

	<b>Department of Human Services Online Directives Information System</b>	<b>Index:</b> <b>Effective:</b> <b>Review:</b> <b>Page:</b>	<b>POL 7020</b> <b>7/1/2011</b> <b>7/1/2013</b> <b>1 of 4</b>
---	--	--	--

**SUBJECT: Registering Runaway and Homeless Youth Programs**

**POLICY STATEMENT**

The policy of the Office of Residential Child Care (ORCC) is to register and periodically inspect all Runaway and Homeless Youth Programs (RHYP) established by nonprofit charitable organizations in accordance with the "Runaway Youth Safety Act". Organizations operating a RHYP shall register and develop program guidelines as follows:

**I. REGISTRATION PROCESS**

A. Application: Organizations shall register by submitting an application for registration to ORCC. Applications will be posted to the ORCC website on July 1, 2011.

B. Program Qualifications: Applying organizations will be required to present, at a minimum, evidence of the following RHYP administrative components:

- a.) Specification of the RHYP's philosophy, purpose, and program orientation;
- b.) Written operational approvals from local authorities which shall include, but is not limited to:
  - (1) Current occupancy/business license;
  - (2) Current fire department inspection;
  - (3) Zoning compliance; and
  - (4) All water and sewage disposal systems, if other than approved city and county systems.
- c.) Developed written administrative and operational policies and procedures to be implemented and complied with that shall include, but are not limited to:
  - (1) Admission, intake, discharge, and recordkeeping which minimally includes a written record for each youth that contains the youth's name, gender, date of birth, parent/guardian identification and contact information if applicable, services provided, medications received, date of admission and discharge, and a form acknowledging acceptance of services that includes a signature, date, and time completed by for each youth admitted;
  - (2) Assessing youth needs and identifying treatment and referrals for the mental, physical, and emotional health of youth served;

(3) Youth rights including evidence that youth considered for admission receive a copy of rights, program services, and the facility's rules;

(4) Reporting actual or alleged injuries that may occur on the organization's premises, including child abuse and exploitation, within 24 hours. Reports are to be submitted via e-mail or fax on the reporting form provided by ORCC;

(5) The hiring of employees and/or acquiring of volunteers, required qualifications, and recordkeeping which minimally includes a record for each staff member and/or volunteer that contains the staff member's/volunteer's name, address, phone number, emergency contact, current criminal history results, 10 year job history, and a copy of a current government issued photo identification;

(6) The filing of grievances by staff and youth including evidence that staff and youth receive a copy of grievance rights and procedures for filing;

(7) A description of the range of services provided, the manner in which those services are provided to youth, **a statement specifying that services are limited to 72 hours**, and procedures for seeking placements for youth in care;

(8) A behavior management and crisis intervention plan which should not include the use of manual holds;

(9) Physical plant safeguards and infection control;

(10) Emergency evacuation;

(11) Emergency medical care of youth with a local hospital or other health care facility that provides emergency services;

(12) Use and management of all types of medications;

d.) Written evidence of having qualified staff that:

(1) Have received training on emergency evacuation procedures, service protocols, and mandatory child abuse reporting requirements set forth in O.C.G.A. § 19-7-5;

(2) Have had a criminal record check conducted in accordance with Article 5 of Title 49 (O.C.G.A. § 49-5-110 et. seq.);

(3) Are on duty at all hours the organization is open for service; and

(4) Includes at least one individual who is a Georgia licensed professional counselor, social worker, marriage/family therapist, nurse, physician, or psychologist pursuant to 10A, 26, 34, or 39 of Title 43.

e.) A plan for photographing and maintaining a photo of all minors considered for admission by the organization.

f.) Proof of liability insurance coverage sufficient to protect the youth of the organization's facility.

g.) A plan for providing a copy of the Certificate of RHYP registration to the sheriff of the county in which the organization operates a facility.

C. Registration Fee: Registrants shall pay an annual registration fee of \$25.00. The registration fee is required at the time of application and annually thereafter.

## II. INSPECTIONS AND INVESTIGATIONS

A. ORCC will inspect registered organizations periodically to reduce the risk of harm to youth while on runaway or homeless status.

B. If a complaint or self reported incident regarding a registered RHYP is received, ORCC will investigate the allegations and incidences.

C. Upon receipt of the finalized inspection report containing the Statement of Deficiencies, a registered RHYP has 10 business days to submit an acceptable Plan of Correction to address any cited deficiencies.

