

Good Afternoon!

We are in listen only mode. The phones are muted. You may type questions in the chat box at anytime.



DHS Vision, Mission and Core Values

Vision

Stronger Families for a Stronger Georgia.

Mission

Strengthen Georgia by providing Individuals and Families access to services that promote self-sufficiency, independence, and protect Georgia's vulnerable children and adults.

Core Values

Provide access to resources that offer support and empower Georgians and their families. Deliver services professionally and treat all clients with dignity and respect. Manage business operations effectively and efficiently by aligning resources across the agency. Promote accountability, transparency and quality in all services we deliver and programs we administer. Develop our employees at all levels of the agency.





Office of Provider Management

Initial, Re-evaluation & Addendums Webinar

June 16, 2015

Agenda

- Welcome
- Safety & Quality Standards
- Initial Evaluation
- Re-evaluation
- Addendums
- Policy Violations
- CPS Screening Process
- Q & A
- Wrap Up



Safety and Quality Standards (SQS)

- DFCS shall develop and implement standards that ensure children in foster care placements in public and private agencies are provided quality services that protect the safety and health of the children.



- DFCS/CPA shall ensure all approved caregivers and their household members meet the established Safety and Quality Standards (SQS). The standards apply at initial approval, reevaluation, and throughout all times the home remains open. This includes homes affiliated with Child Placing Agencies (CPA) (see policy 14.1)





Pre-Service Training & Initial Family Evaluation

**Policy Number 14.8, 14.10, 14.11 &
14.12**

Pre-Service Training

- Qualifications for Family Assessor (See policy 14.10)
- CPAs shall require all adult household members (age 18 and over) of prospective foster parents to complete IMPACT FCP if they will be involved in the **parenting** of children placed in the home.
- Conduct a minimum of three (3) in-home consultation visits
- After the completion of IMPACT FCP
 - Letter of termination submitted to the foster parent after 60 days of not receiving all the required documents.
- The final approval authority
 - Signature of Director or Program Designee
 - This individual must participate in IMPACT FCP or other approved pre-service training.



Initial Family Evaluation Outline

- General Information
- Directions to the home
- Household Demographics
- **Safety Screening Results**
- Motivation
- **Prior Services History**
- Caregiver History
- Family Interaction
- Home Environment
- Employment/ Income
- Separation and Loss
- Caregiver Protective Capacities
- Partnership Parenting
- Behavior Management and Discipline
- Child Supervision and Childcare
- Partnership with DFCS
- Pre- Service Training/ Continued Parenting Development plan
- Attachments and verification plan
- Caregiver's Placement Preferences
- References
- Conclusion and Recommendation
- Required Signatures



Initial Family Evaluation Forms

- Safety Screenings on all members 18 and older



- Department of Corrections (DOC)
- GA Sex Offender Registry (SOR)
- Pardons and Parole (PP)
- GA CPS History Check (CPS)
- OIG Fitness Determination Letter (CRS)



- Primary and Secondary (Form 36)

- Medical Evaluation
- Drug Screening
- TB Screening

DRUG
SCREEN



- Household Members (Form 36-A)

- Immunizations (MUST)
- Medical Evaluation

- Caregiver Child Safety Agreement (Form 29)
- Financial Statement (Form 44)
- Caregiver Placement Preferences Form
- Health Insurance Portability and Accountability Act (HIPPA) Form
- Child Protective Services (CPS) History Request Form
- Prior Caregiver Service Report
- Accurint Address & Household Composition Verification
- Success Information Verification
- Employer Reference Form
- Prior Service Reference Form



Initial Family Evaluation

All of the forms discussed on the previous slide must be completed within 12 months prior to initial approval.



- Obtain Three (3) Character References each for the Primary and Secondary Caregiver, if applicable
 - In writing, In person or via telephone (document in which the reference was obtained).
- Complete an Employer Reference Form for foster parents who held or currently holds a job that involved or involves working with children.
- Complete Prior Service Reference Form for those Foster parent who previously fostered or adopted.



