

**GEORGIA DEPARTMENT OF HUMAN SERVICES
OFFICE OF RESIDENTIAL CHILD CARE
RULES AND REGULATIONS FOR CHILD CARING INSTITUTIONS CHAPTER 290-2-5
INTERPRETIVE GUIDELINES
TOP 20 MOST CITED VIOLATIONS
FISCAL YEAR 2009**

Interpretive Guidelines are designed to assist agencies in meeting the requirements of the Rules and Regulations for Child Caring Institutions, Chapter 290-2-5. This document was developed by the Department to enhance the licensing process by providing facilities with a better understanding of the rules in their efforts to achieve and maintain compliance with licensing requirements.

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Recordkeeping. Case Records. 290-2-5-.08(5)(a)5.	[The written case record] for each child which shall include the following: ... 5. Documentation of current custody if not placed by natural or adoptive parents; ...	<p><u>Intent</u> To ensure that a copy of the current custody order, for any child not placed by natural or adoptive parents is maintained in the child's case record.</p> <p><u>Guideline</u> The facility should clearly document all efforts made to obtain the documents. Additional progressive efforts (i.e. contact of a participant's supervisor/ manager, etc.) made to obtain the documents should be documented at least every fourteen (14) calendar days. The name of the person contacted, his/her position, date and time of contact and response should be clearly documented. The documentation should clearly evidence proactive efforts by the facility to obtain the documents.</p>
Recordkeeping. Personnel Records. 290-2-5-.08(5)(d)2.	[Written personnel records] records shall include the following: ... 2. A 10-year employment history or a complete employment history if the person has not worked 10 years; ...	<p><u>Intent</u> To ensure that a 10-year employment history of persons to be employed/potentially employed by the facility is obtained for evaluation.</p> <p><u>Guideline</u> An explanation is required for any periods, exceeding a three month span, during the 10-year history in which employment was not maintained. (i.e. notations should be made regarding staff members that have not worked for 10 years or those that did not work continuously for 10 years). For example, if a staff member has a gap in their work history between May of 2008 and October of 2008 in order to take care of a family member, then the work history should include the information). The history should include both the month and the year for the start and end date of each job.</p>

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<p>Recordkeeping. Personnel Records. 290-2-5-.08(5)(d)4.</p>	<p>[Written personnel records] records shall include the following: ... 4. Documentation of at least two professional, educational, or personal references that attest to the person's capabilities of performing the duties for which they are employed and to the person's suitability of working with or around children; ...</p>	<p><u>Intent</u> To ensure that all personnel records contain documentation of at least two professional references.</p> <p><u>Guideline</u> 1.) References must attest to the person's capabilities of performing the duties for which they are employed and to the person's suitability of working with or around children. 2.) Documenting only the name of a reference and/or the contact date is not sufficient to meeting this rule requirement. Documentation must also include a summary of statements made by the reference regarding the applicant. 3.) Someone other than the applicant must conduct and document his/her own reference checks.</p>
<p>Recordkeeping. Personnel Records. 290-2-5-.08(5)(d)6.</p>	<p>[Written personnel records] records shall include the following: ... 6. Documentation from a licensed physician or other licensed healthcare professional of a health screening examination within thirty (30) days of hiring sufficient in scope to identify conditions that may place the children at risk of infection, injury or improper care. ...</p>	<p><u>Intent</u> To ensure that a facility's employees are healthy and are not posing any risk to the health or safety of children in care.</p> <p><u>Guideline</u> Documentation from a licensed healthcare professional of a health screening examination within 30 days of hiring is required. The documentation should also indicate that the employee does not have any identified conditions that may place the children in care at risk of infection, injury or improper care. The employee health screening does not have to be performed by a physician. The screening may be performed by an RN or a physician's assistant.</p>
<p>Staffing. 290-2-5-.08(6)</p>	<p>Staffing. The institution shall have sufficient numbers of qualified and trained staff as required by these rules to provide for the needs, care, protection, and supervision of children. All staff and volunteers shall be supervised to ensure that assigned duties are performed adequately and to protect the health, safety and well-being of the children in care.</p>	<p><u>Intent</u> To ensure that a facility has sufficient numbers of qualified staff to provide for the RBWO needs of children in care.</p> <p><u>Guideline</u> Staffing should be based on the needs of the children in placement and on their histories and current room, board, and watchful oversight (RBWO) plans for each of those children. Room assignments or sleeping arrangements should be carefully considered and included in the assessment of a child's needs when developing the supervision plan.</p>

