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NOTICE OF INTENT

Department of Children and Family Services

Licensing Section

Residential Home
(LAC 67:V.Chapter 71)

In accordance with the provisions of the Administrative Procedures Act R.S. 49:953(A), the Department of Children and Family Services (DCFS) proposes to amend LAC 67:V, Subpart 8, Chapter 71 Child Residential Care, Class A.

Pursuant to Section 2 of Act 502 of the 2016 Regular Legislative Session, the department shall adopt rules in accordance with the Administrative Procedure Act effective August 1, 2016. The proposed rule allows the department to revise the child residential licensing standards to incorporate standards to protect the safety and well-being of children residing in residential homes with their parents and to protect the health, safety, and well-being of the children and residents of the state who are in out-of-home care on a regular or consistent basis.

Title 67

SOCIAL SERVICES

Part V. Child Welfare

Subpart 8. Residential Licensing

Chapter 71. Child Residential Care, Class A

§7101. Purpose

A. It is the intent of the legislature to protect the health, safety, and well-being of the children and residents of the state who are in out-of-home care on a regular or consistent basis. Toward that end, it is the purpose of Chapter 14 of Title 46 of the Louisiana Revised Statutes ~~of 1950~~ to establish statewide minimum standards for the safety and well-being of children and residents, to ensure maintenance of these

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standards, and to regulate conditions in these facilities through a program of licensing. It shall be the policy of the state to ensure protection of all individuals under care by specialized providers ~~in child care facilities~~ and to encourage and assist in the improvement of programs. It is the further intent of the legislature that the freedom of religion of all citizens shall be inviolate.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:477 and R.S. 46:1401~~-1424~~ et seq.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Community Service, LR 36:804 (April 2010), amended by the Department of Children and Family Services, Licensing Section, LR 42:

§7103. Authority

A. Legislative Provisions

1. The ~~S~~state of Louisiana, Department of Children and Family ~~Social~~ Services, is charged with the responsibility of developing and publishing standards for the licensing of residential homes. ~~child residential facilities (CRF).~~

a. The licensing authority of the Department of Children and Family ~~Social~~ Services is established by R.S. 46:1401 et seq. ~~-1425~~ and R.S. 46:51 which mandate the licensing of all residential homes. ~~resident care facilities and resident placing agencies, including CRF). A CRF is defined as any place, facility or home operated by any institution, society, agency, corporation, person or persons or any other group to provide full-time care (24 hour residential care) for four or more children under the age of 18 years who are not related to the operators, and whose parents or guardians are not residents of the same facility, with or without transfer of custody.~~ A residential home is any place, facility, or home operated by any institution, society, agency, corporation, person or persons, or

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any other group to provide full-time care, 24 hours per day, for more than four children, who may remain at the facility in accordance with R.S. 46:1403.1, who are not related to the operators and, except as provided in this Subparagraph, whose parents or guardians are not residents of the same facility, with or without transfer of custody. However, a child of a person who is a resident of a residential home may reside with that parent at the same facility. The age requirement may be exceeded as stipulated in R.S. 46:1403.1 which states that, "...notwithstanding any other provision of law to the contrary, including but not limited to R.S. 46:1403~~(A)~~(1), a ~~person~~ child housed at a residential home may stay at such home for a period not to exceed six months beyond his eighteenth birthday to complete any educational course that he began at such facility, including but not limited to a general education development (GED) course, and any other program offered by the residential home". In addition, the R.S. 46:1403.1(B) further stipulates that, “Notwithstanding Subsection A of this Section and any other provision of law to the contrary, including but not limited to R.S. 46:1403(1), a child housed at a residential home that does not receive Title IV-E funding pursuant to 42 USC 670 et seq., may remain at such home until his twenty-first birthday to complete any educational course that he began at such facility, including but not limited to a General Education Development course, and any other program offered by the residential home.”

B. Penalties. As mandated by R.S. 46:1421, whoever operates as a specialized provider ~~any child care facility or child-placing agency~~ as defined in R.S. 46:1403, ~~including any child residential facility~~, without a valid license issued by the department shall be fined not less than $1,000 for each day of such offense.

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C. Waiver Request

1. The secretary of the department, in specific instances, may waive compliance with a standard, as long as the health, safety, and well-being of the staff and/or the health, safety, rights, or well-being of residents or children of residents are ~~is~~ not imperiled. Standards shall be waived only when the secretary determines~~, upon clear and convincing evidence,~~ that the economic impact is sufficient to make compliance impractical.~~ for the provider despite diligent efforts, and when alternative means have been adopted to insure that the intent of the regulation has been carried out.~~

2. Application for a waiver shall be made in writing and shall include:

a. a statement of the provisions for which a waiver is being requested; and

b. an explanation of the reasons why the provisions cannot be met and why a waiver is being requested.

3. The request for a waiver will be answered in writing and approvals will be maintained on file by the requesting provider and the department. ~~The department shall document the reasons for granting the waiver. A waiver shall be granted for a period of one year or as specified by the secretary and will not be renewed if the basis for it no longer exists. If the provider has been granted a waiver by the department, the waiver will be identified on the survey report of any subsequent annual survey report.~~ A waiver is issued at the discretion of the secretary and continues in effect at her pleasure. It may be revoked by the secretary at any time, either upon violation of any condition attached to it at issuance, upon failure of any of the statutory prerequisites to issuance of a waiver (i.e., the cost of compliance is no longer so great as to be impractical or the health or safety of any staff or any child

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of a resident or resident is imperiled), or upon her determination that continuance of a waiver is no longer in the best interest of the department.

~~D. Variance Request~~

~~1. The secretary of the department, in specific instances, may grant an exception to the standards temporarily for the purposes of allowing emergency admittance of specific residents as long as the health, safety, and well-being of the staff and/or the health, safety, rights, and well-being residents is not imperiled. This variance shall not be granted if it would result in a substantial change to the program.~~

~~2. A request for a variance shall be made in writing and shall include a statement of the provisions for which the variance is being requested.~~

~~3. The request for a variance will be answered in writing and specify the period of time for which the variance is being granted. A variance may be granted for a length of time not to exceed 90 days, and may be renewed one time, for good cause shown, for an additional 90 day period not to exceed 180 days.~~

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:477 and R.S. 46:1401~~-1424~~ et seq.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Community Service, LR 36:805 (April 2010), amended by the Department of Children and Family Services, Division of Programs, Licensing Section, LR 39:67 (January 2013), amended by the Department of Children and Family Services, Licensing Section, LR 42:

§7105. Definitions

A. As used in this Chapter:

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Abuse—any one of the following acts which seriously endangers the physical, mental, or emotional health of the resident or child of a resident:

a. the infliction, attempted infliction, or, as a result of inadequate supervision, the allowance of the infliction or attempted infliction of physical or mental injury upon the resident or child of a resident by a parent or any other person;

b. the exploitation or overwork of a resident or child of a resident by a parent or any other person; and

c. the involvement of the resident or child of a resident in any sexual act with a parent or any other person, or the aiding or toleration by the parent or the caretaker of the resident's or child of a resident's sexual involvement with any other person or of the resident's or child of a resident's involvement in pornographic displays or any other involvement of a resident or child of a resident in sexual activity constituting a crime under the laws of this state.

Affiliate—

a. with respect to a partnership, each partner thereof;

b. with respect to a corporation, each officer, director and stockholder thereof;

c. with respect to a natural person, that person and any individual related by blood, marriage, or adoption within the third degree of kinship to that person; any partnership, together with any or all its partners, in which that person is a partner; and any corporation in which that person an officer, director or stockholder, or holds, directly or indirectly, a controlling interest;

d. with respect to any of the above, any mandatory, agent, or representative or any other person, natural

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or juridical acting at the direction of or on behalf of the licensee or applicant; or

e. director of any such.

Age or Developmentally Appropriate Activities or Items—activities or items that are generally accepted as suitable for ~~children~~ an individual of the same chronological age or level of maturity or that are determined to be developmentally appropriate for ~~a child~~ an individual, based on the development of cognitive, emotional, physical, and behavioral capacities that are typical for an age or age group; and in the case of a specific ~~child~~ individual, activities or items that are suitable for the ~~child~~ individual based on the developmental stages attained by the ~~child~~ individual with respect to the cognitive, emotional, physical, and behavioral capacities of the ~~child~~ individual.

~~*Associated Person*—a provider's owner, officers, board members, volunteers, and/or any other such person who may be involved in some capacity with the work of the provider other than the provider's employees.~~

Behavior Support—the entire spectrum of activities from proactive and planned use of the environment, routines, and structure of the particular setting to less restrictive interventions such as positive reinforcement, verbal interventions, de-escalation techniques, and therapeutic activities that are conducive to each resident's development of positive behavior.

Behavior Support Plan—a written document that addresses the holistic needs of the resident and includes the resident's coping strategies, de-escalation preferences, and preferred intervention methods.

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Child—a person who has not reached age eighteen or otherwise legally emancipated.~~under 18 years of age who, prior to juvenile proceedings, has not been judicially emancipated under Civil Code Article 385 or emancipated by marriage under Civil Code Articles 379 through 384.~~

~~*Child Residential Facility (CRF)*—any place, facility or home operated by any institution, society, agency, provider, corporation, person or persons or any other group to provide full-time care (24 hour residential care) for four or more individuals under the age of 18 years, who are not related to the operators, and whose parents or guardians are not residents of the same facility, with or without transfer of custody. This includes community homes, group homes, and residential homes. This does not include any program licensed under Titles XIX or XX of the Social Security Act by the Department of Health and Hospitals.~~

Complaint—an allegation that any person is violating any provisions of these standards or engaging in conduct, either by omission or commission, that negatively affects the health, safety, rights, or welfare of any resident or child of a resident who is residing in a ~~CRF~~ residential home.

Criminal Background Check~~—the requirement of state law and federal funding rule for checking criminal records for certain offenses prior to employing an individual who will have access to a resident in a Child Residential Facility.~~ a review of any and all records containing any information collected and stored in the criminal record repository of the Federal Bureau of Investigation, the state Department of Public Safety and Corrections, or any other repository of criminal history records, involving a pending arrest or conviction by a criminal justice agency, including, but not limited to, child abuse crime

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information, conviction record information, fingerprint cards, correctional induction and release information, identifiable descriptions and notations of convictions; provided, however, dissemination of such information is not forbidden by order of any court of competent jurisdiction or by federal law.

DAL—the Division of Administrative Law.

Debriefing—a process by which information is gathered from all involved parties after the use of personal restraints or seclusion that includes an evaluation of the ~~crisis~~ incident, documentation detailing the events leading up to the incident, and ways to avoid such incidents in the future.

Department (DCFS)—Department of Children and Family Services~~, formerly the Department of Social Services~~.

Direct Care Worker—a person counted in the resident or child/staff ~~caregiver~~ ratio, whose duties include the direct care, supervision, guidance, and protection of a resident or child of a resident. This does not include a contract service provider who provides a specific type of service to the operation for a limited number of hours per week or month or works with one particular resident or child of a resident.~~ This may include staff such as administrative staff that has the required background clearances and appropriate training that may serve temporarily.~~

Direct Supervision—the function of observing, overseeing, and guiding a resident or child of a resident and/or group of residents or children of residents. This includes awareness of and responsibility for the ongoing activity of each individual and being near enough to intervene if needed. It requires physical presence, accountability for their care, knowledge of activity requirements, and knowledge of the individual's abilities and needs.

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Discipline—the ongoing positive process of helping children of residents or residents develop inner control so that they can manage their own behavior in an appropriate and acceptable manner by using corrective action to change the inappropriate behavior.

Disqualification Period—the prescriptive period during which the department shall not ~~accept~~ process an application from a provider. Any unlicensed operation during the disqualification period shall interrupt running of prescription until the department has verified that the unlicensed operation has ceased.

Documentation—written evidence or proof, signed and dated by the parties involved (director, ~~parents~~ residents, staff, etc.), and available for review.

Effective Date—of a revocation, denial, or non-renewal of a license shall be the last day for applying to appeal the action, if the action is not appealed.

Employee—all full or part-time paid or unpaid staff who perform services for the residential home and have direct or indirect contact with children of residents or residents at the facility. Facility staff includes the director and any other employees of the facility including, but not limited to the cook, housekeeper, driver, custodian, secretary, and bookkeeper.