Initial Family Evaluation

- Conduct individual interviews with each household members.
- Conduct a family interview with all household members.



- Contact every birth child residing outside of the home.
- Contact at least one relative outside of the home for each primary and secondary caregiver.



Initial Family Evaluation

- Working carbon monoxide detectors must be installed on the sleeping level of the home. **NOTE:** This is required for homes approved after the effective date of this policy. Homes approved prior to the effective date of this policy must be in compliance by the time of their next re-evaluation.



Common Mistakes

- Inconsistency with the address
- Incorrect Social Security Numbers
- “Nick names” v/s Birth names
- Prior Service Reference Form not completed
- Lack of information in the CPS History
- Forms are missing signatures and dates
- Incorrect dates entered into GA+SCORE for Safety Checks and Medicals
- Placement Preference form does not match data entered into GA+SCORE
- Lack signature of approving Author and Director/Designee
- Documents uploaded in the incorrect tab
- Documents uploaded under the wrong household member’s name
- Multiple documents uploaded for one tab
 - All references should be under reference tab
 - One Form 29 (i.e. there are two pages to form 29 both should be uploaded to one tab)



Thoroughly Address and Assess

- Sensitive issues
- Cultural Diversity
- Family Dynamics
- Previous/Current Significant Relationship(s)
 - Discuss/Elaborate on the foster parent's biological child(ren) relationship with fathers.
- Family's willingness to meet the child's religion preference
- Separation and Loss
- **Missing the Attestation Statement**
 - “I attest that this Family Assessment was completed by a qualified assessor, the applicant(s) meet the Safety and Quality Standards, and all attachments, verifications, and processes for approval have been completed.”



Checklist FORM 6036

Form6036_Initial Family Evaluation Approval Checklist [Read-Only] [Co...]

State of Georgia Division of Family and Children Services
Initial Family Evaluation Approval Checklist

Family Assessor Name: _____ County/ CPA: _____
 Primary Caregiver Name: _____ Secondary Caregiver Name: _____
 Other Adult Household Member Name: _____
 Other Adult Household Member Name: _____
 Family Type:
 Partnership Parent Resource Parent Adoptive Parent Adoptive Parent Legal Risk

If for an identified child(ren), Name: _____ County: _____

Information Session Date: _____
 IMPACT Trainers: _____
 Pre-Service Training Start/End Dates: _____ Duration in Days or Weeks: _____
 1st HV Date: _____ 2nd HV Date: _____ 3rd HV Date: _____

Safety Screening Results	Confirmation	Comments
Criminal Records Check	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
GA DFCS CPS Checks	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Adam Walsh CPS Checks	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Pardons and Parole	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Department of Corrections	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sex Offenders Registry	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Account Screen	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
SUCCESS Screen	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Family Evaluation Narrative Components	Confirmation	Comments
A. Motivation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
B. Prior Service History	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
C. Caregiver History	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
D. Family Interaction	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
E. Home Environment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
F. Employment and Income	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
G. Separation and Loss	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
H. Caregiver Protective Capacities	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
I. Partnership Parenting	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
J. Behavioral Management Practices	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Kempt / Free of Hazards Home Environment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
References	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
CPR/1 st Aid Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Completed Forms	Confirmation	Comments
Caregiver Application	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
CPS History Request Form	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Live Scan Application Form	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Prior Caregiver Service Report	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
HIPAA Form	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Reasons for Fostering Checklist	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Family Assessment Questionnaire	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Couples, Single Applicant and Children's Questionnaire as applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Safety & Quality Standards Acknowledgement	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Caregiver Reference List	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Release of Information	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Available Time Scale	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Alcohol Use Disorders Identification Test	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Social Readjustment Rating Scale	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sensitive Issues Inventory	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Foster Parent Role Performance Scale	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Receptivity to Birth Family Connections	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Cultural Receptivity Scale	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Briefly State Summary & Recommendations: _____		
Confirmation Statement: The applicant(s) was/were evaluated and found to (meet <input type="checkbox"/> not meet <input type="checkbox"/>) the Safety and Quality Standards and all approval requirements.		
Family Assessor Signature: _____	Date: _____	
Supervisor Signature: _____	Date: _____	
County/CPA Director/Supervisor Signature: _____	Date: _____	