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		<p>If there is a concern of inadequate staffing to ensure safety because an incident has occurred involving a resident or residents, the surveyor would look for documented evidence of:</p> <ol style="list-style-type: none"> 1) Documentation of assessments of a child's behavior(s) and care needs after admission and whether the staffing assigned was appropriate according to the needs identified; 2) Documentation of the staffing ratio at the time of the incident to determine whether staffing was appropriate given the information from the assessment and to determine whether staff were performing duties as assigned; 3) Documentation of whether or not more stringent staffing (1:1) may have prevented the incident from occurring; 4) Documentation of whether the facility immediately reassessed the child or children involved in the incident to determine if changes to the care plan(s) were necessary, and, if so, made those changes upon notice of changes in the child's behavior; 5) Documentation of similar incidents with the child involved in the incident or other children in the facility which did not result in any documented actions taken by the facility to reassess care and safety needs of children in care; 6) Documentation of whether the facility alerted others involved in the child's care of the changes in behavior exhibited by the child in order to assess any needed revisions to the treatment plan; to inform the treatment efforts; and See comment 7.) Documentation of whether staff assigned to the supervision of children was trained, qualified, and had a job description that coincided with his/her role. <p>Methods for supervising staff and ensuring that duties are performed according to the individual's job description and assignments, should be addressed in the policies and procedures and should be documented accordingly. For example, if the Director is going to supervise the overnight staff by conducting at least three monthly unannounced drop-in visits between the hours of midnight and 6:00 am, then that policy should be incorporated in the policies and procedures and the actual monthly drop in visits should be documented with the time, date and observations of the Director noted.</p>
Staffing. 290-2-5-.08(6)(d)1.	[Staff] orientation shall include instruction in: (i) The institution's purpose and description of	Intent To ensure that staff is oriented to all facility policies and procedures including

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	services and its policies and procedures; (ii) The employee's assigned duties and responsibilities; (iii) Grievance policies and procedures; (iv) Child abuse policies and procedures; (v) Reporting requirements for suspected cases of child abuse and sexual exploitation and notifiable diseases and serious injuries; (vi) The institution's policies and procedures for handling medical emergencies (life-threatening, limb-threatening, or function-threatening conditions), and managing use of medications by children in care; and (vii) The institution's policies and procedures regarding appropriate behavior management and emergency safety interventions.	those topics outlined in the rule. <u>Guideline</u> The director is included in the staff requiring documentation of orientation. Orientation may be documented by utilizing a checklist that at a minimum includes each of the components of the rule with a place for staff to initial and date when they received the orientation. Orientation is separate and distinct from the annual training requirements and must be provided <u>prior</u> to staff working with the children.
Staffing. 290-2-5-.08(6)(d)2.	Additional training shall include twenty-four (24) clock hours of formal, annual training or instruction in child care issues related to the employee's job assignment and to the types of services provided by the institution.	<u>Intent</u> To ensure that staff is properly trained in child care issues related to their job assignments and to the types of services provided by the facility. <u>Guideline</u> Documentation of training should include a training log as well as confirmation of attending the training such as a certificate of completion. All staff must have 24 clock hours of formal training annually. **Please Note: This 24 clock hours of training is required in addition to CPR, first aid, and emergency safety intervention training.
Referral and Admission. 290-2-5-.09(2)(b)	Prior to admission, the facility shall: 1. Provide information to the custodian about the services, environment, age ranges and behavioral characteristics of the other children in placement. 2. Maintain signed documentation from the custodian that they have received and considered the information provided in Rule .09(1)(a)1 above and have determined that the	<u>Intent</u> To ensure that children are placed in facilities capable of meeting their needs. <u>Guideline</u> A brochure is not sufficient for meeting the requirements of this rule. The specific behaviors of residents in care at the time of referral must be provided. The signed documentation must reflect that the referral source received this information prior to placement.