Facility—~~any place, program, institution, or agency operating a child care facility or child-placing agency as defined in R.S. 46:1403, including those owned or operated by governmental, private, or religious organization or entity.~~ residential home as defined in R.S. 46:1403.

Human Service Field—the field of employment similar or related to social services such as social work, psychology, sociology, special education, rehabilitation counseling, child

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development, guidance and counseling, divinity, education, juvenile justice and/or corrections through which a person gains experience in providing services to the public and/or private clients that serves to meet the years of experience required for a job as specified on the job description for that position.

Independent Contractor—any person who renders professional, therapeutic, or enrichment services to children of residents or residents such as educational consulting, athletic, or artistic services within a facility, whose services are not integral to either the operation of the facility or to the care and supervision of residents or children of residents. Independent contractors may include but are not limited to dance instructors, gymnastic or sports instructors, computer instructors, speech therapists, licensed health care professionals, state-certified teachers employed through a local school board, art instructors, and other outside contractors. A person shall not be deemed an independent contractor if he is a staff person of the facility.

Individual Owner—a natural person who directly owns a facility without setting up or registering a corporation, LLC, partnership, church, university or governmental entity. The spouse of a married owner is also an owner unless the business is the separate property of the licensee acquired before his/her marriage, acquired through authentic act of sale from spouse of his/her undivided interest; or acquired via a judicial termination of the community of acquets and gains.

Infant—a child that has not yet reached his first birthday.

Injury of Unknown Origin—an injury where the source of the injury was not observed by any person or the source of the injury could not be explained by the resident or child of a

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resident and the injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma).

Interdiction—a legal restraint upon a person incapable of managing his estate, because of mental incapacity, from signing any deed or doing any act to his own prejudice, without the consent of his curator or interdictor.

Juridical entity—corporation, partnership, limited-liability company, church, university, or governmental entity.

Legal Guardian—~~the caretaker in a legal guardianship relationship. This could be the parent or any child placing agency representative.~~ person who has the legal authority and the corresponding duty to care for the personal and property interest of another person.

Legal Guardianship—the duty and authority to make important decisions in matters having a permanent effect on the life and development of the resident or child of a resident and the responsibility for the resident's or child of a resident's general welfare until he reaches the age of majority, subject to any ~~child~~ rights possessed by the ~~resident's~~ parents. It shall include the rights and responsibilities of legal custody.

License—

~~a.~~ —any license issued by the department to operate a facility ~~any child care facility or child-placing agency~~ as defined in R.S. 46:1403.~~; or~~

~~b. any license issued by the Department of Health and Hospitals to operate any facility providing services under Title XIX or XX of the Social Security Act; or~~

~~c. any license issued by the Department of Health and Hospitals (or formerly issued by the Department of Social Services) to operate any adult residential care facility.~~

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Licensing Section—DCFS~~, Division of Programs,~~ Licensing Section.

Lifebook—a record of a resident's or child of a resident's life which chronicles accomplishments, milestones, and important people in their lives through pictures, words, artwork, and memorabilia.

Mandated Reporter—professionals who may work with children of residents or residents in the course of their professional duties and who consequently are required to report all suspected cases of ~~child~~ abuse and neglect. This includes any person who provides training and supervision of a child of a resident or resident, such as a public or private school teacher, teacher's aide, instructional aide, school principal, school staff member, social worker, probation officer, foster home parent, group home or other child care institution staff member, personnel of residential homes ~~facilities~~, a licensed or unlicensed day care provider, any individual who provides such services to a child of a resident or resident, or any other person made a mandatory reporter under Article 603 of the Children's Code or other applicable law.

Medication—all drugs administered internally and/or externally, whether over-the-counter or prescribed.

Neglect—the refusal or unreasonable failure of a parent or caretaker to supply the child of a resident or resident with necessary food, clothing, shelter, care, treatment, or counseling for any injury, illness, or condition of ~~the child~~ an individual under the age of 18, as a result of which the ~~child's~~ individual's physical, mental, or emotional health and safety is substantially threatened or impaired.

Operator—owner of a residential home.

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Owner~~ or Operator~~—the individual or juridical entity who exercises ownership ~~or control~~ over a ~~child~~ residential home ~~care facility~~, whether such ownership~~/control~~ is direct or indirect.

Ownership—the right that confers on a person direct, immediate, and exclusive authority over a thing. The owner of a thing may use, enjoy, and dispose of it within the limits and under the conditions established by law. Refers to direct or indirect ownership.

a. *Direct Ownership*—when a natural person is the immediate owner of a ~~child~~ residential home~~ care facility~~, i.e., exercising control personally rather than through a juridical ~~person~~entity.

b. *Indirect Ownership*—when the immediate owner is a juridical entity.

Personal Restraint—a type of emergency behavior intervention that uses the application of physical force without the use of any device to restrict the free movement of all or part of a ~~child's~~ resident's body in order to control physical activity. Personal restraint includes escorting, which is when a ~~caregiver~~ staff uses physical force to move or direct a ~~child~~ resident who physically resists moving with the ~~caregiver~~ staff to another location.

Program Director—the person with authority and responsibility for the on-site, daily implementation, and supervision of the overall facility's operation.

Provider—any facility, organization, agency, institution, program, or person licensed by the department to provide services to children of residents or residents which includes all owners of a facility, including the program director of such facility.

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~~*Provider*—all owners or operators of a facility, including the director of such facility. If the owner is a corporate entity the owners are the officers, directors, and shareholders of the facility.~~

Reasonable and Prudent Parent Standard—standard that a caregiver shall use when determining whether to allow a resident or child of a resident in foster care under the responsibility of the State to participate in extracurricular, enrichment, cultural, and social activities. The standard is characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a resident or child of a resident while at the same time encouraging the emotional and developmental growth of the resident or child of a resident.

Reasonable and Prudent Parent Training—training that includes knowledge and skills relating to the reasonable and prudent parent standard for the participation of the resident or child of a resident in age or developmentally appropriate activities. This includes knowledge and skills relating to the developmental stages of the cognitive, emotional, physical, and behavioral capacities of a resident or child of a resident and knowledge and skills relating to applying the standard to decisions such as whether to allow the resident or child of a resident to engage in social, extracurricular, enrichment, cultural, and social activities. Activities include sports, field trips, and overnight activities lasting one or more days. Also included is knowledge and skills in decisions involving the signing of permission slips and arranging of transportation for the resident or child of a resident to and from extracurricular, enrichment, and social activities.

Reasonable Suspicion—suspicion based on specific and articulable facts which indicate that an owner, ~~operator,~~ or

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current or potential employee or volunteer has been investigated and determined to be the perpetrator of abuse or neglect against a minor resulting in a justified and/or valid finding currently recorded on the state central registry.

Related or *Relative*—a natural or adopted child or grandchild of the caregiver or a child in the legal custody of the caregiver.

Resident—an individual who receives full time care at a residential home and whose parents do not live in the same facility nor is the individual related to the owner of the facility.

Residential home—any place, facility, or home operated by any institution, society, agency, corporation, person or persons, or any other group to provide full-time care, 24 hours per day, for more than four children, who may remain at the facility in accordance with R.S. 46:1403.1, who are not related to the operators and, except as provided in this Paragraph, whose parents or guardians are not residents of the same facility, with or without transfer of custody. However, a child of a person who is a resident of a residential home may reside with that parent at the same facility.

Rest time—period between 9:00 p.m. and 6:00 a.m. when residents are either asleep or are lying down in their own beds with the intent of going to sleep. Residents may be reading, listening to music, or other individual quiet activities that promote said sleep time.

Safety Interventions—an immediate time limited plan to control the factor(s) that may result in an immediate or impending serious injury/harm to a resident or child(ren) of the resident.

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Seclusion~~— the placement of an individual against his or her will in a room where they are not allowed to voluntarily leave.~~ involuntary confinement of a resident away from other residents, due to imminent risk of harm to self or others, in a room which the resident is physically prevented from leaving.

Service Plan—a written plan of action for residents usually developed between the family, resident, social worker, and other service providers, that identifies needs, sets goals, and describes strategies and timelines for achieving goals.

Staff—all full or part-time paid or unpaid staff who perform services for the~~ child~~ residential home~~ facility~~ and have direct or indirect contact with children of residents or residents at the facility. Facility staff includes the director and any other employees of the facility including, but not limited to the cook, housekeeper, driver, custodian, secretary, and bookkeeper. ~~excluding extra-curricular personnel.~~

State Central Registry—repository that identifies any individual reported to have a justified (valid) finding of abuse or neglect of ~~a child or children~~ an individual under the age of 18 by DCFS.

Substantial Bodily Harm—physical injury serious enough that a prudent person would conclude that the injury required professional medical attention. It does not include minor bruising, the risk of minor bruising, or similar forms of minor bodily harm that will resolve healthily without professional medical attention.

Supervision—the function of observing, overseeing, and guiding a resident or child of a resident and/or group of residents or children of residents. This includes awareness of and responsibility for the ongoing activity of each individual

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and being near enough to intervene if needed. It requires accountability for their care, knowledge of activity requirements, and knowledge of the individual's abilities and needs.

Time-Out—a strategy used to teach individuals to calm themselves, during which a child of a resident or resident is not given the opportunity to receive positive reinforcement and/or participate in the current routine or activity until he/she is less agitated.

Type IV license—license held by any public or privately owned residential home.

Unlicensed Operation—operation of a residential home, ~~any child residential facility,~~ at any location, without a valid, current license issued by the department for that location.

~~*Variance*—an exception granted temporarily for the purpose of emergency admittance of specific residents.~~

Volunteer—an individual who works at the facility and whose work is uncompensated. This may include students, interns, tutors, counselors, and other non-staff individuals who may or may not work directly with the residents or children of residents. ~~Persons who visit the facility solely for providing recreational activities for the facility are not considered as volunteers.~~

Waiver—an exemption granted by the secretary of the department~~, or designee,~~ from compliance with a standard that will not place the resident, child of a resident, or staff member at risk.

Youth—a person not less than 16 years of age nor older than 21 years of age in accordance with R.S. 46:1403.1(B).

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AUTHORITY NOTE: Promulgated in accordance with R.S. 36:477 and R.S. 46:1401~~-1424~~ et seq.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Community Service, LR 36:805 (April 2010), amended by the Department of Children and Family Services, Division of Programs, Licensing Section, LR 38:976 (April 2012), LR 42:220 (February 2016), amended by the Department of Children and Family Services, Licensing Section, LR 42:

§7107. Licensing Requirements

A. General Provisions

1. New buildings shall be designed to appear physically harmonious with the neighborhood in which they are located considering such issues as scale, appearance, density, and population. A ~~CRF~~ residential home shall not occupy any portion of a building licensed by another agency. A residential home shall be a self-contained facility. The mixing of differing populations is prohibited.

2. Before beginning operation, it is mandatory to obtain a license from the department.

3. All new construction or renovation of a facility requires approval from agencies listed in ~~§7107.B.1~~ Subparagraphs B.2.b-f of this Section. ~~and must comply with the Louisiana Uniform Construction Code.~~

4. In addition, all facilities shall comply with the requirements of the Americans with Disabilities Act, 42 USC §12101 et seq. (ADA).