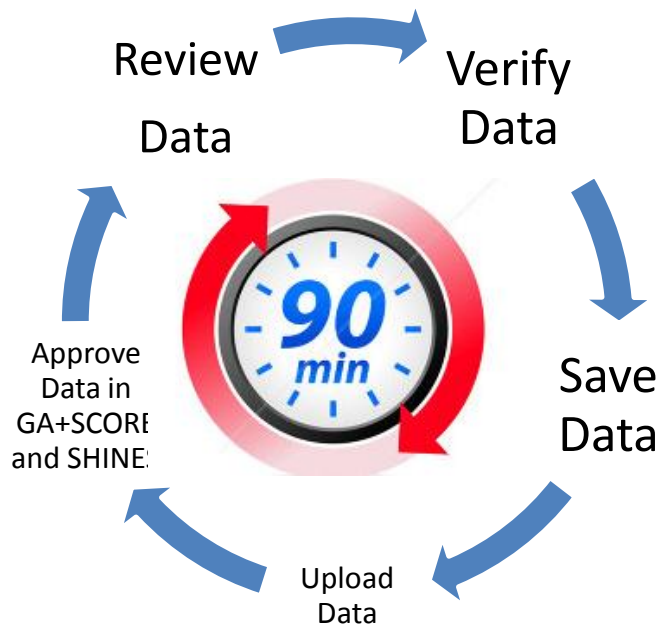
Initial Evaluations Data

INITIALS

Jan 1 – May 31, 2015

TOTAL FH APPROVED: **327**

TOTAL FH DENIED: **159**



TOP 3

RECRUITING CPAs

FAITHBRIDGE

UNITING HOPE 4 CHILDREN

UNITED METHODIST CHILDREN HOME



Questions/Answers

Press “1, 0” to
ask question
live or feel free
to type your
question in the
chat box





Family Re-Evaluation

Policy Number 14.13

Family Re-Evaluation

A red rectangular stamp with the word "APPROVED" in white capital letters, tilted slightly to the right.

Approval Periods

- Homes must have no more than 12 months of approval.
- If a re-evaluation is completed within 30 calendar days of the due date than the approval term and re-evaluation date will remain the same as was previously.
- If the re-evaluation is completed more than 30 days **early** or **late**, then the approval term and re-evaluation date must change.

Signatures

- All re-evaluations must be signed by a Director/Designee.



Family Re-evaluation

- Previously approved foster caregivers who request to have their homes re-approved **within three years** of a voluntary closure may be re-opened using the re-evaluation process.
- Re-evaluations will not be completed on caregivers who are the subject of an active Child Protective Services (CPS) Investigation.
 - If the caregiver's re-evaluation becomes due during this time, the home shall be placed in *Full Approval 30-Day Grace* status pending the outcome of the CPS investigation.
 - If the CPS investigation is not resolved during the 30 day grace period, the home shall be placed in *Pending Closure status* until the CPS investigation is closed and a decision is made regarding whether or not the home can remain open.



Family Re-evaluation Cont.

Medical and Drug Screening

- Primary and Secondary Caregivers
 - Form 36-B
 - Must be completed every 5 years
- Annual Medical Evaluations
 - More frequent evaluations must be completed if warranted.
 - The evaluation must be conducted and signed by a licensed physician, physician's assistant or public health department within 90 calendar days prior to the re-evaluation due date.



