Institution by definition, but this type of CCI provides a temporary, home-like environment for medically fragile children, technology dependent children, and children with special health care needs, who are deemed clinically stable by a physician but are dependent on life-sustaining medications, treatments, and equipment. These children require assistance with activities of daily living to facilitate transitions from a hospital or other facility. The Director, Human Service Professional, Registered Nurse Staff, and the Direct Care Staff work together as a team to promote the safety, permanency and well-being of the children that they serve.

- **Outdoor Therapeutic Program (“Specialty” Camp):** Is a Child Caring Institution by definition, however this type of CCI provides room, board and watchful oversight in a wilderness or camp environment that is designed to improve the emotional and behavioral adjustment of the children in care. The use of physical, environmental, athletic and other challenging activities are designed to improve the functioning of the children and to teach them pro-social, adaptive skills.
- **Independent Living Program:**
TBD
- **Transitional Living Program:**
TBD

Child Placing Agency (CPA)

- Any child welfare agency which places children in foster homes for temporary individualized care, supervision and oversight, and are provided in a resource family setting. These agencies that arrange for children to receive care in foster homes must make arrangements to assess the placement regarding the appropriateness of the room, board and watchful oversight that the prospective foster family will provide. The agency’s Director, Case Support Staff, and the foster parents work as a team to provide a stabilizing and nurturing environment that promotes, safety, well-being and permanency.

CPA Staffing Standards

These requirements build on the Child Placing Agency (CPA) rules and regulations and reflect the increasing needs and service requirements.

The R.B.W.O. CPA provider shall have the administrative and professional staff necessary to oversee and provide R.B.W.O. services to children and families. No person having an unsatisfactory determination as to his or her criminal record shall be employed by the agency.

Director

- Director must have a master's degree from an accredited college or university in the area of behavioral or social sciences, social work, or childhood education, business or public administration or related field and two (2) years of paid work experience in the field of social services or human service delivery and at least one of which has been in an administrative or supervisory capacity; or a bachelor's degree from an accredited college or university in the same areas of study and four (4) years of paid work experience in a human services delivery capacity or a related field and at least two of which have been in an administrative or supervisory capacity.
- The Director may serve as the Case Support Worker (CSW) if the director meets the educational qualifications of the Case Support Worker. If this occurs, the director may act in the capacity of the C.S.W. for no longer than 90 days and must notify the Department of its plan to replace the C.S.W.

Note: Some directors were grandfathered in and may not meet the current qualifications for case support supervisor or case support worker.

Case Support Supervisor

Case Support Supervisor must have a master's degree from an accredited college or university in the area of behavioral or social sciences, social work, psychology, childhood education, special education, guidance counseling, or related field with one (1) year experience in the field of childcare or a bachelor's degree from an accredited college or university in the same areas of study with two (2) years of paid work experience in a human services delivery capacity or a related field.

Case Support Worker

Case Support Workers shall have a maximum caseload of the following:

- Traditional Care- 20 children on a caseload
- Base Care- 15 children on a caseload
- MWO- 10 children on a caseload
- SBWO, SMWO, SWFWO- For combined cases of specialty and lower program designations: No more than 10 children on a caseload

Case Support Worker must have a bachelor's degree from an accredited college or university in the area of behavioral or social sciences, social work, psychology, childhood education, special education, guidance counseling, or related field with two (2) years direct service experience with children and families or a master's degree from an accredited college or university in the same areas of study with one (1) year of paid work experience with children and families.

Child Caring Institutions

The following Requirements are for Child Caring Institutions, "Specialty" Camps, and Maternity Homes providing Room, Board, and Watchful Oversight (R.B.W.O.) services to children.

The Staffing Requirements for R.B.W.O. described below build on the ORCC rules and regulations, and reflect the increasing needs and service requirements of the children.

ADMINISTRATION AND ORGANIZATION

Each provider of R.B.W.O. shall employ or contract with an adequate number of qualified staff to provide the necessary services. Staff shall not be assigned more than one position except in rare situations based on the work assignment and responsibilities at the discretion of the agency's director.

A Director shall not serve in the capacity of director for more than one agency that is under contract with the Department of Human Services as an R.B.W.O. provider.

No person having an unsatisfactory determination as to his or her criminal record shall be employed by the facility.