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	<p>placement environment is appropriate and does not represent an undue risk to the health and safety of the child or children being placed.</p>	
<p>Referral and Admission. 290-2-5-.09(2)(d)1.</p>	<p>[Admission policies and procedures] shall include the following provisions or requirements. 1. An intake referral form that includes a social, health, educational, family, behavioral and personal developmental history, shall be done to determine the placement and room, board and watchful oversight needs (services, supports, setting, etc.) of each child and whether that placement is appropriate. ...</p>	<p><u>Intent</u> To ensure that the facility's admission policies and procedures include an intake referral form that contains appropriate components in determining if a child's RBWO needs can be met by the facility.</p> <p><u>Guideline</u> Determination of RBWO needs and whether or not the facility can meet those needs shall be based on a child's assessment and intake referral form results.</p> <p>The intake referral form should be separate and identifiable.</p> <p>**Please Note: A complete assessment is not required prior to admission. The assessment should be an expansion of the information collected during the intake process. If a facility uses the same document for both the intake and the subsequent assessment, the dates that each were performed must be documented. If there is no available information about a specific category, that should be indicated. The intake referral form should be completed and dated prior to the date of placement; or no later than the date of placement.</p>
<p>Assessment and Planning. 290-2-5-.10(1)</p>	<p>An institution shall complete a full written assessment of each child admitted for care and of each child's family within thirty days of admission and develop an individual written service plan for each child based on the assessments within thirty days of admission. If an assessment is not completed within thirty days, the reasons for the delay shall be documented in the child's case record and such documentation shall include statements indicating when the assessment is expected to be completed.</p>	<p><u>Intent</u> To ensure that each child admitted for care receives a full written assessment and a written service plan that addresses each of the needs of that child based on the results of the assessment.</p> <p><u>Guideline</u> The intent of rules 290-2-5-.10(1) and 290-2-5-.10(a) is to allow the facility to expand on the intake with additional information that is observed and/or received between the date of admission and the completion of the assessment. The timeframe for completion of the assessment and service plan should not to exceed 30 days. However a failure to complete the assessment within the 30 day period should be supported by a documented explanation for the delay that is child-based and not based on short-staffing</p>

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		<p>or other facility-based reasons. For example, if a child became ill during the 30 day period and is observed not to be behaving in a usual manner due to prolonged bed rest may be a valid child-based explanation of delay.</p> <p>It should be evident that the service plan is developed based on the needs of the child identified through the full assessment. Therefore the service plan must be written after the assessment and should clearly address the child's identified needs in the assessment through outlined goals in the service plan.</p>
<p>Assessment and Planning. 290-2-5-.10(a)</p>	<p>The facility ' s admission evaluation shall be coordinated by the child's designated Human Services Professional. The facility shall assess the needs of the child in the areas of health care, room, board and watchful oversight, education, family relationships, personal, social and vocational development, and any behavioral issues that require monitoring.</p> <ol style="list-style-type: none"> 1. This assessment is intended to expand upon the initial intake evaluation required by Rule .09(2)(a)1; 2. The institution shall obtain the child's school records from the last school attended in order to complete the education needs component of the assessment. 	<p><u>Intent</u> To ensure that a qualified staff member, the Human Services Professional (HSP) evaluated and assessed the needs of each child admitted.</p> <p><u>Guideline</u> It is expected that the assessment be signed by the HSP to verify that the HSP was responsible for the completion of the assessment. The assessment must address each area listed. The records received from the child's school must be in the child's file, or documentation of the request for the records. If records had been requested but were not received within a reasonable timeframe, the facility should document repeated or additional attempts to acquire the records. HSP qualifications are outlined in rule 290-2-5-.08(6)(b)</p> <p>Since the assessment is intended to expand on the initial intake; the assessment should be conducted and dated after the date of the initial intake.</p>
<p>Assessment and Planning. 290-2-5-.10(b)</p>	<p>A service and room, board and watchful oversight plan shall be developed by the child's Human Services Professional in concert with the child's primary Child Care Worker, meaning the worker who has responsibility for supervision of the child in the living unit where the child resides. The plan shall contain the following data:</p> <ol style="list-style-type: none"> 1. The results of the assessment and identified needs; 2. Statements of time-limited goals and objectives for the child and family and 	<p><u>Intent</u> To ensure that there is a plan for meeting the child's room, board, and watchful oversight needs.</p> <p><u>Guideline</u></p> <ol style="list-style-type: none"> 1. The plan should reference specifically each identified need from the assessment. The results of the assessment and identified needs should be included in goal format. For example, if the assessment identifies that the child is failing math and needs to bring his/her grades up, there should be a goal to address this. 2. Goals and objectives should be based on the individual resident's assessments and identified needs, not generic to all residents Those goals