Family Re-evaluation Forms

- Caregiver Child Safety Agreement (Form 29)
- Re-Evaluation Medical Report (Form 36-B)
- Financial Statement (Form 44)
 - Finances and Employment
- CPS History Request Form
- Caregiver Written Input
- Caregiver Placement Preferences Form



Consultation Discussion



- Interview each household member
 - Input from children placed in the home
 - Current and previously placed foster children
- Primary/ Secondary Caregivers
 - Relationships
 - Children entering/leaving
 - Protective Capacities
 - Disciplinary practices
 - Form 29
 - Continue Parent Development
 - 911 calls



Caregiver Protective Capacities

- Relationships (Agency +Caregivers)
- Foster Parent's ability to provide care
- Caregiver's Strengths
 - Making informed decisions
 - Teamwork and Communication
 - Parenting children who suffered abused and neglected
 - Grief, Loss, and Attachment
 - Understanding, Preventing and Managing Behaviors
 - Primary and Birth family connections
 - Providing a safe, nurturing and healthy environment



Placements During the Re-evaluation

- List the names and placement dates of each child placed in the home since the last evaluation and the removal reason.
- State whether or not a 10 day notice was provided prior to any placements which ended in disruption. Discuss whether or not a pattern of placement disruptions is evident.
- Gather information for the case manager who supervised the placement in the home during the period being evaluated. Gather feedback regarding the quality of the care provided by the caregivers. Identify areas of concern **prior to** the in-home visit for possible discussion with the caregivers at that time.



Update Household Information

- Environmental Conditions
- Sleeping Arrangements
- Safety and Quality Standards
 - Firearms
 - Environmental Inspection
 - CPR/First Aid
 - Smoke Detectors
 - Carbon Monoxide Detectors
 - Pool/Water Safety
 - Car Seats
 - Pet Vaccinations

DANGER
CARBON
MONOXIDE



Continued Parent Development



- Confirm the caregivers' completion of the required 15 hours of annual continued parent development.
- List the types of classes and number of hours completed.
- Identify the topics covered and additional parenting skills needing to be developed.
- Confirm continue parent development activities have been scheduled for completion during the current calendar year.
- Assess and Plan

15Hrs OF

TRAINING



Family Re-evaluation Common Mistakes

- Form 44 not updated
- Missing HIPPA Form
- Addendum does not match the data included in the Re-evaluation (i.e. move in, move out, capacity, preference changes and marriage/divorce)
- Missing assessment of CPS History to include screen outs
- Re-evaluation mirrors previous year (i.e. no changes)
- Failure to document and verify sleeping arrangements
- Failure to Interview all household members to include the foster children currently placed.