5. ~~Any owner/owners of a child residential shall provide documentation of a satisfactory criminal record check,~~ Documentation of a satisfactory fingerprint based criminal background check from Louisiana State Police shall be submitted for all owners of a residential home, as required by R.S. 46:51.2 and R.S. 15:587.1. ~~A copy of the criminal~~

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~~background check shall be submitted for each owner of a facility with an initial application, a change of ownership (CHOW) application, a change of location (CHOL) application, and/or an application for renewal for a child residential license.~~ No person with a criminal conviction for, or a plea of guilty or nolo contendere to, any offense included in R.S. 15:587.1, or any offense involving a juvenile victim, shall directly or indirectly own, operate, or participate in the governance of a ~~child~~ residential home. In addition, an owner, or director shall not have a conviction of, or plea of guilty or nolo contender to any crime in which an act of fraud or intent to defraud is an element of the offense. Effective August 1, 2016, criminal background checks (CBC) shall be dated no earlier than 30 days of the individual being present in the facility or having access to the residents or children of residents. If an individual has previously obtained a certified copy of their criminal background check from the Louisiana Bureau of Criminal Identification and Information Section of the Louisiana State Police, such certified copy shall be acceptable as meeting the CBC requirements. If an owner obtains a certified copy of their criminal background check from the Louisiana State Police, this criminal background check shall be accepted for a period of one year from the date of issuance of the certified copy. This certified copy shall be kept on file at the facility. Prior to the one-year expiration of the certified criminal background check, a new fingerprint-based satisfactory criminal background check shall be obtained from Louisiana State Police. If the clearance is not obtained prior to the one-year expiration of the certified criminal background check, the owner is no longer allowed on the premises until a clearance is received. The following is a listing of individuals by organizational type who

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are required to submit documentation of a satisfactory criminal background clearance:

a. individual ownership—individual and spouse;

b. partnership—all limited or general partners and managers as verified on the Secretary of State's website;

c. church-owned, governmental entity, or university owned—any clergy and/or board member that is present in the home; ~~facility during the hours of operation or when children are present;~~

d.~~i.~~ corporation—any individual who has 25 percent or greater share in the business or any individual with less than a 25 percent share in the business and performs one or more of the following functions:

~~(a)~~i. has unsupervised access to the residents or children of residents in the home ~~children in care at the facility~~;

~~(b)~~ii. is present in the home ~~facility during hours of operation~~;

~~(c)~~iii. makes decisions regarding the day-to-day operations of the home; ~~facility~~

~~(d)~~iv. hires and/or fires ~~child care~~ staff including the program director;

~~(e)~~v. oversees ~~child~~ residential staff and/or conducts personnel evaluations of the ~~child care~~ staff; and/or

~~(f)~~vi. writes the facility's policies and procedures;

~~ii~~e. corporation—if an owner has less than a 25 percent share in the business and does not perform one or more of the functions listed ~~above~~ in §7107.A.5.d. i-vi., a signed, notarized attestation form is acceptable ~~required~~ in lieu of a

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criminal background clearance. This attestation form is a signed statement from each owner acknowledging that he/she has less than a 25 percent share in the business and that he/she does not perform one or more of the aforementioned functions as an owner.

6. Documentation of a state central registry disclosure form (SCR-1) shall be submitted for all owners as required by R.S. 46:1414.1. SCR-1 forms shall be dated no earlier than 30 days before the application has been received by the Licensing Section. This information shall be reported prior to the owner being on the premises of the residential home, shall be updated annually at the time of licensure renewal, at any time upon the request of DCFS, and within 24 hours or no longer than the next business day, whichever is shorter, of any owner receiving notice of a justified (valid) finding of child abuse and/or neglect against them. Any current owner of a residential home is prohibited from owning, operating, participating in the governance of or working in a residential home, if they have a justified (valid) finding of child abuse and/or neglect against them. If information is known or received by DCFS, that the individual's name is recorded on the state central registry (SCR) as a perpetrator for a justified (valid) finding of abuse and/or neglect of a child/youth/resident, the individual shall have a determination by the Risk Evaluation Panel or a ruling by the Division of Administrative Law that the individual does not pose a risk to children/youth/residents in order to continue to operate a residential home.

a. Within 24 hours or no later than the next business day, whichever is shorter, of current owners receiving notice of a justified (valid) finding of child abuse and/or neglect against them, an updated state central registry disclosure form (SCR 1) shall be completed by the owner and submitted to Licensing section management staff as required by

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R.S. 46:1414.1 The owner must request a risk evaluation assessment in accordance with LAC 67:I.305 within 10 calendar days from completion of the state central registry disclosure form or the license shall be revoked. Immediately upon the knowledge that a justified (valid) finding has been issued by DCFS, the owner, at any and all times when he/she is in the presence of a child of a resident/youth/resident, shall be directly supervised by a paid staff (employee) of the residential home. The employee responsible for supervising the owner must have on file a completed state central registry disclosure form indicating that the employee's name does not appear on the state central registry with a justified (valid) finding of abuse and/or neglect. Under no circumstances may the owner with the justified finding be left alone and unsupervised with a child of a resident/youth/resident pending the disposition of the Risk Evaluation Panel or the Division of Administrative Law determination that the owner does not pose a risk to any child of a resident/youth/resident in care. An owner supervised by an employee who does not have a satisfactory disclosure form on file as provided in this Subsection shall be deemed to be alone and unsupervised.

i. Any owner with a justified (valid) finding of abuse and/or neglect on the state central registry must submit, together with the SCR 1 required above, a written, signed statement to Licensing Section management staff acknowledging that they are aware of the supervision requirements and understand that under no circumstances are they to be left alone and unsupervised with a child of a resident/youth/resident and that they shall be directly supervised by a paid staff (employee) of the residential home, who has completed the required state central registry disclosure form and who has indicated on that form that the employee's name

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does not appear on the state central registry with a justified (valid) finding of abuse and/or neglect on the state central registry.

ii. If the Risk Evaluation Panel determines that the owner does pose a risk to children/youth/residents and the individual does not appeal the determination within the required timeframe, the owner may close the business or the license shall be revoked.

iii. If the Risk Evaluation Panel determines that the owner poses a risk to children/youth/residents and the individual appeals the determination to the Division of Administrative Law within the required timeframe, the owner shall continue to be under direct supervision when in the presence of a child/youth/resident. Supervision must continue until receipt of a ruling from the Division of Administrative Law that the owner does not pose a risk to children/youth/residents.

iv. If the Division of Administrative Law (DAL) upholds the Risk Evaluation Panel's determination that the individual poses a risk to children/youth/residents, the owner may voluntarily close the business or the license shall be revoked.

b. Prospective owners shall complete, sign, and date the state central registry disclosure form and submit the disclosure form at the time of application to the DCFS Licensing Section. SCR 1 forms shall be dated no earlier than 30 days of the application being received by the Licensing Section. If a prospective owner discloses that his or her name is currently recorded as a perpetrator on the state central registry, the application shall be denied unless the owner requests a risk evaluation assessment on the state central registry risk evaluation request form (SCR 2) within the required timeframe.

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DCFS will resume the licensure process when the owner provides the written determination by the Risk Evaluation Panel or the Division of Administrative Law that they do not pose a risk to children/youth/residents.

i. If the Risk Evaluation Panel determines that the prospective owner poses a risk to children/youth/residents and the individual does not appeal the determination within the required timeframe, the prospective owner shall withdraw the application in writing immediately or the application shall be denied.

ii. If the Risk Evaluation Panel determines that the prospective owner poses a risk to children/youth/residents and the individual appeals the determination to the Division of Administrative Law within the required timeframe, the department shall not proceed with the licensure process until a ruling is made by the Division of Administrative Law that the owner does not pose a risk to children/youth/residents.

iii. If the Division of Administrative Law upholds the Risk Evaluation Panel determination that the individual poses a risk to children/youth/residents, the prospective owner shall withdraw the application in writing within 10 business days of the mailing of the DAL decision or the application shall be denied.

c. Any information received or knowledge acquired that a current or prospective owner, volunteer, employee, prospective volunteer, or prospective employee has falsified a state central registry disclosure form stating that they are not currently recorded as a perpetrator with a justified (valid) determination of abuse or neglect shall be reported in writing to Licensing Section management staff as

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soon as possible, but no later than the close of business on the next business day.

d. Any state central registry disclosure form, Risk Evaluation Panel finding, and Division of Administrative Law ruling that is maintained in a residential home licensing file shall be confidential and subject to the confidentiality provisions of R.S. 46:56(F) pertaining to the investigations of abuse and neglect.

~~6~~7. Providers and ~~child care~~ staff shall not permit an individual convicted of a sex offense as defined in R.S. 15:541 to have physical access to a ~~child~~ residential home ~~facility~~ as defined in R.S. 46:1403.

~~7~~8. The owner or program director of a ~~child~~ residential home ~~facility~~ shall be required to call and notify law enforcement personnel and the Licensing Section management staff if they have knowledge that a registered sex offender is on the premises of the ~~child~~ residential home ~~facility~~. The verbal report shall be followed by a written report to the Licensing Section within 24 hours.

9. The owner or director of a ~~child~~ residential home ~~facility~~ shall be required to call and notify law enforcement personnel if they have knowledge that a registered sex offender is within 1,000 feet of the residential home ~~child day care facility~~ as required by R.S 14:91.1. The verbal report shall be followed by a written report to the Licensing Section within 24 hours.

10. Providers with live-in staff may allow children of staff members to reside with their parents in the private staff quarters of the residential home.

11. Provider nor staff shall permit a resident, age 18 years or older, that has been convicted of, pled guilty, or nolo contendere to any offense listed in R.S. 15:587.1. or to

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any offense involving a juvenile victim to remain on the premises of the residential home.

B. Initial Licensing Application Process

1. An initial application for licensing as a ~~CRF provider~~ residential home shall be obtained from the department.

Department of Children and Family Services
Licensing Section
P. O. Box 260036
Baton Rouge, LA 70826
Phone: (225) 342-4350
Fax: (225) 219-4363
Web address: www.DCFS.louisiana.gov

2. After the residential home's location has been established, a completed initial license application packet for an applicant shall be submitted to and approved by the department prior to an applicant providing ~~CRF~~ services. The completed initial licensing packet shall include:

a. completed application and non-refundable fee;

b. current Office of State Fire Marshal approval for occupancy;

c. current Office of Public Health, Sanitarian Services approval;

d. current city fire department approval~~,~~ (if applicable);

e. city or parish building permit office approval~~,~~ (if applicable);

f. local zoning approval~~,~~ (if applicable);

g. copy of proof of current general liability and current property insurance for facility;

h. copy of current proof of insurance for vehicle(s) used to transport residents or children of residents;

i. organizational chart or equivalent list of staff titles and supervisory chain of command;

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j. verification of experience and educational requirements for the program director ~~résumé and proof of educational requirement~~;

k. verification of experience and educational requirements for the service plan manager ~~résumé and proof of educational requirement~~;

l. list of consultant/contract staff to include name, contact info, and responsibilities;

~~m. copy of program philosophy and goals plan;~~

~~n~~m. ~~copy of table of contents of all policy and procedure manuals;~~ list of all staff to include staff's name and position;

~~o. copy of evacuation plan; list of the names and addresses of owners of privately owned agencies;~~

~~p. copy of house rules and regulations; list of the names and addresses of its' members and officers if a corporation, partnership, or association;~~

~~q. copy of grievance process; documentation of a charter, partnership agreement, constitution, articles of association, or bylaws if a corporation, partnership, or association;~~

~~r~~n. a floor sketch or drawing of the premises to be licensed;

~~s~~o. any other documentation or information required by the department for licensure; ~~and~~

~~t~~p. ~~any owner/owners of a child residential facility shall provide~~ documentation of a Louisiana State Police fingerprint based satisfactory criminal record check for all staff including all owners of the facility as noted in Section 7107.A.5., as required by R.S. 46:51.2 and 15:587.1. CBC shall be dated no earlier than 30 days before the application has been received by the Licensing Section;

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q. documentation of completed state central registry disclosure form (SCR 1) noting no justified (valid) finding of abuse and/or neglect for all staff including owners as noted in Section 7107.A.6(SCR 1 shall be dated no earlier than 30 days before the application has been received by the Licensing Section) or a determination from the Risk Assessment Panel or Division of Administrative Law noting that the individual does not pose a risk to children/youth/residents;

r. current approval from the Department of Education, if educational services will be provided on-site for residents;

s. copy of the completed reasonable and prudent parent authorized representative form;

t. three signed reference letters dated within three months prior to hire for program director attesting affirmatively to his/her character, qualifications, and suitability to manage the program; and

u. three signed reference letters dated within three months prior to hire for service plan manager attesting affirmatively to his/her character, qualifications, and suitability for the position.

~~2~~3. If the initial licensing packet is incomplete, the applicant will be notified of the missing information and will have ~~10~~ 45 calendar ~~working~~ days to submit the additional requested information. If the department does not receive the additional requested information within the ~~10 working~~ 45 calendar days, the application will be closed and the fee forfeited. After an initial licensing application is closed, an applicant who is still interested in becoming a ~~CRF~~ residential home provider shall submit a new initial licensing packet with a new initial licensing fee to restart the initial licensing process.

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4. Once the department has determined the ~~application~~ initial licensing packet is complete, ~~the applicant will be notified~~ Licensing Section staff will attempt to contact the ~~department~~ applicant to schedule an initial inspection ~~survey~~; however it is the applicant's responsibility to coordinate the initial inspection. If an applicant fails to ~~contact the department and coordinate~~ schedule the initial ~~survey~~ inspection within 45 calendar days of the notification, the initial licensing application shall be closed and fee forfeited.