The director may not rely on out of state staff to meet any of the staffing needs.

Director

When providing services for the following R.B.W.O. programs and designations, Base Watchful Oversight (BWO), Additional Watchful Oversight (AWO), 2nd Chance, Maternity, Teen Development, Camp and Maximum Watchful Oversight (MWO), the provider must

designate an individual responsible for its administrative services. Based on the qualifications outlined below, this individual assumes final responsibility for the provision and oversight of all essential tasks and services described in these standards.

- A Director must have a master's degree from an accredited college or university in the area of behavioral or social sciences, social work, childhood education, business or public administration or related field and two (2) years of paid work experience in the field of social services or human service delivery and at least one of which has been in an administrative or supervisory capacity; or a bachelor's degree from an accredited college or university in the same areas of study and four (4) years of paid work experience in a human services delivery capacity or a related field and at least two of which have been in an administrative or supervisory capacity.
- Ideally, the Director should not serve in any other capacity unless it is in an emergency situation (loss of an HSP or child care worker). If this occurs, the director may act in the capacity of the HSP or child care worker, for no longer than 90 days and must notify the Department of the situation and its plan to replace the staff. The director must meet the qualifications of an HSP in order to temporarily serve in this capacity.

Note: Some directors were grandfathered in and may not meet the current qualifications for serving as an HSP.

Human Services Professional

When providing services for the following programs and designations: Basic Watchful Oversight (BWO), Additional Watchful Oversight (AWO) and Maximum Watchful Oversight (MWO), Specialty Camps and Maternity Homes the provider must designate staff to assume the responsibilities of a Human Services Professional (HSP) to plan, provide, arrange, coordinate and document services to children and their families.

- An HSP is responsible for providing and/or coordinating services for no more than 16 children.
- The HSP must have a master's degree from an accredited college or university in the area of behavioral or social sciences, social work, or psychology, childhood education and (1) year of paid work experience in the field of social services or human service delivery or a bachelor's degree from an accredited college or university in the same areas of study with (2) year of paid work experience in social service, child care or a related field.

Child Care Workers

The provider shall have designated Child Care Workers responsible for the daily care and supervision of children in the living unit. The Child Care Worker shall be at least 21 years of age and possess a high school diploma or GED and two (2) years of direct service experience with children and families.

- When providing services for children with a program designation of Base Watchful Oversight (BWO), Child Care Workers shall be available to provide a staff to child ratio of 1:10 (staff to child ratio is subject to change when the safety is in question). Programs that offer Base Watchful Oversight services only, are not required to have awake staff, unless the agency has residents who require constant supervision, e.g. children with histories of sexual offending or chronic runaway behavior.
- If only one Child Care worker is required to be on duty, day or night, there must be a designated, proximate back-up person on-call at all times in case of an emergency. The back-up person must be listed on the daily schedule.
- When providing services for children with a program designation of Additional Watchful Oversight (AWO), Child Care Workers shall be available to provide a staff to child ratio of 1:8 (staff to child ratio is subject to change when the safety is in question) during the day and night. The Child Care Worker shall monitor sleeping children every 15 minutes and document in writing.
- When providing services for children with a program designation of Maximum Watchful Oversight (MWO), Child Care Workers shall be available to provide a staff to child ratio of 1:5 (staff to child ratio is subject to change when the safety is in question) during the day and night. The Child Care Worker shall monitor sleeping children every 15 minutes and document in writing.
- When providing services for children with mixed program designations (AWO and MWO) and the number of MWO children is higher than 25% of the population in the facility, the MWO staff ratio standards apply.

House Parent Model

- This model may be utilized for programs that accept Base Watchful Oversight designations only. The programs must a process in place to ensure that children are asleep before the house parent goes to sleep and can be reasonably assured that children will be safe and secure overnight. Agencies must utilize awake staff if serving children who require constant supervision, e.g. children with histories of sexual offending or chronic runaway behavior.
- Relief staff must have the same qualifications and training as regular child care staff.

Independent Living and Transitional Living Programs

Minimum Standards Under Development

Appendix

DFCS Social Services Policy Manual

http://www.odis.dhr.state.ga.us/3000_fam/3060_fostercare/fostercare.htm

Kenny A Consent Decree

<http://childwelfare.net/activities/kennya/>