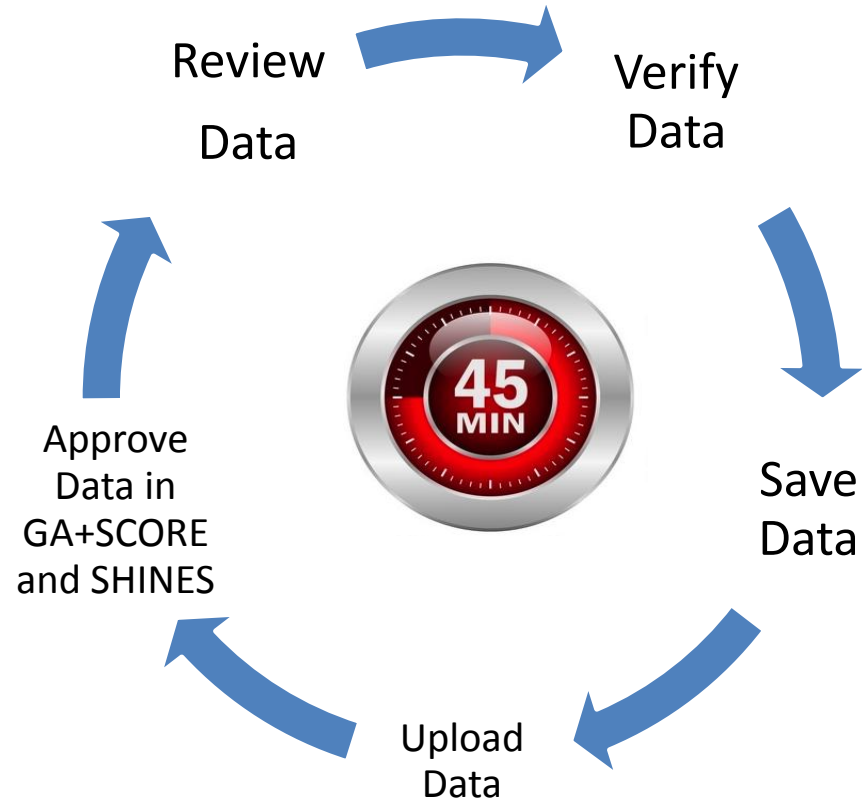


Family Re-evaluation Data

Re-Evaluations
January 1 – May 31, 2015

TOTAL FH APPROVED: **579**

TOTAL FH DENIED: **138**



Questions/Answers

Press “1, 0” to
ask question
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Addendums

Policy Number 14.14



Reasons for Addendums

- Address Change;
- Marital Status Change or relational issues;
- Household Composition Change (Member move in or out);
- Employment or financial status Change;
- Capacity Increase/Decrease;
- Placement Preferences Change;
- New requirements for safety (e.g. pool, firearm, pets); and
- Youth in the home reach age of 18.



Address Change

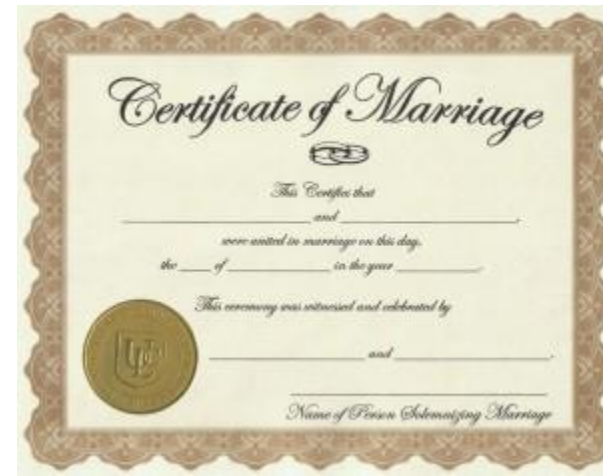


- Directions to the home
- Any changes to the Family Operations
- Home Environment
 - Neighborhood and Home
 - Safety Issues
- Update Form 44
- Attachments and Verifications



Marriage

- Household Demographics
- Safety Screening Results
- Motivation
- Prior Service History
- Caregiver History
 - Physical description, personality, educational background, work history and present employment.
 - Childhood
- Previous Marital/Significant Relationships
- History of Child Abuse and Neglect
- History of Drug and Alcohol Use
- Medical Evaluation
- Family Interactions
- Caregiver's Capacities



Addendum

Member Move-In

- Reason for move in;
- Changes to sleeping arrangements;
- Safety Screening Results;
- Medical Evaluation;
- Parenting role of household members; and
- Author and Director/Designee Signatures.



Member Move Out

- Reason for move out;
- Changes to sleeping arrangements;
- Parenting role of this member; and
- Author and Director/Designee Signatures.



Addendum

Employment or financial status Change

- Reason for change;
- Financial Statement-Form 44;
- Assess if Caregivers are able to continue to foster with the change in income and/or employment; and
- Author and Director/Designee signatures.



Capacity Change

- Reason for change;
- Explain the sleeping arrangements of all household members;
- Bed size (i.e. king, queen full or twin)
- Transportation ability; and
- Author and Director/Designee signatures.