D. ORCC is authorized and empowered to impose sanctions against registered or applying organizations when program standards violations pose a risk that endangers the health and safety of youth served, or there are indications of a continued failure to comply with ORCC program standards and/or Georgia law.

### A. AUTHORITY

O.C.G.A. §§ 16-5-45, 49-5-12, 49-5-160 et. seq. , and 49-5-110 et. seq.

### B. APPLICABILITY

This policy applies to:

- Nonprofit Charitable Organizations and Current ORCC Licensed Child Welfare Agencies Operating a RHYP

### C. DEFINITION(S)

**Acceptance of Services:** A form which acknowledges youth acceptance of RHYP services offered by a registered organization. The agreement to accept services must be completed by youth prior to admission and contain the youth's signature, date, and time completed.

**Periodic Review:** A compliance review of registered organizations offering RHYP services that will occur on an inspection cycle established by ORCC.

**Plan of Correction:** means a written plan submitted to ORCC by the person or persons responsible for the RHYP. The Plan shall identify the existing areas of non-compliance coupled with the proposed procedures, methods, and period of time required to correct the areas of noncompliance.

**Nonprofit Charitable Organization:** An organization exempt from taxation under the provisions of Section 501 (c)(3) of the United States Internal Revenue Code which serves children who have run away or are homeless; has qualified staff on duty at all hours the organization is open for services; and employs at least one individual who is a Georgia licensed professional counselor, social

worker, marriage/family therapist, nurse, physician, or psychologist pursuant to 10A, 26, 34, or 39 of Title 43.

**D. RESPONSIBILITIES**

The ORCC Director is responsible for oversight of updating requirements for implementing this policy. The ORCC Policy and Compliance Officer will update requirements for implementing this policy accordingly.

**E. RELATED FORMS**

Guidance Form- Plan of Correction

**F. AUTHENTICATION**

  
\_\_\_\_\_  
LaMarva E. Ivory, MSW, Acting Director  
Office of Residential Child Care

7/18/2011  
Date



**GEORGIA DEPARTMENT OF HUMAN SERVICES  
OFFICE OF RESIDENTIAL CHILD CARE  
GUIDANCE FORM: PLAN OF CORRECTION**

Upon receipt of the finalized inspection report containing the Statement of Deficiencies, a facility/agency has 10 calendar days to submit an acceptable PoC to address cited deficiencies. An acceptable PoC should address the following for each citation (as applicable):

- 1.) What corrective action will be accomplished for the examples given in the findings as evidence of the deficient practice?
- 2.) How will other clients/employees that have the potential to also be affected be identified?
- 3.) What measures will be put into place for systemic changes at the facility/agency to ensure that the deficient practice will not recur? (e.g. policy changes, staff training or re-education, etc.)
- 4.) How will the facility/agency monitor the corrective action and future performance to ensure the corrective action is effective and that the deficient practice is not recurring? Who (by position or job title) is assigned responsibility for this monitoring activity?
- 5.) What are the completion dates for each corrective activity?

The facility/agency has the following three options when submitting their PoC.

<b>Option 1</b>	<b>Option 2</b>
Accept the deficiencies stated on Statement of Deficiencies and submit a PoC.	Record objections to cited deficiencies on the Statement of Deficiencies, <b>submit a PoC</b> , and provide convincing arguments and documented evidence that the deficiencies are invalid.

**Note:** *The option to record objections pertains only to the opportunity to refute the accuracy of the findings incorporating the deficiency. Facilities/agencies may not refute the professional judgment of the surveyor regarding the level, extent, scope, or severity of the deficiency. All refutations must be received, with the PoC, within 10 business days from the receipt date of the Statement of Deficiencies.*

With both options, the facility/agency response to deficient practices must be submitted in writing. A specific date of expected completion must be entered next to each response. If a deficiency has been corrected since the survey, this should be indicated in the PoC along with the approximate date of correction.

A "reasonable period of time" to achieve compliance is generally no longer than 60 calendar days after the date of the survey. For conditional level deficiencies, the reasonable period of time is 30 calendar days after the date of the survey. Correction dates for certain deficiencies may be less or greater than 60 days after completion of the survey depending on the circumstances of the deficiency. For example, a facility/agency may have a deficiency that requires construction or other deficiencies where the correction is clearly beyond the control of the facility/agency.

**The PoC must be signed and dated by the administrator or other authorized official. If necessary, additional documentation may be attached to the Statement of Deficiencies. However, any reference to attachments in the PoC makes those attachments subject to the Open Records Act. If a facility/agency does not want attachments released, they should not reference them in the PoC.**