5. After an initial licensing application is closed, an applicant who is still interested in becoming a ~~CRF~~ residential home provider shall submit a new initial licensing packet with a new initial licensing fee to ~~re-~~ restart the initial licensing process.

6. After the completed application and non-refundable fee have been received by the Licensing Section, Licensing Section staff will notify the Office of State Fire Marshal, Office of City Fire Department (if applicable), and Office of Public Health that an application for licensure has been submitted. However, it is the applicant's responsibility to request and obtain these inspections and approvals.

C. Initial Licensing ~~Survey~~ Inspection

1. Prior to the initial license being issued to the ~~CRF~~ residential home provider, an initial licensing inspection ~~survey~~ shall be conducted on-site at the ~~CRF~~ residential home to assure compliance with all licensing standards. The initial licensing ~~survey~~ inspection shall be an announced ~~survey~~ inspection. No resident shall be provided services by the ~~CRF~~ residential home provider until the initial licensing ~~survey~~ inspection has been performed and the department has issued an initial license. If the provider is in

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operation in violation of the law, the licensing inspection shall not be conducted. In these instances, the application shall be denied and DCFS shall pursue legal remedies.

2. In the event the initial licensing ~~survey~~ inspection finds the ~~CRF~~ residential home provider is compliant with all licensing laws and standards, and is compliant with all other required statutes, laws, ordinances, rules, regulations, and fees, the department may issue a ~~full~~ license to the provider. The license shall be valid until the expiration date shown on the license, unless the license is modified, extended, revoked, suspended, or terminated.

3. In the event the initial licensing ~~survey~~ inspection finds the ~~CRF~~ residential home provider is noncompliant with any licensing laws or standards, or any other required statutes, laws, ordinances, rules, or regulations ~~that present a potential threat to the health, safety, or welfare of the participants~~, the department ~~shall license~~ may conduct a follow-up inspection to verify compliance with all licensing laws or standards and other required statutes, laws, ordinances, rules, or regulations.

4. The application shall be denied if the department is unable to issue a license within 180 calendar days of receipt of the completed initial application packet due to provider non-compliance. ~~In the event the initial licensing survey finds that the CRF is noncompliant with any licensing laws or standards, statutes, laws, ordinances, or rules but the department, in its sole discretion, determines that the noncompliance does not present a threat to the health, safety, or welfare of the participants, the department may issue an initial license for a period not to exceed three months. The provider shall submit a corrective action plan to the department. The corrective action plan shall include a description of how the deficiency shall be~~

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~~corrected and the date by which corrections shall be completed. The department must approve the corrective action plan prior to issuing the initial license. If the department determines, prior to the expiration date of the initial license, that such noncompliance or deficiencies have been corrected, a license will be issued. If the department determines that such noncompliance or deficiencies have not been corrected, the license will expire and all operations shall cease. The provider shall be required to begin the initial licensing process again by submitting a new initial license application packet and fee.~~

5. When issued, ~~the initial CRF~~ residential home provider licenses shall specify the licensed bed capacity. Children of residents shall not be counted in the facility's licensed capacity; however the license will note if the provider is licensed to provide services to children of residents.

~~6. The license, as defined herein, must be conspicuously displayed at the facility. The most recent annual survey and follow-up survey, if any must be made available for inspection to any person requesting them.~~

~~7. Once a CRF has been issued a license, the department shall conduct licensing and other surveys at intervals deemed necessary by the department to determine compliance with licensing standards, as well as, other required statutes, laws, ordinances, rules, regulations, and fees. These surveys shall be unannounced.~~

~~8. The department shall remove any child or all or children from any facility or agency when it is determined that one or more deficiencies exist within the facility that place the health and well being of the child or children in imminent danger. The child or children shall not be returned to the~~

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~~facility until such time as it is determined that the imminent danger has been removed.~~

~~9. Department staff shall be given access to all areas of the facility and all relevant files during any licensing or other survey. They shall be allowed to interview any staff or participant as necessary to conduct the survey.~~

~~10. If an applicant or member of his/her immediate family has had a previous license revoked, refused or denied, upon reapplication, the applicant shall provide written evidence that the reason for such revocation, refusal or denial no longer exists.~~

D. Fees and Notification of Changes

1. ~~The applicable licensing fee shall be submitted with the initial license application and any change of ownership or location. All fees shall be paid by certified check, business check or money order only and are nonrefundable.~~ All fees are non-refundable and shall be paid by money order, certified check, or electronic payment, if available, made payable to DCFS - Licensing Section.

2. ~~License fees are required prior to issuance or renewal of a license. Fee schedules (based on licensed capacity) are listed below:~~ In accordance with R.S 46:1406(E), there shall be a non-refundable fee as prescribed by the department for a license or renewed license, payable to the department with the initial licensing application, CHOL application, CHOW application, and prior to the last day of the anniversary month of the license as listed below, based on capacity:

4 to 6 ~~Children~~ Residents	7 to 15 ~~Children~~ Residents	16 or More ~~Children~~ Residents
$400	$500	$600

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NOTE: Children of residents are not counted in the facility's licensed capacity.

~~3. Other license fees include:~~

~~a. a replacement fee of $25 for replacing a license when changes are requested, i.e., change in capacity, name change, age range, etc. No replacement charge will be incurred when the request coincides with the regular renewal of a license;~~

~~b. a processing fee of $5 for issuing a duplicate license with no changes.~~

3. A non-refundable fee of $5 is required to issue a duplicate license with no changes.

4. The provider shall notify the Licensing Section on a DCFS approved change of information form prior to making changes to residential operations as noted below. For changes that require the issuance of a new replacement license, the provider shall be required to submit a non-refundable change fee of $25 in addition to the change of information form. There is no fee charged when the request is noted on the renewal application; however, the change shall not be effective until the first day of the month following the expiration of the current license.

a. Removal of a service or reduction in capacity is effective upon receipt of a completed change of information form.

b. A capacity increase is effective when the following are received and approved by the Licensing Section and the new space shall not be utilized until approval has been granted by the Licensing Section:

i. completed change of information form;

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ii. $25 non-refundable change fee; an additional fee may be required in accordance with Paragraph D.2 of this Section based on new capacity;

iii. current Office of State Fire Marshal approval for new space;

iv. current Office of Public Health approval for new space;

v. current city fire approval for new space (if applicable); and

vi. measurement of the additional space by Licensing Section staff.

c. Name change is effective when the following are received by the Licensing Section:

i. completed change of information form; and

ii. $25 non-refundable change fee.

d. Age range change for residents is effective when the following are received and approved by the Licensing Section:

i. completed change of information form; and

ii. $25 non-refundable change fee.

e. Change to add services provided (acceptance of children of residents) is effective when the following is received and approved by the Licensing Section:

i. completed change of information form;

ii. $25 non-refundable change fee;

iii. current Office of State Fire Marshal approval form noting acceptance of infants or children of residents;

iv. current Office of Public Health approval noting acceptance of infants or children of residents;

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v. inspection by the Licensing Section noting compliance with regulations regarding the children of residents.

f. Change in program director is effective when the following is received and approved by the Licensing Section:

i. completed change of information form;

ii. documentation of program director's qualifications as noted in 7111.A.3.a of this Section; and

iii. three signed letters of reference dated within three months prior to hire attesting affirmatively to his/her character, qualifications, and suitability to manage the program.

5. If a provider is found to be non-compliant with regard to a particular service offered or with a particular age group of children of residents/residents, DCFS may require the provider to cease providing the service and/or restrict the age of the children of residents/residents for which the provider is licensed to provide services.

6. All new construction or renovation of a facility requires approval from agencies listed in Paragraph B.2.b-f of this Section and the Licensing Section.

7. A license is not transferable to another person, juridical entity, or location.

E. Renewal of License

1. The license shall be renewed on an annual basis prior to the last day of the anniversary month of the license.

2. The provider shall submit, ~~at least 60 days~~ prior to its license expiration date, a completed renewal application form and applicable fee. The following documentation must also be included:

a. current Office of State Fire Marshal approval for occupancy;

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b. current Office of Public Health, Sanitarian Services approval;

c. current city fire department approval~~,~~ (if applicable);

d. copy of proof of current general liability and current property insurance for facility;

e. copy of proof of current insurance for vehicle(s) used to transport residents and children of residents; ~~and~~

f. copy of a criminal background clearance or attestation forms as referenced in §7107.A.5 for all owners and 7111.B.2.a.ii for program directors as required by R.S. 46:51.2 and 15.587.1~~.~~; and

g. copy of current state central registry disclosure forms (SCR 1) for all owners and program directors.

3. Prior to renewing the ~~CRF~~ facility license, an on-site ~~survey~~ inspection shall be conducted to ~~assure~~ ensure compliance with all licensing laws and standards. If the ~~CRF~~ facility is found to be in compliance with the licensing laws and standards, and any other required statutes, laws, ordinances, or regulations, the license shall be renewed for a 12-month period.

4. In the event the annual licensing ~~survey~~ inspection finds the facility ~~CRF~~ is non-compliant with any licensing laws or standards, or any other required statutes, ordinances or regulations but the department, in its sole discretion, determines that the noncompliance does not present a threat to the health, safety, or welfare of the participants, the provider shall be required to submit a corrective action plan to the department for approval. The department shall specify the timeline for submitting the corrective action plan based on such non-compliance or

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deficiencies cited but no later than 10 days from the date of ~~notification~~ the inspection or receipt of the deficiencies if mailed or emailed. The corrective action plan shall include a description of how the deficiency shall be corrected, ~~and~~ the date by which correction(s) shall be completed, an outline of the steps the provider plans to take in order to prevent further deficiencies from being cited in these areas, and the plan to maintain compliance with the licensing standards. Failure to submit an approved corrective action plan timely shall be grounds for revocation or non-renewal.

5. If it is determined that such noncompliance or deficiencies have not been corrected prior to the expiration of the license, the department may issue an extension of the license not to exceed ~~to~~ 60 days.

6. When it is determined by the department that such noncompliance or deficiencies have been corrected, a license ~~will~~ may be issued for a period not to exceed 12 months.

7. If it is determined that all areas of noncompliance or deficiencies have not been corrected prior to the expiration date of the extension, the department may revoke the license.

~~F. Notification of Changes~~

~~1. The department shall be notified by the provider prior to making changes which have an effect upon the license, to include but not limited to : change of ownership, program director, location, age range of residents served, usage of indoor and outdoor spaces.~~

~~2. When a provider changes location, it is considered a new operation and a new application and fee for licensure shall be submitted 30 days prior to the anticipated move. All items listed in Paragraph 7107.B.1 shall be in compliance for the new location. An onsite survey is required~~

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~~prior to change of location. In the event of a disaster, which requires a provider to evacuate, refer to §7121 Emergency Preparedness.~~

~~3. When a provider is initiating a change in ownership a written notice shall be submitted to the department. Within five working days of the change of ownership, the new owner shall submit a completed application, the applicable licensing fee and a copy of bill of sale or a lease agreement.~~

~~4. All new construction or renovation of a facility requires approval from agencies listed in §7107.B.1 and the department.~~

~~5. A license is not transferable to another person or location.~~

F. Change of Location (CHOL) and Change of Ownership (CHOW)

1. Change of Location (CHOL)

a. When a provider changes the physical location of the residential home, it is considered a new operation and a new license is required prior to opening. In accordance with R.S. 46:1406, the license at the existing location shall not transfer to the new residential home location.

b. After the residential home's new location has been determined, a complete CHOL licensing packet shall be submitted to the Licensing Section. A complete CHOL licensing packet shall include:

i. completed application and non-refundable fee;

ii. current Office of State Fire Marshal approval for occupancy;

iii. current Office of Public Health, Sanitarian Services approval;

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iv. current city fire department approval (if applicable);

v. city or parish building permit office approval (if applicable);

vi. local zoning approval (if applicable);

vii. copy of proof of current general liability and current property insurance for facility;

viii. copy of current proof of insurance for vehicle(s) used to transport residents or children of residents;

ix. organizational chart or equivalent list of staff titles and supervisory chain of command;

x. verification of experience and educational requirements for the program director (if applicable);

xi. verification of experience and educational requirements for the service plan manager (if applicable);

xii. list of consultant/contract staff to include name, contact info, and responsibilities;

xiii. list of all staff to include staff's name and position;

xiv. a floor sketch or drawing of the premises to be licensed;

xv. any other documentation or information required by the department for licensure;

xvi. documentation of a Louisiana State Police fingerprint based satisfactory criminal record check for all staff including all owners of the facility, as required by R.S. 46:51.2 and 15:587.1;

xvii. documentation of completed state central registry disclosure form (SCR 1) noting no justified

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(valid) finding of abuse and/or neglect for all staff including owners (SCR 1 shall be dated no earlier than 30 days before the application has been received by the Licensing Section) or a determination from the Risk Assessment Panel or Division of Administrative Law noting that the individual does not pose a risk to children/youth/residents;

xviii. current approval from the Department of Education, if educational services will be provided on-site; and

xix. current completed reasonable and prudent parent authorized representative form as referenced in §7111.A.10.

c. CHOL inspection will be conducted between the currently licensed and new location to determine compliance with all standards. The inspection at the new location shall be to verify compliance with all licensing standards with the exception of staff and children of residents/residents records that will be transferred. After closure of the old location and prior to the services being provided at the new location, all staff's, resident's, and children of resident's records shall be transferred to the new location.

d. Services shall not be provided simultaneously at both locations.

e. The license for the new location may be effective upon receipt of all items listed in Paragraph F.1 of this Section with the approval of DCFS, but not prior to the first day operations begin at the new location.

f. The license for the old location shall be null and void on the last day services were provided at that location, but no later than the effective date of the new location's license. Provider shall submit documentation noting the last day services will be provided at the old location.

