

	GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES CHILD WELFARE POLICY MANUAL			
	Chapter:	(16) Room Board and Watchful Oversight (RBWO)	Effective Date:	September 2015
	Policy Title:	Program Designation Types		
	Policy Number:	16.1	Previous Policy #:	N/A

CODES/REFERENCES

N/A

REQUIREMENTS

The Division of Family and Children Services (DFCS) may serve a child in foster care in either a child placing agency (CPA) or child care institution (CCI) using the 12 types of Room Board and Watchful Oversight (RBWO) care. The types of RBWO care and the children supported 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	(This section is redacted in the original document)
Specialty Maximum Watchful Oversight - SMWO	
Specialty Medically Fragile Watchful Oversight - SMFWO	
	Maternity Home
	Parenting Support Program (Second Chance Homes)
	Teen Development
	Independent Living Program
	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 interfere with the child’s ability to function in the family, school and/or community setting

without guidance and supervision;

- Traditional (CPA) - the child's behaviors identified for traditional care are mild; and
- BWO (CCI) – the child's behaviors identified for base care are 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:

- Learning disabled requiring supports, such as student support team (SST) and tutoring services;
- Poor concentration at school and home;
- Occasional disruptive or disobedient behaviors resulting in in-school suspension;
- 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;
- Lack age-appropriate knowledge of self care or life skills;
- Behavioral outbursts. inclusive of profane and/or provocative language;
- Exhibit “annoying” behaviors to include excessive teasing, horseplay and language taunting;
- Shyness, fear, anxiety and nervousness in group/community settings
- Irritability and/or hostility toward peers;
- Impulsive behaviors that create mild risk (inappropriate verbal outbursts, wanders away from the group);
- Easily frustrated; temper tantrums; and/or
- Difficulty making friends.

A child served in base or traditional programs will have the following medical needs:

- 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 base with watchful oversight (BWO) or additional watchful oversight (AWO) will exhibit the following behaviors:

- Moderate to occasionally serious emotional and/or behavioral management problems that interfere with his/her ability to function in a family, school, and/or community environment outside of a supervised and structured setting;
- BWO (CPA) – the child's behaviors identified for BWO care are moderate; and
- AWO (CCI) - the child's behaviors identified for AWO care are 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 not in accordance with ability;
- Learning disability requiring IEP services;
- Disruptive and/or disobedient to school rules, which could result in suspension;
- Frequent attendance and truancy problems;
- Oppositional and defiant in the home and/or school setting;
- Use of vulgar and/or provocative language;
- Annoying behaviors (picks on peers, repetitive actions or language and taunting);
- Demanding and threatening;

- Lack of 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; and/or
- Impulsive actions that create risk (inappropriate outbursts, plays with fire and/or wanders away).

A child served in BWO or AWO programs will have the following medical needs:

- Minimal to mild medical needs; and/or
- 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;
- For a CCI program, the behaviors exhibited by a child interfere with his or her ability to function in the family, school, and/or community outside of a supervised and structured setting; and
- 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:

- Poor school attendance, grades and concentration in school; requires oversight from teachers, family and/or caregiver;
- Multiple school suspensions and disciplinary actions;
- History of explosive outbursts in schools;
- 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 defiant in the home and school setting;
- Demanding and/or threatening;
- Smearing and/or throwing 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 and/or suicidal threats;
- Physical aggression and/or assault (hitting, kicking, spitting, attacking with or without a weapon, throwing objects) toward adults and/or other children with or without injuries;
- Withdrawn behavior or attention seeking behaviors that are excessive (constant complaining about physical ailments, nightmares, difficulty going to bed and/or refusal to stay in bedroom);
- Fears, worries and anxieties that affect daily activities; frequent and severe headaches, stomach aches and/or refusal to get out of bed;
- Serious problems with personal hygiene;
- Impulsive behaviors that present a 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 that pose a significant risk of harm to self or others;
- Hearing voices and/or seeing things that are not there;
- Frequent and/or uncontrollable behavioral outbursts and mood swings;
- Seemingly unable to form any meaningful friendships; socially isolated and unable to enjoy activities with peers;
- Delinquent behaviors (stealing, burglary, assault and/or battery);
- Recurring involvement with the Department of Juvenile Justice (DJJ);
- Fire setting with intent to destroy property or injure others and/or preoccupation with fire;
- Intentionally and/or maliciously cruel to animals;
- Runs away with involvement in situations where high risk activities are likely to occur
- Drinking and/or drug use, which may have resulted in disciplinary actions and/or affect daily function;
- Involvement with gangs and/or gang-like activities; and/or
- Poorly prepared for and lacking skills necessary for independent living

A child served in MWO programs will have the following medical needs:

- Moderate medical needs requiring specialized services;
- Generally see two or more physicians at least on a quarterly basis for medical needs;
- Routine lab work to assess the effectiveness of medications; and
- Medical needs in this group could include two or 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 one to two times weekly;
 - Infant with sucking difficulty and/or on a monitor;
 - Reflux that is controlled with one to two medications;
 - HIV exposure with medications;
 - Severe visual impairment, which may 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; and/or
 - 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 a group setting without approval of a DFCS Regional Director. Children 10 and younger require a waiver from the Foster Care Services Director.

Some characteristics in which a child would qualify for a medically fragile approved MWO CCI/CTCC provider includes, but is not limited to:

- A medical condition that 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; and
- 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 within 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 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 maximum watchful 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 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 approval from a DFCS Designee. Some of the characteristics in which a child would qualify for SMFWO include, but are 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 tube feedings;
- Requires nebulizer treatments on a daily basis;
- Requires medications by feeding tube, injection or suppository;
- Requires ostomy care;
- Has any type of 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 and urination in places other than the toilet;
- Several years behind in the development of age-appropriate knowledge of self-care or life skills; and/or
- Medical interventions may be required while in school.

Maternity Homes & Parent Support Programs (Second Chance Homes):

A child served in the maternity homes and parenting support programs (Second Chance Homes) is preparing for motherhood or receiving hands-on parenting training. The premise is to support an adolescent who is either pregnant or has a child(ren) with the skills and

knowledge to care for her child(ren). 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, that children in these placements may exhibit:

- Learning disability requiring supports such as Student Support Team and tutoring services;
- Poor concentration at school and home;
- Occasional disruptive or disobedient behaviors resulting in in-school suspension;
- Behaviors that are managed by medications;
- Non-compliance with curfew and/or limits set by adults;
- Difficulty in adjusting to new environments;
- Behavioral outbursts inclusive of profane and/or provocative language;
- “Annoying” behaviors to include excessive teasing, horseplay, and language taunting;
- Impulsive behaviors that create mild risk, such as inappropriate verbal outbursts or wandering away from the group;
- Easily frustrated; temper tantrums; and/or
- Difficulty making friends.

A child under maternity and parenting support (Second Chance Homes) has minimal to mild medical needs and can have a mild developmental delay that does not coexist with any medical condition.

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

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

Teen Development:

A child served in the transitional living/independent living program greatly benefits from life skill training to be more self-sufficient and prepared for adulthood. The premise of this program designation assignment is not behavioral-based, as are BWO, AWO and MWO. Behaviors may be considered in the placement of a child based on each approved provider admission criteria. This program designation can serve adolescents as young as 16.

Specialty Camp:

A child served in the specialty 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 serviced in a camp has minimal to mild medical needs and can have a mild developmental delay that does not coexist with any medical condition.

PROCEDURES

N/A

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

N/A