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	<p>methods of achieving them and evaluating them;</p> <p>3. Statements of activities to be followed by the child and staff members in pursuit of the stated goals and objectives;</p> <p>4. Statements of any special care and services that will be arranged for or provided directly;</p> <p>5. Statements of goals and preliminary plans for discharge;</p> <p>6. Statements about the types of discipline that should be employed when necessary; and</p> <p>7. Statements about any restrictions of communications or visitations with any persons; such statements shall clearly show that the health, safety, and welfare of the child would be adversely affected by such communications or visits.</p>	<p>and objectives must be measurable and the way that they are measured must be clearly explained. Goals can be measured/evaluated in a number of different ways and does not always have to be measured quantitatively. If the facility documents that they will evaluate a goal by review of progress notes, it needs to also state what information will be looked for within those progress notes. For example, the child's affect will have improved etc.</p> <p>3. A general schedule of all activities at the facility cannot take the place of the plan of activities specific to meeting the identified needs of that resident. Which activities specifically address which needs? The plan should include what activities the resident will do to work towards meeting goals and objectives, and what the staff and guardian will do to assist the child in meeting identified goals and objectives.</p> <p>4. Special care would include any type of services other than RBWO. (e.g. medications and therapy.) If there are no special services, that should be indicated.</p> <p>5. Each resident's plan should include an estimated date for discharge and preliminary plans for where the resident will go after discharge. (Goal to reunify with biological parents in 12 months or goal to step-down to an Independent Living Program within 6 months, etc.)</p> <p>6. It should be indicated whether or not ESI's may be needed or if their use is contraindicated for the resident. Types of discipline documented should be specific to each child.</p> <p>7. If there are no restrictions of communications or visitations, it should be indicated. Any restrictions or limitations to communications or visitations with any person should be clearly documented in the child's RBWO plan. Having a separate document in the file that addresses restrictions of communications or visitations does not replace the requirement of this rule.</p> <p>**Please Note: All items indicated in rule 290-2-5-.10(b) must be addressed in all service plans.</p>
<p>Assessment and Planning. 290-2-5-.10(c)</p>	<p>The child, and the parent(s) or guardian(s), or child placing agency representative shall be involved in the development of the service and room, board and watchful oversight plans, and its periodic updates as described below.</p>	<p><u>Intent</u> To ensure that all parties are involved in the development of the service plan.</p> <p><u>Guideline</u> There should be evidence that all parties were involved via a signature or documentation of efforts for involvement. Examples of acceptable forms of documented communicative efforts include facsimile and e-mail confirmations. These facsimiles and e-mail confirmations obtained must be</p>

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		<p>documented and dated within 72 hours of when the service plan was developed.</p> <p>Ideally, the custodian will be involved prior to the date of the plan.</p>
<p>Assessment and Planning. 290-2-5-.10(d)</p>	<p>The service and room, board and watchful oversight plan shall be updated by the Human Services Professional at a minimum of every six months and pertinent progress notes and data shall be incorporated in the plan to measure attainment of stated goals and objectives.</p> <p>1. The child's primary Child Care Worker shall participate in updating the service and room, board and watchful oversight plan.</p> <p>2. The facility shall be responsible for implementing the service and room, board and watchful oversight plan.</p>	<p><u>Intent</u> To ensure that a child's RBWO plan is updated by the HSP every six (6) months.</p> <p><u>Guideline</u> During the six (6) month period between service plan updates, there should be documentation by the HSP of progress and digression from achievement of the service plan goals.</p> <p>Documentation of the participation of the HSP and child care worker can be achieved by obtaining their signatures on the plan.</p>
<p>Discharge and Aftercare. 290-2-5-.11(3)</p>	<p>When a child is discharged, an institution shall compile a complete written discharge summary within thirty days of the discharge. Such summary shall include:</p> <p>(a) The name, address, telephone number and relationship of the person or entity to whom the child was discharged, or the name of the placing agency if discharged to a placement agency;</p> <p>(b) A summary of all the services provided for the child to meet assessed needs while the child was in the institution;</p> <p>(c) A summary of the child's and the family's goals and objectives and accomplishments during care;</p> <p>(d) A summary of any problems encountered by the child and the family during care; and</p> <p>(e) A summary of assessed needs which were not met during care, and a summary of the</p>	<p><u>Intent</u> To ensure that a written discharge summary is completed within 30 days of a child being discharged from a facility.</p> <p><u>Guideline</u> Any required information regarding the person(s) the child is discharged to that is unattainable for whatever reason, must be documented as unattainable and the reason for the information not being available must be indicated.</p> <p>Document the reason(s) why any assessed needs were not met during care as specified in section (e) of the rule.</p>

