**Room, Board & Watchful Oversight**

**CCI Policy Violation Self-Assessment Report**

RBWO agency conducting assessment:

Date assessment assigned by OPM:

Staff member conducting assessment (include title and e-mail):

Date and time alleged incident occurred:

Date CPS Investigator or Custodial Case Manager interviewed alleged victim child:

Child(ren) involved in alleged incident:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Date of Birth | DFCS Custodial County | Was the child interviewed by the RBWO provider (Y or N)? |
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Name and hire date of staff member(s) involved in incident:

Name and title of other staff members on duty during alleged incident:

Previous corrective action plans for this staff member? (If yes, describe):

Training related to allegation being assessed previously provided? (If yes, describe):

Brief description of incident being assessed:

Summary of all staff member interviews:

Summary of all child interviews:

Explanation of any statement discrepancies:

Other information or considerations:

Based on this assessment, did a policy violation occur? (Please explain.)

Date assessment submitted to OPM:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Office of Provider Management - PVA Concurrence Review**  Name of OPM staff member conducting PVA review (include e-mail address):   |  | | --- | |  |   Date of PVA review:   |  | | --- | |  |   Do the allegations in this case involve children in the custody of Fulton or DeKalb Co. DFCS?   |  | | --- | | Yes ☐ | | No ☐ |   If yes, for reports that were screened out, does SHINES indicate that the custodial case manager conducted a face to face safety assessment within 24-48 hours? If not, explain:   |  | | --- | |  |   Were all involved children & staff members interviewed by the provider? If not, explain:   |  | | --- | |  |   Does information available from all sources (CPS Investigation, Case Manager Safety Assessment, etc.) support the RBWO provider’s policy violation determination? If not, explain:   |  | | --- | |  |   If not, what corrective actions are required (CAP)? Include due date(s):   |  | | --- | |  |   Name of custodial county staff final PVA report forwarded to:   |  | | --- | |  | |

**RBWO Provider Instructions:**

1. Use this form to record your Policy Violation Assessment (PVA) findings. Information obtained during your own internal risk management/CQI processes can be used as part of this assessment.
2. Provide a detailed but concise description of the facts - avoid speculation. Attach any relevant supporting documentation, statements and/or photographs.
3. Whenever possible, all involved children and foster parents/staff members (including witnesses) should be interviewed.
4. Return completed PVA by uploading it into the PVA section of GA+SCORE within 15 days of notification. OPM will review your findings and notify you of any additional needs within 10 days of receipt.
5. CPA foster homes involved in allegations will be placed on hold for further placements pending completion of both the PV assessment/review and the CPS investigation.
6. CCI staff member(s) accused of maltreatment should be suspended or reassigned to duties that do not involve direct interaction with residents pending completion of both the PVA review and the CPS investigation.
7. Appeals to OPM PVA review determinations should be submitted to the OPM Director within 72 hours of notification.
8. Appeals to CPS determinations should be submitted to the Director of the investigating DFCS County per instructions on the CPS investigation determination letter.