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2. Change of Ownership (CHOW)

a. Any of the following constitutes a change of ownership for licensing purposes:

i. change in the federal tax id number;

ii. change in the state tax id number;

iii. change in profit status;

iv. any transfer of the business from an individual or juridical entity to any other individual or juridical entity;

v. termination of services by one owner and beginning of services by a different owner without a break in services to the children of residents/residents; and/or

vi. addition of an individual to the existing ownership (individual or partnership) on file with the Licensing Section.

3. Change of Ownership (CHOW) Procedures

a. When a residential home changes ownership, the current license is not transferable. Prior to the ownership change and in order for a new license to be issued, the new owner shall submit a CHOW application packet containing the following:

i. completed application form with a non-refundable licensing fee as noted in Paragraph D.2 of this Section payable by money order, certified check, or electronic payment, if available, made payable to DCFS–Licensing Section;

ii. current Office of State Fire Marshal approval for occupancy;

iii. current Office of Public Health, Sanitarian Services approval;

iv. current city fire department approval (if applicable);

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v. city or parish building permit office approval (if applicable);

vi. local zoning approval (if applicable);

vii. copy of proof of current general liability and current property insurance for facility in name of new owner;

viii. copy of current proof of insurance in name of new owner for vehicle(s) used to transport residents or children of residents;

ix. organizational chart or equivalent list of staff titles and supervisory chain of command;

x. verification of experience and educational requirements for the program director;

xi. verification of experience and educational requirements for the service plan manager;

xii. list of consultant/contract staff to include name, contact info, and responsibilities;

xiii. list of all staff to include staff's name and position;

xiv. a floor sketch or drawing of the premises to be licensed;

xv. any other documentation or information required by the department for licensure;

xvi. documentation of a Louisiana State Police fingerprint-based satisfactory criminal record clearance for all staff including owners. CBC shall be dated no earlier than 30 days before the application has been received by the Licensing Section. The prior owner's documentation of a satisfactory criminal background check for staff and/or owners is not transferrable;

xvii. documentation of completed state central registry disclosure form (SCR 1) noting no justified

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(valid) finding of abuse and/or neglect for all staff including owners (SCR 1 shall be dated no earlier than 30 days before the application has been received by the Licensing Section) or a determination from the Risk Assessment Panel or Division of Administrative Law noting that the individual does not pose a risk to children/youth/residents. The prior owner's documentation of state central registry disclosure forms for staff and/or owners is not transferrable;

xviii. current approval from the Department of Education, if educational services will be provided on-site for residents;

xix. copy of the current completed reasonable and prudent parent authorized representative form;

xx. three signed reference letters dated within three months prior to hire for program director attesting affirmatively to his/her character, qualifications, and suitability to manage the program; and

xxi. three signed reference letters dated within three months prior to hire for service plan manager attesting affirmatively to his/her character, qualifications, and suitability for the position.

b. The prior owner's current Office of State Fire Marshal and Office of Public Health approvals are only transferrable for 60 calendar days. The new owner shall obtain approvals dated after the effective date of the new license from these agencies within 60 calendar days. The new owner will be responsible for forwarding the approval or extension from these agencies to the Licensing Section on or prior to the sixtieth day in order for their license to be extended. If approvals or extensions are not submitted to the licensing section prior to the sixtieth day, the license shall be revoked.

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c. A licensing inspection shall be conducted within 60 calendar days to verify compliance with the licensing standards.

d. All staff/children of residents'/resident's information shall be updated under the new ownership as required in LAC 67:V.7111.A.2.c, A.5, A.7, B.2, and B.4.b-c prior to or on the last day services are provided by the existing owner.

e. If all information in Paragraph F.3 of this Section is not received prior to or on the last day services are provided by the existing owner, the new owner shall not operate until a license is issued. The new owner is not authorized to provide services until the licensure process is completed in accordance with Paragraph B.2-6 of this Section.

f. In the event of a change of ownership, the resident's and children of resident's records shall remain with the new provider.

g. A residential home facing adverse action shall not be eligible for a CHOW. An application involving a residential home facing adverse action shall be treated as an initial application rather than a change of ownership application.

4. Change in Ownership Structure

a. Although the following does not constitute a change of ownership for licensing purposes, a change of information form is required.

i. The change of information form shall be submitted to the Licensing Section within 14 calendar days of the change:

(a). if individual ownership, upon death of the spouse;

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(b). if individual ownership, upon death of the spouse and execution of the estate, if the surviving spouse remains as the only owner.

b. The change of information form shall be submitted to the Licensing Section within seven calendar days of the change.

i. if individual ownership, undergoing a separation or divorce until a judicial termination of the community aquets and gains, signed by both parties;

ii. change in board members for churches, corporations, limited liability companies, universities, or governmental entities;

iii. any removal of a person from the existing organizational structure under which the residential home is currently licensed.

G. Denial, Revocation, or Non-Renewal of License

1. Even if a facility is otherwise in compliance with these standards, an application for a license may be denied, or a license revoked or not renewed for any of the following reasons:

a. cruelty or indifference to the welfare of the residents or children of residents in the residential home ~~care~~;

b. violation of any provision of the standards, rules, regulations, or orders of the department;

c. disapproval from any agency whose approval is required for licensing;

~~d. nonpayment of licensing fee or failure to submit a licensing application;~~

~~e~~d. any validated instance of abuse, neglect, corporal punishment, physical punishment, or cruel, severe or unusual punishment, if the owner is responsible or if the staff

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member who is responsible remains in the employment of the licensee;

~~f~~e. the facility is closed with no plans for reopening and no means of verifying compliance with minimum standards for licensure; ~~or~~

~~g~~f. any act of fraud such as falsifying or altering documents required for licensure;

~~2. Even if a facility is otherwise in substantial compliance with these standards, an application for a license may be denied, revoked or not renewed for any of the following reasons:~~

~~a~~g. the owner, director, officer, board of directors member, or any person designated to manage or supervise ~~the provider~~ staff or any staff providing care, supervision, or treatment to a resident or child of a resident of the facility has been convicted of or pled guilty or nolo contendere to any offense listed in ~~LA~~ R.S. 15:587.1. A copy of a criminal record check performed by the Louisiana State Police (LSP) or other law enforcement provider, or by the Federal Bureau of Investigation (FBI), or a copy of court records in which a conviction or plea occurred, indicating the existence of such a plea or conviction shall create a rebuttals presumption that such a conviction or plea exists;

~~b~~h. the provider, after being notified that an officer, director, board of directors member, manager, supervisor, or any employee has been convicted of or pled nolo contendere to any offense referenced above, allows such officer, director, or employee to remain employed, or to fill an office of profit or trust with the provider. A copy of a criminal record check performed by the LSP or other law enforcement provider, or by the FBI, or a copy of court records in which a conviction or plea occurred, indicating the existence of such a

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plea or conviction shall create a reputable presumption that such a conviction or plea exists;

~~c~~i. failure of the owner, director, or any employee to report a known or suspected incident of abuse or neglect to child protection authorities;

~~d~~j. revocation or non-renewal of a previous license issued by a state or federal provider;

~~e~~j. a ~~substantial~~ history of non-compliance with licensing statutes or standards, including but not limited to failure to take prompt action to correct deficiencies, repeated citations for the same deficiencies, or revocation or denial of any previous license issued by the department;

~~f~~l. failure to ~~timely~~ submit an application for renewal or required documentation or to ~~timely~~ pay required fees prior to the last day of the anniversary month;

~~g~~m. operating any unlicensed facility and/or program;

~~h~~n. permit an individual with a justified (valid) finding of child~~/~~ abuse/neglect to be on the premises without being directly supervised by another paid employee of the facility, who has not disclosed that their name appears with a justified (valid) finding on the state central registry prior to a determination by the Risk Evaluation Panel or Division of Administrative Law that the individual does not pose a risk to children/youth/residents; or to knowingly permit an individual who has not disclosed that their name appears with a justified (valid) finding on the state central registry to be on the premises at any time, whether supervised or not supervised;

~~i~~o. permit an individual, whether supervised or not supervised to be on the ~~child~~ residential premises with a ruling by the Risk Evaluation Panel that the individual poses a risk to children/youth/residents and the individual has not

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requested an appeal hearing with DAL within the specified timeframe; ~~by the or nolo contendere to, any offense included in R.S. 15:587.1, R.S. 14:2, R.S. 15:541, or any offense involving a juvenile victim;~~

~~j~~p. have a criminal background, as evidenced by the employment or ownership or continued employment or ownership of or by any individual (paid or unpaid staff) who has been convicted of, or pled guilty or nolo contendere to, any offense included in R.S. 15:587.1, or to any offense involving a juvenile victim;

~~k~~q. own a ~~child~~ residential ~~business~~ home and have been convicted of or have pled guilty or nolo contender to any crime in which an act of fraud or intent to defraud is an element of the offense;

~~l~~r. have knowledge that a convicted sex offender is on the premises ~~of the child care facility~~ and fail to notify law enforcement and licensing management staff immediately upon receipt of such knowledge; ~~or~~

~~m~~s. have knowledge that a convicted sex offender is physically present within 1,000 feet of the ~~child care~~ facility and fail to notify law enforcement immediately upon receipt of such knowledge~~.~~; or

t. have knowledge that a resident age 18 years or older has been convicted of, pled guilty, or nolo contendere to any offense listed in R.S. 15:587.1. or to any offense involving a juvenile victim and allow the resident to remain on the premises of the residential home.

~~3~~2. If a license is revoked or not renewed or application denied or refused, a license may also be denied or refused to any affiliate of the licensee or applicant. ~~For the purpose of this section, "affiliate" means:~~

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~~a. with respect to a partnership, each partner thereof;~~

~~b. with respect to a corporation, each officer, director and stockholder thereof; and~~

~~c. with respect to a natural person: anyone related within the third degree of kinship to that person; each partnership and each partner thereof which that person or any affiliate of that person is a partner; and each corporation in which that person or any affiliate of that person is an officer, director or stockholder.~~

~~4~~3. In the event a license is revoked or renewal is denied, (other than for cessation of business or non-operational status), or voluntarily surrendered to avoid adverse action; any owner, officer, member, manager, or program director of such licensee shall be prohibited from owning, managing, directing or operating another licensed facility for a period of not less than two years from the date of the final disposition of the revocation or denial action. The lapse of two years shall not automatically restore a person disqualified under this provision ~~to eligibility for employment~~. The department, at its sole discretion, may determine that a longer period of disqualification is warranted under the facts of a particular case.

H. Disqualification of Facility and Provider

1. If a facility's license is revoked or not renewed due to failure to comply with state statutes and licensing rules, the department shall not ~~accept~~ process a subsequent application from the provider for that facility or any new facility for a minimum period of 24 months after the effective date of revocation or non-renewal or a minimum period of 24 months after all appeal rights have been exhausted, whichever is later (the disqualification period). Any subsequent application

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for a license shall be reviewed by the secretary or her designee prior to a decision being made to grant a license. The department reserves the right to determine, at its sole discretion, whether to issue any subsequent license.