Safety Requirements

- Firearms;
- Pool; and
- Pets.



Important Keys

- Thoroughly assess caregivers during Initials and Re-evaluations process.
- All homes capacity **can not** be approved for more than 3 without an approved waiver.
- Directors, please communicate all updates with employees (i.e. new policies and changes)
- Foster homes **can not** be approved with two different CPAs.
- Date the Director signs is the date of approval.



Questions/Answers

Press “1, 0” to
ask question
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chat box



Policy Violations

- The OPM Risk Management section receives a SHINES alert for each CPS intake that is completed.
 - The provider must still make Significant Event notifications if they are aware of the event as well.
 - Each alert is assigned by OPM for Policy Violation Assessment (completed by the provider) and is either screened out or assigned for investigation by CPS (parallel processes).
- OPM conducts an initial review of the CPS allegation as presented in SHINES within **1 business day**.
- OPM notifies the RBWO Provider and DFCS Case Manager of the allegation.



Policy Violations

- If OPM determines the maltreatment allegation does not constitute a violation of DFCS policy, the provider is notified and no further action is required.
- If OPM determines that the allegation (as reported) may constitute a violation of DFCS policy, the agency is notified and the CPS home is placed on hold for further RBWO placements until the agency's assessment is complete.
- The provider is instructed to begin a policy violation assessment within **24 hours**.
- The provider completes and submits their policy violation assessment findings to OPM by the requested date.
 - Reports should be submitted to **your Assigned Monitoring Manager or Supervisor**.
- Once the policy violation assessment is received from the provider, OPM completes a concurrence review within **10 days**.
- If OPM does not concur with the provider's assessment, the provider completes and submits a corrective action plan (CAP) to OPM within **72 hours**.



Policy Violations

- If OPM concurs with the provider's assessment, and a policy violation was not found, no further action is required of the provider.
- If OPM concurs with the provider's assessment, and a policy violation was found, the provider completes and submits a corrective action plan (CAP) to OPM within **72 hours**.
- For any child with a permanency plan of foster home guardianship or adoption, if the policy violation is supported by the provider and concurred with by OPM, OPM notifies the State Permanency Unit.
- OPM notifies the DFCS Case Manager of the Policy Violation Assessment and CAP as applicable.
- OPM determines when the home hold will be lifted. At a minimum, the home will remain on hold until completion of the Policy Violation Assessment concurrence review.



Policy Violations

- The provider documents the policy violation and uploads the corrective action plan into GA+SCORE under the Policy Violations and CAPs tab.
- OPM uploads the policy violation assessment into GA+SCORE.
- As practical, both OPM and the provider will participate in the CPS 48 hour coordination staffing held by the DFCS County office or Special investigations Unit.
- Further coordination on corrective actions required as a result of this meeting will be discussed with the provider.
 - Typically issues will have already been identified and addressed through the PV assessment process.



Questions/Answers

Press “1, 0” to
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CPS Screening Unit

Unit Manager

Melloney Claiborne

Overview

The CPS Screening Unit completes screening requests on current and prospective foster/adoptive families and support caregivers for the placement of children that are in DFCS temporary or permanent custody.



Required forms for Prospective Foster Parents

- Agency information page
- CPS application for each current household member age 18 or older
- Financial Form (Form 44)
- Prior Service

**Required forms can be found at gascore.com
under CPS Screening**



Submitting Requests/Timeframes

Submitting Requests

- All required forms are required to be uploaded to Ga Score
- Each form should be uploaded under the appropriate tab (CPS application, Form 44, Prior Service)
- The provider is required to send an email to cpscreening@dhs.ga.gov to inform the unit the required forms have been uploaded to Ga Score

Timeframes

- The CPS Screening Unit have 10 business days to provide a response to the provider from the date the request is submitted.

