



Candice Broce

Director



Georgia Division of Family and Children Services

Office of Provider Management

Provider Tips for Reviews

Bianca McKenzie, Channel Simon, Juanitka
Acree, Keyauna Hopkins, Vivian Mann
South Team

Raven Newton
Monitoring Manager, South Team

Office of Provider Management

CCI Underage Waivers

- RBWO Minimum Standard 4.8. Providers must comply with the following placement conditions and requirements regarding each of the identified care settings:
- B. Group Care or CCI Settings a. No child younger than twelve (12) years of age (0-11) will be placed in a group care setting. EXCEPTION: An age-based waiver shall be granted before a child age 10 and under can be placed in a congregate care or group home setting. For a child age 11, the Regional Director shall make the age-based waiver approval decision. For a child age 10 and under, the Caregiver Coordination Section Director or designee shall make the age-based waiver approval decision. If the child is under the age of 10 and the child of a teen parent who is also placed in the CCI, an age-based waiver request is not required. The request should be submitted through www.gascore.com and must include a complete explanation of the supporting circumstances and concurrence from the County and Regional Director. b. No child under age twelve (12) that has been appropriately approved for a CCI placement will be placed in any group care setting that has a capacity in excess of twelve (12) children. This will not apply to a child who is under six (6) years of age (0-5) and who is also the son or daughter of another child placed in a group care setting.
- NOTE: The Regional Director has night and weekend approval authority until the next business day for waivers requiring the Caregiver Coordination Section Director or designee's approval.



Child- Staff Ratio

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 a Child-Care Worker is required to be on duty, 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 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.



Child-Staff Ratio- Continued

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.

Note: Staff must be present in the facility at all times when youth are present in the home. Providers may request in writing a review of their child-staff ratio needs. The request to OPM should include a detailed explanation with supporting facts as to why an exception to the expected staffing standards should be granted. OPM will review the request and make an appropriate determination in writing. Until the written determination is made, providers must maintain expected staffing standard





Menu Display and Food

RBWO Standard 12.14: CCI Providers must have a documented and posted shopping schedule. The shopping schedule interval must be sufficient to ensure that children are provided with adequate quantities of suitably prepared food and drink, with regard to their needs and wishes. As appropriate, children should have the opportunity to shop for and prepare their own food. Daily menus should be documented and posted, and the food supply should adequately reflect the daily menu.

RBWO Standard 12.15: Providers shall ensure that nutritional “grab and go” snacks are available and accessible to the children in the program. To the extent possible, providers will ensure that children are able to obtain and or prep

Satisfactory Bathroom

- RBWO Standard 12.8 Bath, showers and toilets must be of a number and standard to meet the needs of the children placed.

-Note: Cameras in bathrooms are prohibited. (refer to RBWO Standard 12.2a section A)



Appropriate Sleeping Arrangements

- **RBWO Standard 12.31** CCI providers must follow RCCL rules regarding separate sleeping areas for male and female residents. However, males and females of any age may not share a room





Bedrooms in CCIs

- **RBWO Standard 12.2** CCIs must provide home-like accommodations whenever possible. CCIs must be decorated, furnished and maintained in a home-like manner appropriate for the number, gender mix and abilities of the children placed. Pictures and posters will reflect the cultures of children and families being served and should create a home-like atmosphere. The interior and exterior of the CCI must be safe and in a good state of structural and decorative repair.
- **RBWO Standard 12.6** Each child placed must have a suitable bed, mattress, bedding, and furniture designed for the storage of personal items (i.e., dresser or chest of drawers). Plastic bins may be used only as additional storage. Children must be able to personalize their bedrooms to the extent possible

Would you feel comfortable here?



Facility Environment

- Minimum Standards 12.2 - CCIs must provide home-like accommodations whenever possible. CCIs must be decorated, furnished, and maintained in a home-like manner appropriate for the number, gender mix and abilities of the children placed. Pictures and posters will reflect the cultures of children and families being served and should create a home-like atmosphere. The interior and exterior of the CCI must be safe and in a good state of structural and decorative repair.



Home Safety

12.4 The building, grounds and/or campsites must be maintained in a condition to ensure the health and safety of the children served. During the first 30 days of placement, providers must assess the necessity of securing sharps, medications, cleaning supplies or other items that may pose a hazard or danger based upon the individual child's needs. The outcome of the assessment must be documented in the child's record. Hazardous items will not be openly accessible to children and youth. The building and grounds will be kept clean and free from trash, debris and pests. Ceilings, walls, and floors will be maintained and kept clean and free from graffiti, dirt, or stain buildup.

- a. Smoke alarms must be present and functioning on all levels of the home.
- b. Working Carbon Monoxide Detectors must be installed on the sleeping level of the home.
- c. Providers that have a pool on the grounds or that have access to a pool must have at least one water rescue trained staff present when youth are participating in water activities and must complete a water safety assessment annually.

Behavior Management



Minimum Standard 1.5 Providers must have a process for identifying individual triggers, coping behaviors, calming measures, interventions, and effective behavior management/prevention strategies for each child in order to de-escalate and avoid full-blown crises.

a. Staff and/or foster parents should be trained to identify danger signals, potential triggers, and possible medical emergencies for the child.

b. Decisions about the child's long-term or continued placement in the program should not be made during a crisis.

Minimum Standard 2.3 Providers must ensure that staff and caregivers understand and have the necessary skills to carry out the agency's behavior management policies. The behavior management strategy or practice must be effective and appropriate for the types of children served, understood by staff and caregivers, and explained to children.



Medication Management

- 6.4 Providers must follow the DHS guidelines for Psychotropic Medication Use in Children and Adolescents and they must have and follow their own medication management policy for all prescription and non-prescription medications which include the following:

- I. Providers' medication management policy must include children's right to refuse medication and a procedure for addressing and documenting medication refusals.

- II. The provider shall designate, authorize, and train staff to hand out and supervise the administering of medications.

- III. The providers' staff will maintain a thorough record of all medications taken by children in the program including the required documentation that medication was handed out by the authorized staff and taken by the children for whom it was prescribed. Medication logs should be uploaded into the SHINES Portal by the 10th day of the month.



Enhanced Rate Expectations