2. Any voluntary surrender of a license by a facility facing the possibility of adverse action against its' license (revocation or non-renewal) shall be deemed to be a revocation for purposes of this rule, and shall trigger the same disqualification period as if the license had actually been revoked. In addition, if the applicant has had a ~~substantial~~ history of non-compliance, including but not limited to revocation of a previous license, operation without a license, or denial of one or more previous applications for licensure, the department may refuse to ~~accept~~ process a subsequent application from that applicant for a minimum period of 24 months after the effective date of denial.

3. The disqualification period provided in this rule shall include any affiliate of the provider.

I. Appeal Process for Denial, Non-Renewal, or Revocation

1. The DCFS Licensing Section, shall advise the applicant, program director, or owner by letter of the reasons for non-renewal or revocation of the license, or denial of an application, and the right of appeal. If the program director or owner is not present at the facility, delivery of the written reasons for such action may be made to any staff of the facility. Notice to a staff shall constitute notice to the facility of such action and the reasons therefore. A request for appeal shall include a copy of the letter from the Licensing Section that notes the reasons for revocation, denial, or non-renewal, together with the specific areas of the decision the appellant believes to be erroneous and/or the specific reasons the decision is believed to have been reached in error, and

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shall be mailed to: Department of Children and Family Services, Appeals Section, P.O. Box 2944, Baton Rouge, LA 70821-9118.

2. A provider shall have 15 calendar days from receipt of the letter notifying of the revocation or non-renewal to request an appeal. Provider may continue to operate during the appeals process as provided in the Administrative Procedure Act.

3. If the provider's license will expire during the appeal process, the provider shall submit all information as required in Paragraph E.2 of this Section. Each provider is solely responsible for obtaining the application form. The required information shall be received on or postmarked by the last day of the month in which the license expires, or the provider shall cease operation at the close of business by the expiration date noted on the license.

4. A provider shall have 30 calendar days from receipt of the letter notifying of the denial of an application for a license to request an appeal.

5. The Appeals Section shall notify the Division of Administrative Law of receipt of an appeal request. Division of Administrative Law shall conduct a hearing. The appellant will be notified by DAL of the decision, either affirming or reversing the original decision.

6. If the decision of DCFS is affirmed or the appeal dismissed, the provider shall terminate operation of the residential home immediately. If the provider continues to operate without a license, the DCFS may file suit in the district court in the parish in which the facility is located for injunctive relief.

7. If the decision of DCFS is reversed, the license will be re-instated and the appellant may continue to operate.

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~~1. If the department refuses to grant or renew a license, if a license is revoked, the procedure will be as follows:~~

~~a. The department shall notify the licensee, or applicant in writing of the denial or revocation and the reasons for that denial or revocation and the right of appeal.~~

~~b. The program director or owner may appeal this decision by submitting a written request with the reasons to the Secretary, Department of Children and Family Services, Bureau of Appeals, P.O. Box 2994, Baton Rouge, LA 70821-9118. This written request shall be postmarked within 15 days of the receipt of the notification in §7107.H.1 above.~~

~~c. The Division of Administrative Law shall set a hearing to be held within 30 days after receipt of such a request except as provided in the Administrative Procedures Act.~~

~~d. An administrative law judge shall conduct the hearing. Within 90 days after the date the appeal is filed, the administrative law judge shall notify the appellant in writing of the decision, either affirming or reversing the original decision. If the department's decision is upheld, the facility shall terminate operation immediately.~~

~~2. If the facility continues to operate without a license, the department may file suit in the district court in the parish in which the facility is located for injunctive relief.~~

J. Complaint Process

1. In accordance with RS 46:1418, the department shall investigate all complaints (except complaints concerning the prevention or spread of communicable diseases), including complaints alleging abuse or neglect, within prescribed time frames as determined by the department based on the allegation(s) of the complaint. All

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complaint ~~investigation~~ inspections will be initiated within 30 days.

2. All complaint ~~surveys~~ inspections shall be unannounced ~~surveys~~.

~~3. A written report of any noncompliance or deficiencies will be given to the provider. The provider shall be required to submit a corrective action plan to the department for approval. The department shall specify the timeline for submitting the corrective action plan based on the areas of non-compliance cited but no later than 10 days from the date of receipt of the notification. The corrective action plan shall include a description of how the deficiency shall be corrected and the date by which corrections shall be completed. If it is determined that all areas of noncompliance or deficiencies have not been corrected, the department may revoke the license.~~

~~4. Except in cases alleging abuse or neglect, the complainant will be notified in writing of the results of the complaint investigation conducted by the office of community services (OCS) residential licensing.~~

~~5. If, because of the nature of the allegations, state law or department policy requires that the complaint be handled by another office, agency or board (including another office, agency, or board within the department), the complaint will be referred to the appropriate office, agency, or board without delay. Upon such referral, except in cases involving abuse or neglect, the complainant will be notified, in writing, of the referral.~~

~~6. The complaint procedure shall be posted conspicuously in the facility including the name, address, and telephone number of the required department units to be notified.~~

K. Posting of Notices of Revocation

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1. The notice of revocation of the license shall be prominently posted.

a. The Department of Children and Family Services shall prominently post a notice of revocation action at each public entrance of the ~~child residential care~~ facility within one business day of such action. This notice must remain visible to the general public, other~~ placing~~ agencies, parents, guardians, and other interested parties of individuals that receive services from the provider ~~children who attend the child care facility~~.

b. It shall be a violation of these rules for a provider to permit the obliteration or removal of a notice of revocation that has been posted by the department. The provider shall ensure that the notice continues to be visible to the general public, ~~other placing agencies,~~ parents, guardians, and other interested parties throughout the pendency of any appeals of the revocation.

c. The provider shall notify the department's ~~child residential~~ licensing management staff verbally and in writing immediately if the notice is removed or obliterated.

d. Failure to maintain the posted notice of revocation required under these rules shall be grounds for denial, revocation, or non-renewal of any future license.

~~L. State Central Registry~~

~~1. All owners shall complete, sign, and date the state central registry disclosure form (SCR 1) as required by R.S. 46:1414.1. This information shall be reported prior to the individual being on the premises of the child residential facility, and shall be updated annually, at any time upon the request of DCFS, and within three business days, of any owner~~

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~~receiving notice of a justified (valid) determination of child abuse or neglect.~~

~~a. Prospective owners shall complete, sign, and date the state central registry disclosure form and submit the disclosure form to DCFS licensing. If a prospective owner discloses that his or her name is currently recorded as a perpetrator on the state central registry, DCFS shall not proceed with the licensure process. The owner shall request a risk evaluation assessment on the risk evaluation panel form (SCR 2) or shall submit a signed, dated statement that he or she will not be on the premises of the facility at any time. DCFS will resume the licensure process when the owner provides written documentation from the Risk Evaluation Panel or the Division of Administrative Law noting that they do not pose a risk to children or the statement regarding their presence at the child residential facility.~~

~~b. Within three business days of current owners receiving notice of a justified (valid) determination of child abuse and/or neglect, an updated state central registry disclosure form (SCR 1) shall be completed by the owner as required by R.S. 46:1414.1 and submitted to the Licensing Section management staff. The owner will have 10 calendar days from completion of the state central registry disclosure form to request a risk assessment evaluation in accordance with LAC 67:I.305. If on-site at the facility and immediately upon the knowledge that a justified (valid) finding has been issued by DCFS, the owner shall be directly supervised by a paid staff (employee) of the facility, who has not disclosed that their name appears with a justified (valid) finding on the state central registry. Under no circumstances may the owner with the justified finding be left alone and unsupervised with the children pending the disposition of the Risk Evaluation Panel or~~

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~~the Division of Administrative Law. If not on site at the child residential facility, owner shall submit a signed, dated statement that he or she will not be on the premises of the facility at any time.~~

~~i. If the Risk Evaluation Panel finds the owner does pose a risk to children and the individual chooses not to appeal the finding, the owner shall not be on the child residential premises at any time.~~

~~ii. If the Risk Evaluation Panel finds the owner does pose a risk to children and the individual appeals the finding to the Division of Administrative Law within the required timeframe, the owner shall continue to be under direct supervision at all times by a paid staff (employee) of the facility who has not disclosed that they have a justified finding on the state central registry until a ruling is made by the Division of Administrative Law that they do not pose a risk to children. Supervision may end upon receipt of the ruling from the Division of Administrative Law that the owner does not pose a risk to children.~~

~~iii~~iv~~. If the Division of Administrative Law (DAL) upholds the Risk Evaluation Panel finding that the individual does pose poses a risk to children, the owner shall not be on the child residential premises at any time.~~

~~2. Any information received or knowledge acquired that a current or prospective owner, operator, volunteer, employee, prospective volunteer, or prospective employee has falsified a state central registry disclosure form stating that they are not currently recorded as a perpetrator with a justified (valid) determination of abuse or neglect shall be reported in writing to Licensing Section management staff as soon as possible, but no later than the close of business on the next business day.~~

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~~3. Any state central registry disclosure form, Risk Evaluation Panel finding, and Division of Administrative Law ruling that is maintained in a child residential facility licensing file shall be confidential and subject to the confidentiality provisions of R.S. 46:56(F) pertaining to the investigations of abuse and neglect.~~

L. Retention of Records

1. Documentation of the previous 12 months' activity shall be available for review. Records shall be accessible during the facility's hours of operation.

2. For licensing purposes, children of residents' and resident's information shall be kept on file a minimum of one year from date of discharge from the program.

3. For licensing purposes, staff records shall be kept on file a minimum of one year from termination of employment with the provider.

4. Records for residents or children of residents in the custody of DCFS shall be kept on file a minimum of five years from the date of discharge from the facility.

5. If the facility closes, the owner of the facility shall store the resident records for five years.

6. All records shall be retained and disposed of in accordance with state and federal laws.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:477, R.S.46:1401~~—1424~~ et seq., and R.S. 46:1414.1.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Community Services, LR 36:807 (April 2010), amended LR 36:843 (April 2010), amended by the Department of Children and Family Services, Child Welfare Section, LR 36:1463 (July 2010), amended by the Department of Children and Family Services, Division of Programs, Licensing Section, LR 38:977,

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984 (April 2012), amended by the Department of Children and Family Services, Licensing Section, LR 42:

§7108. Corrective Action Plans

A. A corrective action plan (CAP) shall be submitted for any and all deficiencies noted by Licensing Section staff regarding any licensing law or standard, or any other required statute, ordinance, or standard. The request for submission of the CAP does not restrict the actions which may be taken by DCFS. If the department does not specify an earlier timeframe for submitting the CAP, the CAP shall be submitted within 10 calendar days from the date of the inspection or receipt of the deficiencies, if mailed or emailed. The CAP shall include a description of how the deficiency will be corrected, the date by which correction(s) shall be completed, and outline the steps the provider plans to take in order to prevent further deficiencies from being cited in these areas, and the plan to maintain compliance with the licensing standards. If the CAP is not sufficient and/or additional information is required, the provider shall be notified and informed to submit additional information within 3 calendar days. If it is determined that all areas of noncompliance or deficiencies have not been corrected, the department may revoke the license.

B. Provider may challenge a specific deficiency or any information within a cited deficiency which the provider contends is factually inaccurate. The provider shall have one opportunity to request a review of a licensing deficiency. A statement of why the deficiency is being disputed and supporting documents (if applicable) shall be submitted with the corrective action plan within the timeframe specified for the submission of the CAP.

C. The statement of deficiencies for which a review has been requested will not be placed on the internet for viewing by

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the public until a decision has been reached. As a result of the licensing deficiency review request, a deficiency may be upheld with no changes, the deficiency may be removed, or the deficiency may be upheld and revised to include pertinent information that was inadvertently omitted. Once a decision has been reached, provider will be informed in writing of the decision and the reason for the decision. If the deficiency or information within the deficiency was cited in error or the cited deficiency is revised by the DCFS Licensing Section staff, provider will receive a revised "Statement of Deficiencies" with the decision letter. If any enforcement action was imposed solely because of a deficiency or finding that has been deleted through the licensing deficiency review process, the action will be rescinded.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:477, R.S.46:1401 et seq.