Once the request has been completed, and the final outcome letter uploaded to Ga Score, the e-mail notification will be sent to the individual listed on the agency information page



Submitting Requests-Adam Walsh/Timeframes

Submitting Requests

- Required forms are e-mailed with specific instructions for state(s) requiring the original signature
- Forms requiring original signature are required to be mailed back
- State(s) that do not require forms, we will submit the request on agency letterhead
- States that require a fee to complete the Adam Walsh check (**WA, CA, SC, VA, MN, PA, CO**)

Timeframes

- We have no control over the timeframes provided by other states
- Timeframes ranges from 2-60 days
- Timeframe for states that require a fee



Responses

- Email indicating the outcome letter has been uploaded to Ga Score with no CPS history
- Hold letter indicating there was CPS history discovered, requiring a written review to be completed within **30 business days** from the date on the hold letter.
- Email indicating the request will not be completed due to errors, missing information, etc.



Trends

- Missing agency information page
- Missing financial form (Form 44)
- Missing Prior Service form
- Missing CPS application(s)
- Missing SSN, partial SSN, DOB, physical address, maiden name
- Purpose of Request section not completed or partially completed (questions 1 and 2)
- Household member information not completed or partially completed (No DOB, current/past)
- Information not legible (Name, SSN, address)
- Email notification not sent indicating the required forms have been uploaded and ready to be reviewed



Questions



Required forms for Current Foster Parents

- Agency information page
- CPS application for each current household member age 18 or older

**Required forms can be found at gascore.com
under CPS Screening**



Submitting Requests/Timeframes

Submitting Requests

- The provider is required to upload the forms under the Addenda tab in Ga Score
- Ga Score will send an e-mail alert to the cpsscreening@dhs.ga.gov informing the unit that the required forms are ready for review

Timeframes

- The CPS Screening Unit have 10 business days to provide a response to the provider from the date the request is submitted.

Once the request has been completed, and the final outcome letter uploaded to Ga Score, the e-mail notification will be sent to the individual listed on the agency information page



Trends

- Missing agency information page
- Missing CPS application(s)
- Missing SSN, partial SSN, DOB, physical address, maiden name
- Household member information not completed or partially completed (No DOB, current/past)
- Information not legible (Name, DOB, SSN, address)



Questions



Required forms for Support Caregivers

- Agency information page
- CPS application for each support caregiver

**Required forms can be found at gascore.com
under CPS Screening**



Submitting Requests/Timeframes

Submitting Requests

- The provider is required to e-mail the required forms as an attachment to the cpsscreening@dhs.ga.gov with support/alternate caregiver in the subject line or the body of the e-mail

Timeframes

- The CPS Screening Unit have 10 business days to provide a response to the provider from the date the request is submitted.

The outcome letter will be e-mailed directly back to the individual listed on the agency information page



Trends

- Missing agency information page
- Foster parent not listed on the agency information page



Questions



Approved homes recommended for closure

- Parental Capacity
- Policy Violations
- Substantiated Cases



Parental Capacity/Policy Violations Concerns

Parental Capacity

- Number of allegations
- Number of allegations received since the last review was completed
- Type of allegations
- First level review-completed by Unit manager
- Second level review-completed by Section Directors
- Third level review-completed by Deputy Director

Policy Violations

- Number of policy violations (2 serious violations result in automatic closure)
- Number of allegations that warranted a policy violation(s)-submitted for review to OPM



Substantiated cases prior to 3/1/1998

- Currently does not meet the criteria for an Administrative Case Review (ACR) to have the disposition overturned

Substantiated Cases after 3/1/1998

- Meet the criteria for an Administrative Case Review (ACR)
- Purged records
- First level ACR is required to be completed by the county in which the allegations occurred
- Second level ACR is required to be completed the State Office
- Third level ACR is required to be completed by the Division Director or Deputy Director



Questions



Updates

- New staff
- Initial requests
- Adam Walsh
- Expedited requests/reviews
- Outcome letters
- Ga Score



Questions