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	reasons why they were not met.	
Health Services. 290-2-5-.12(3)(a)1.	A general physical examination of the child shall be provided within 72 hours (excluding weekends and holidays) of admission unless such an examination has been completed within one year prior to admission.	<p><u>Intent</u> To ensure that children in care receive appropriate health screenings/tests and are current on any required immunizations upon admission.</p> <p><u>Guideline</u> The examination report itself should indicate that all parts of the examination were completed. Any health care professional authorized by law to conduct this type of service (i.e. RN, nurse practitioners, etc) may be utilized. Evidence of immunizations must be in the resident's record.</p> <p>Providing only the date of the last physical is not sufficient to meet the requirements of this rule. The file must include the documentation from the actual physical examination. Documentation of attempts to obtain the information is not sufficient. A copy of the exam must be obtained and filed in the record within 72 hours of admission.</p>
Health Services. 290-2-5-.12(3)(a)1.(i)	Such [general physical] examination shall be done by a medical doctor, physician's assistant, or public health department and shall include basic diagnostic laboratory work, including but not limited to a Complete Blood Count (CBC) and basic urinalysis; required immunizations; and vision and hearing tests.	<p><u>Intent</u> To ensure that children in care receive appropriate health screenings/tests and are current on any required immunizations upon admission.</p> <p><u>Guideline</u> The examination report itself should indicate that all parts of the examination were completed. Any health care professional authorized by law to conduct this type of service (i.e. RN, nurse practitioners, etc) may be utilized. Evidence of immunizations must be in the resident's record.</p>
Health Services. 290-2-5-.12(3)(a)2.	A general dental examination of the child shall be provided for unless such an examination has been completed within six months prior to admission. Such examinations shall be done by either a dentist or a dental hygienist that is employed by the department and County Boards of Health to screen school pupils.	<p><u>Intent</u> To ensure that a facility is aware of the dental health status of children and can meet their health needs.</p> <p><u>Guideline</u> Dental Examinations – Documentation of the scheduling of a dental appointment within the 72 hour timeframe with the actual examination taking place within thirty (30) days of the six-month expiration date is acceptable.</p>

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Food Service. 290-2-5-.17(3)(v)	Containers for food storage other than the original containers or packages in which the food was obtained shall be impervious and nonabsorbent and have tight fitting lids or covers. ...	<p><u>Intent</u> To ensure that all food not being stored in the original containers or packages; is stored properly in impervious and nonabsorbent containers.</p> <p><u>Guideline</u> Upon opening, all foods must be appropriately stored in impervious/nonabsorbent containers such as ziplock bags, airtight containers etc.</p> <p>For example: Items such as rice and cereal should be stored in airtight containers. And items such as frozen waffles and lunch meat should be stored in ziplock bags.</p>
Physical Plant and Safety. 290-2-5-.18(9)	(9) The institution shall be kept clean and free of hazards to health and safety and of debris and pests.	<p><u>Intent</u> To ensure that the facility is clean and free of hazards to the health and safety of residents.</p> <p><u>Guideline</u> During any onsite inspection, a review of the physical plant is completed to ensure that the facility is clean. For example: Did this just happen today? What is the cleaning schedule? Have hazards been present for some time, so the staff should have been aware?</p> <p>Hazards should be removed immediately by staff. If a repair is needed in a facility, then a temporary fix should be applied to remove any hazards and a copy of the work order should be provided to the surveyor to document that the work order is in process. If pests are a problem, the facility should maintain documentation of treatment through a pest control company and any other efforts that are being made to control the problem.</p>

Disclaimer

This document is an informational and educational tool to assist facilities in understanding the requirements of the rules and regulations. It is not intended, nor should it be used, as a substitute for meeting applicable statutory or regulatory requirements.