HISTORICAL NOTE: Promulgated by the Department of Children and Family Services, Licensing Section, LR 42:

§7109. Critical Violations/Fines

A. In accordance with R.S. 46:1430, when a provider is cited for violations in the following areas, the department may at its' discretion elect to impose sanctions, revoke a license, or both:

1. Paragraph A.5 of Section 7107, Subparagraph E.2.f of Section 7107, Clause F.1.b.xvi of Section 7107, Clause A.2.c.ii of Section 7111, Subparagraph A.5.b of Section 7111, or Clause B.2.a.ii of Section 7111 - criminal background check;

2. Subparagraph E.2.g of Section 7107, Clause F.1.b.xvii of Section 7107, Paragraph A.6 of Section 7107, Paragraph L.2 of Section 7107, Clause A.2.d.iii of Section 7111, Subparagraph A.6.c of Section 7111, or Subparagraph B.2.x of Section 7111 - state central registry disclosure;

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3. Paragraph A.9 of Section 7111 – staffing ratios;

4. Paragraph F.19 of Section 7117 – motor vehicle checks;

5. Clause A.4.a.xiii of Section 7111, Clause A.4.c.xv of Section 7111, or Subparagraph D.1.a of Section 7111 - critical incidents; and/or

6. Paragraph A.9 of Section 7111, Subparagraph A.4.c of Section 7111, or Paragraph B.5 or B.6 of Section 7123 - supervision.

B. The option of imposing other sanctions does not impair the right of DCFS to revoke and/or not renew a provider's license to operate if it determines that the violation poses an imminent threat to the health, safety, rights, or welfare of a resident or child of a resident. Only when the department finds that the violation does not pose an imminent threat to the health, safety, rights, or welfare of a resident or child of a resident will the department consider sanctions in lieu of revocation or non-renewal; however, the absence of such an imminent threat does not preclude the possibility of revocation or non-renewal in addition to sanctions, including fines.

C. In determining whether multiple violations of one of the above categories has occurred, both for purposes of this Section and for purposes of establishing a history of non-compliance, all such violations cited during any 24-month period shall be counted, even if one or more of the violations occurred prior to the adoption of the current set of standards. If one or more of the violations occurred prior to adoption of the current set of standards, a violation is deemed to have been repeated if the standard previously violated is substantially similar to the present rule.

D.1. For the first violation of one of the aforementioned categories, if the department does not revoke or not renew the

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license, the department may issue a formal warning letter noting the department's intent to take administrative action if further violations of the same category occur.

2. The warning letter shall include a directed corrective action plan (CAP) which shall outline the necessary action and timeframe for such action that a provider shall take in order to maintain compliance with the licensing standards. The provider shall acknowledge receipt of the warning letter by submitting a written response to the CAP within 10 calendar days of receipt of the letter. Failure by the provider to submit requested information and/or failure to implement the CAP as evidenced by a repeated violation of the same category of the standards may result in either the assessment of a civil fine, revocation/non-renewal of license, or both.

E. For the second violation of one of the same aforementioned categories within a 24-month period, provider will be assessed a civil fine of up to $250 per day for a violation in each of the aforementioned categories (if same category cited twice) and fined for each day the provider was determined to be out of compliance with one of the aforementioned categories according to the following schedule of fines:

1. The base fine level for all violations shall be $200 per day. From the base fine level, factor in any applicable upward or downward adjustments, even if the adjustment causes the total to exceed $250. If the total fine after all upward and downward adjustments exceeds $250, reduce the fine for the violation to $250 as prescribed by law.

a. If the violation resulted in death or serious physical or emotional harm to a resident or child of a resident, or placed the resident or child of a resident at risk

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of death or serious physical or emotional harm, increase the fine by $50.

b. If the provider had a previous license revoked for the same critical violation cited, increase the fine by $25.

c. If the critical violation was cited and occurred despite the objective good faith best efforts of licensee to comply, decrease the fine by $25.

d. If the cited critical violation was for a certified criminal background checks not being renewed upon expiration as required, decrease the fine by $25.

e. If the cited critical violation was for criminal background checks not being completed prior to hire, increase the fine by $25.

f. If the cited critical violation was for state central registry disclosure forms not being completed annually as required, decrease the fine by $25.

g. If the cited critical violation was for state central registry disclosure forms not being completed prior to hire, increase the fine by $25.

h. If the provider exceeds staffing ratios by more than one resident, increase the fine by $25.

i. If the provider failed to meet staffing ratios related to children of residents, increase the fine by $25.

j. If the provider self-reported the incident which caused the critical violation to be cited, decrease the fine by $25.

k. If the provider failed to self-report the incident which caused the critical violation to be cited, increase the fine by $25.

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l. If a critical violation for supervision was cited due to residents or children of residents being unsupervised in a vehicle, increase the fine by $25.

m. If a critical violation for supervision was cited due to staff not knowing the whereabouts of residents to which they are assigned, increase the fine by $25.

F. For the third violation of one of the same aforementioned categories within a 24 month period, the provider's license may be revoked.

G. The aggregate fines assessed for violations determined in any consecutive 12 month period shall not exceed $2,000 as prescribed by law. If a critical violation in a different category is noted by DCFS that warrants a fine and the provider has already reached the maximum allowable fine amount that could be assessed by the department in any consecutive twelve month period and the department does not revoke or not renew the license, the department may issue a formal warning letter noting the department's intent to take administrative action if further violations of the same category re-occur. The warning letter shall include a directed CAP which shall outline the necessary action and timeframe for such action that a provider shall take in order to maintain compliance with the licensing standards. The Provider shall acknowledge receipt of the warning letter by submitting a written response to the CAP within 10 calendar days of receipt of the letter. Failure by the provider to submit requested information and/or failure to implement the CAP as evidenced by a repeated violation of the same category of the standards may result in revocation/non-renewal of license.

H. Departmental Reconsideration and Appeal Procedure for Fines

1. When a fine is imposed under these standards, the department shall notify the program director or owner by letter

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that a fine has been assessed due to deficiencies cited at the residential home and the right of departmental reconsideration. The notification may be sent by certified mail or hand delivered to the residential home. If the program director or owner is not present at the residential home, delivery of the written reason(s) for such action may be made to any staff of the residential home. Notice to a staff shall constitute notice to the residential home of such action and the reasons therefore. The letter shall specify the dates and the violation cited for which the fine(s) shall be imposed. Fines are due within 30 calendar days from the date of receipt of the letter unless the provider request a reconsideration of the fine assessment. The provider may request reconsideration of the assessment by asking DCFS for such reconsideration in writing within 10 calendar days from the date of receipt of the letter. A request for reconsideration shall include a copy of the letter from the Licensing Section that notes the reasons for assessment of the fine together with the specific reasons the provider believes assessment of the fine to be unwarranted and shall be mailed to Department of Children and Family Services, Licensing Section, P.O. Box 260036 Baton Rouge, LA 70826. If the provider withdraws the request for reconsideration, the fine is payable within 7 calendar days of the withdrawal or on the original date that the fine was due, whichever is later.

2. The department shall advise the program director or owner by letter of the decision of DCFS after reconsideration and the right to appeal. The notification may be sent by certified mail or hand delivered to the residential home. If the program director or owner is not present at the residential home, delivery of the written decision may be made to any staff of the residential home. Notice to a staff shall constitute notice to the residential home of such action.

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a. If DCFS finds that the Licensing Section's assessment of the fine is justified, the provider shall have 15 calendar days from the receipt of the reconsideration letter to appeal the decision to the Division of Administrative Law (DAL). A request for appeal shall include a copy of the letter from the Licensing Section that notes the reasons for assessment of the fine and a copy of the reconsideration decision letter together with the specific areas of the decision the appellant believes to be erroneous and/or the specific reasons the decision is believed to have been reached in error, and shall be mailed to Department of Children and Family Services, Appeals Section, P.O. Box 2944, Baton Rouge, LA 70821-9118.

b. The DCFS Appeals Section shall notify the DAL of receipt of an appeal request. DAL shall conduct a hearing in accordance with the Administrative Procedure Act and shall render a decision. The appellant will be notified by letter from DAL of the decision, either affirming or reversing the department's decision.

c. If the provider has filed a timely appeal and the department's assessment of fines is affirmed by an administrative law judge of the DAL, the fine shall be due within 30 calendar days after mailing notice of the final ruling of the administrative law judge or, if a rehearing is requested, within 30 calendar days after the rehearing decision is rendered. The provider shall have the right to seek judicial review of any final ruling of the administrative law judge as provided in the Administrative Procedure Act. If the appeal is dismissed or withdrawn, the fines shall be due and payable within 7 calendar days of the dismissal or withdrawal. If a judicial review is denied or dismissed, either in district court or by a court of appeal, the fines shall be due and payable

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within 7 calendar days after the provider's suspensive appeal rights have been exhausted.

3. If the provider does not appeal within 15 calendar days of receipt of the department's reconsideration decision, the fine is due within 30 calendar days of receipt of the department's reconsideration decision and shall be mailed to Department of Children and Family Services, Licensing Section, P.O. Box 260036 Baton Rouge, LA 70826. If the provider files a timely appeal, the fines shall be due and payable on the date set forth in Subparagraph H.2.c of this Section. If the provider withdraws the appeal, the fine is payable within 7 calendar days of the withdrawal or on the original date that the fine was due, whichever is later.

4. If the provider does not pay the fine within the specified timeframe, the license shall be immediately revoked and the department shall pursue civil court action to collect the fines, together with all costs of bringing such action, including travel expenses and reasonable attorney fees. Interest shall begin to accrue at the current judicial rate on the day following the date on which the fines become due and payable.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:1401 et seq.

HISTORICAL NOTE: Promulgated by the Department of Children and Family Services, Licensing Section, LR 42:

§~~7109~~7110. Administration and Organization

A. General Requirements

1. Once a residential home provider has been issued a license, the department shall conduct licensing and other inspections at intervals deemed necessary by the department to determine compliance with licensing standards, as well as, other required statutes, laws, ordinances, rules, regulations, and fees. These inspections shall be unannounced.

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2. The department may remove any resident, child of a resident, or all residents or children of residents from any facility or agency when it is determined that one or more deficiencies exist within the facility that place the health and well-being of children of residents or residents in imminent danger. The children of residents nor residents shall be returned to the facility until such time as it is determined by the department that the imminent danger has been removed.

~~1~~3. The provider shall allow representatives of the department in the performance of their mandated duties to inspect all aspects of a program's functioning that impact ~~on~~ residents and children of residents and to privately interview any staff member or resident. The department representatives shall be admitted immediately and without delay, and shall be given free access to all relevant files and all areas of a facility, including its grounds. If any portion of a facility is set aside for private use by the facility's owner or staff, department representatives shall be permitted to verify that no residents or children of residents are present in that portion and that the private areas are inaccessible to residents and children of residents. Any area to which residents or children of residents have or have had access is presumed to be part of the facility and not the private quarters of the owner~~/operator~~ or staff.

~~2~~4. The provider shall make any information that DCFS requires ~~the provider is required to have~~ under the present standards~~,~~ and any information reasonably related to determination of compliance with these standards available to the department. The resident's rights shall not be considered abridged by this standard.

~~3~~5. The provider accepting any resident ~~who resides in another state~~ from a state other than Louisiana shall show

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proof of compliance with the terms of the Interstate Compact on Juveniles, the Interstate Compact on the Placement of Children, and the Interstate Compact on Mental Health. Proof of compliance shall include clearance letters from the compact officers of each state involved.

B. Other Jurisdictional Approvals. The provider shall comply and show proof of compliance with all relevant standards, regulations, and requirements established by federal, state, local, and municipal regulatory bodies including initial and annual approval by the following:

1. Office of Public Health, Sanitarian Services;

2. Office of ~~the~~ State Fire Marshal;

3. city fire department~~,~~ (if applicable);

4. local governing authority or zoning approval~~,~~ (if applicable); and

5. Department of Education~~,~~ (if applicable).

C. Governing Body. The provider shall have an identifiable governing body with responsibility for and authority over the policies, procedures, and activities of the provider.

1. The provider shall have documents identifying all members of the governing body, their addresses, the term of their membership (if applicable), officers of the governing body (if applicable), and the terms of office of all officers (if applicable).

2. When the governing body of a provider is composed of more than one person, the governing body shall hold formal meetings at least twice a year.

3. When the governing body is composed of more than one person, a provider shall have written minutes of all formal meetings of the governing body and bylaws specifying frequency of meetings and quorum requirements.

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D. Responsibilities of a Governing Body. The governing body of the provider shall:

1. ensure the provider's compliance and conformity with the provider's charter;

2. ensure the provider's continual compliance and conformity with all relevant federal, state, local, and municipal laws and standards;

3. ensure the provider is adequately funded and fiscally sound by reviewing and approving the provider's annual budget or cost report;

4. ensure the provider is housed, maintained, staffed and equipped appropriately considering the nature of the provider's program;

5. designate a person to act as program director and delegate sufficient authority to this person to manage the facility;

6. formulate and annually review, in consultation with the program director, written policies and procedures concerning the provider's philosophy, goals, current services, personnel practices and fiscal management;

7. have the authority to dismiss the program director;

8. meet with designated representatives of the department whenever required to do so;

9. inform designated representatives of the department prior to initiating any substantial changes in the program, services, or physical plant of the provider~~.~~;

10. ensure that the provider establishes a system of business management and staffing which requires maintenance of complete and accurate accounts, books, and records.

E. Authority to Operate. The provider’s current Louisiana residential home license shall be on display in a prominent area

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at the facility, except for facilities operated by a church or religious organization [RS 46:1406(D)] that choose to keep the license on file and available upon request. All homes shall operate within the licensed capacity, age range, and/or other specific services designated on the license.

~~1. A private provider shall have documentation of its authority to operate under state law.~~

~~2. A privately owned provider shall have documentation identifying the names and addresses of owners.~~

~~3. A corporation, partnership or association shall identify the names and addresses of its members and officers and shall, where applicable, have a charter, partnership agreement, constitution, and articles of association or bylaws.~~

F. Accessibility of Program Director. The program director, or a person authorized to act on behalf of the program director, shall be accessible to provider staff or designated representatives of the department at all times (24 hours per day, 7 days per week).

G. Statement of Philosophy and Goals~~. The provider shall have a written statement describing its philosophy and describing both long-term and short-term goals.~~

1. The provider shall have a written statement of its' residential home philosophy, purpose, program, and goals. The statement shall contain a description of all the services provided to include:

a. the extent, limitation, and scope of the services for which a license is sought;

b. the geographical area to be served; and

c. the ages of residents, ages of children of residents, and types of behaviors to be accepted for placement.

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~~H. Policies and Procedures. The provider shall have written policies and procedures approved by the owner or governing body that address, at a minimum, the following:~~

~~a. abuse and neglect;~~

~~b. admission and discharge;~~

~~c. behavior support and intervention program;~~

~~d. complaint process;~~

~~e. confidentiality and retention of resident records;~~

~~f. emergency and safety;~~

~~g. grievance process;~~

~~h. human resources;~~

~~i. incidents;~~

~~j. medication management;~~

~~k. provider services;~~

~~l. quality improvement;~~

~~m. resident funds;~~

~~n. rights; and~~

~~o. recordkeeping.~~

~~I~~H. House Rules and Regulations. The provider shall have a clearly written list of rules and regulations governing conduct for residents and children of residents in care and shall document that these rules and regulations are made available to each staff member, resident, and, where appropriate, the resident's legal guardian(s).

~~J~~I. Representation at Hearings. When requested by the placing agency, ~~required by law,~~ the provider shall have a representative present at all judicial, educational, or administrative hearings that address the status of a resident or child of a resident in care of the provider. The provider shall ensure that the resident or child of a resident is given an

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opportunity to be present at such hearings, unless prohibited by the resident's legal guardian or by his/her service plan.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:477 and R.S. 46:1401~~-1424~~ et seq.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Community Service, LR 36:810 (April 2010), amended by the Department of Children and Family Services, Licensing Section, LR 42:

§7111. Provider ~~Responsibilities~~ Requirements

A. ~~Human Resources~~ Provider Responsibilities

1. ~~Policies and Procedures. The provider shall have written policies and procedures that include:~~ Enrichment Activities. Provider shall assist children of residents and residents at least twice monthly in creating and updating their lifebook. For children of residents and residents that are not developmentally able to participate in the creation and updating of their own lifebook, staff shall create and update for the children and residents.

a. Lifebooks shall be the property of children of residents and residents and shall remain with the child or resident upon discharge.

b. Lifebooks shall be available for review by DCFS.

~~a. a plan for recruitment, screening, orientation, ongoing training, development, supervision, and performance evaluation of staff members to include contract services and volunteers;~~

~~b. written job descriptions for each staff position including volunteers;~~

~~c. health screening of all staff in accordance with public health guidelines to include screening for tuberculosis (TB) and communicable diseases;~~

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~~d. an employee grievance process;~~

~~e. abuse and neglect reporting procedures that require all employees to report any incidents of abuse or neglect whether that abuse or neglect is done by another staff member, a family member, a resident, or any other person; and~~

~~f. preventing discrimination.~~

2. Personnel Requirements

a. The provider shall employ a sufficient number of qualified staff and delegate sufficient authority to such staff to perform the following functions:

i. administrative;

ii. fiscal;

iii. clerical;

iv. housekeeping, maintenance, and food services;

v. direct resident and child of a resident services;

vi. record keeping and reporting;

vii. social service; and

viii. ancillary services.

~~b. The provider shall ensure that all staff members are properly certified or licensed as legally required and appropriately qualified for their position.~~

~~c~~b. Personnel can work in more than one capacity as long as they meet all of the qualifications of the position and have met the training~~s~~ requirements.

~~d~~c. The provider that utilizes volunteers shall be responsible for the actions of the volunteers. ~~Volunteers shall be given a copy of their job description~~. Volunteers shall:

i. have orientation and training in the philosophy of the ~~facility~~ program and the needs of

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residents and children of residents and methods of meeting those needs prior to working with residents or children of residents;

ii. have documentation of a fingerprint based satisfactory ~~a~~ criminal background check from Louisiana State Police as required in R.S. 15:587.1 and R.S. 46:51.2. ~~and as outlined in Section 7111.A.5.d.ii; and~~ This check shall be obtained prior to the individual being present in the facility or having access to the residents or children of residents. No person who has been convicted of, or pled guilty or nolo contendere to any offense included in R.S. 15:587.1, shall be hired by or present in any capacity in the facility. CBC shall be dated no earlier than 30 days of the individual being present in the facility or having access to the residents or children of residents. If an individual has previously obtained a certified copy of their criminal background check from the Louisiana Bureau of Criminal Identification and Information Section of the Louisiana State Police, such certified copy shall be acceptable as meeting the CBC requirements. This certified copy of the criminal background check shall be accepted for a period of one year from the date of issuance of the certified copy. This certified copy shall be kept on file at the facility. Prior to the one-year expiration of the certified criminal background check, a new fingerprint-based satisfactory criminal background check shall be obtained from Louisiana State Police. If the clearance is not obtained prior to the one-year expiration of the certified criminal background check, the staff is no longer allowed on the premises until a clearance is received;

iii. have a completed state central registry disclosure form (SCR 1) ~~prepared by the department~~ noting whether or not his/her name is currently recorded on the state central registry for a justified finding of abuse or neglect and he/she is the named perpetrator as required in R.S. 46.1414.1.

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SCR 1 shall be dated no earlier than 30 days of the individual being present in the facility or having access to the residents or children of residents:

(a). this information shall be reported prior to the individual being on the premises of the ~~child~~ ~~residential~~ facility and shall be updated annually, at any time upon the request of DCFS, and within three business days of any ~~staff and/or~~ volunteer receiving notice of a justified (valid) determination of child abuse or neglect;

(b). the prospective non-paid staff (volunteer) shall complete, sign, and date the state central registry disclosure form and submit the disclosure form to the owner ~~or operator~~ of the facility:~~;~~

(i). if a prospective staff non-paid (volunteer) discloses that his or her name is currently recorded as a perpetrator on the state central registry, the director shall inform the applicant they will not be considered for volunteer duties at that time due to the state central registry disclosure. The director will provide the prospective volunteer with the risk evaluation panel form (SCR 2) so that a risk assessment evaluation may be requested;

(ii). individuals are eligible for volunteer services if and when they provide written documentation from the Risk Evaluation Panel or the Division of Administrative Law noting that they do not pose a risk to children/youth/residents;

(c). current volunteers receiving notice of a justified (valid) determination of child abuse and/or neglect shall complete an updated state central registry disclosure form (SCR 1) noting the existence of the justified (valid) determination as required by R.S. 46:1414.1. This updated SCR 1 shall be submitted to the Licensing Section

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management staff within ~~three~~ 3 business days or upon being on the ~~child residential~~ premises, whichever is sooner. Volunteers will have ~~ten~~ 10 calendar days from completion of the state central registry disclosure form to request a risk assessment evaluation on a SCR 2 form in accordance with LAC 67:I.305 or shall be terminated immediately:~~;~~

(i). if the volunteer will no longer be employed at or provide volunteer services ~~at~~ for the facility, the provider shall submit a signed, dated statement indicating that the volunteer will not be on the premises of the facility at any time;

(ii). immediately upon the receipt of the knowledge that a justified (valid) finding has been issued by DCFS and as a condition of continued volunteer services, the staff person shall be directly supervised by a paid staff (employee) of the facility who has not disclosed that their name appears with a justified (valid) finding on the state central registry. Provider shall submit a written statement to Licensing Section management staff acknowledging that the volunteer is under continuous direct supervision by a paid staff who has not disclosed that their name appears with a justified (valid) finding on the state central registry. When these conditions are met, the non-paid staff (volunteer) may be counted in ~~child staff~~ ratio. Under no circumstances may the volunteer with the justified finding be left alone and unsupervised with the children/youth/residents pending the disposition by the Risk Evaluation Panel or the Division of Administrative Law that the staff person does not pose a risk to children/youth/residents;

(iii). if the Risk Evaluation Panel finds the individual does pose a risk to children/youth/residents and the individual chooses not to

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appeal the finding, the non-paid staff (volunteer) shall be terminated immediately;

(iv). if the Risk Evaluation Panel finds the individual does pose a risk to children/youth/residents and the individual appeals the finding to the Division of Administrative Law within the required timeframe, the non-paid staff (volunteer) shall continue to be under direct supervision at all times by another paid employee of the facility who has not disclosed that they have a justified finding on the state central registry until a ruling is made by the Division of Administrative Law that they do not pose a risk to children/youth/residents. Supervision may end upon receipt of the ruling from the Division of Administrative Law that they do not pose a risk to children/youth/residents;

(v). if the Division of Administrative Law upholds the Risk Evaluation Panel finding that the individual does pose a risk to children/youth/residents, the individual shall be terminated immediately;

(d). any owner, ~~operator,~~ current or prospective employee, or volunteer of a ~~child residential~~ facility requesting licensure by DCFS and/or a ~~child residential~~ facility licensed by DCFS is prohibited from working in a ~~child residential~~ facility if the individual discloses, or information is known or received by DCFS, that the individual's name is recorded on the state central registry (SCR) as a perpetrator for a justified (valid) finding of abuse or neglect of a child, unless there is a finding by the Risk Evaluation Panel or a ruling by the Division of Administrative Law that the individual does not pose a risk to children/youth/residents;

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iv. have three documented reference checks dated within three months prior to beginning volunteer services; ~~as required for regular paid staff.~~

v. have documentation of a signed and dated job description by volunteer.

3. Personnel Qualifications

a. Program Director—the program director shall meet one of the following qualifications:

i. ~~a bachelor's degree in a human service field plus three years experience relative to the population being served. One year of administrative experience in social services may be substituted for two years of regular experience. A master's degree plus two years of social service experience may be substituted for the three years of experience. An alternative may be a bachelor of social work (BSW) degree or professional equivalent with three years experience working with residents, one year of which may be experience in administration; or~~ a doctorate degree in a human services field or in administration, business, or a related field;

ii. ~~a master's degree in health care administration or in a human service related field; or~~ a master’s degree in a human services field or in administration, business, or a related field and one year of work experience in a human services agency;

iii. ~~in lieu of a degree, six years of administrative experience in health or social services, or a combination of undergraduate education and experience for a total of six years.~~ a bachelor’s degree in a human services field or in administration, business, or a related field, and at least two years of work experience in a human services agency;

iv. six years of work experience in a human services field or a combination of undergraduate education and

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work experience in a human services field for a total of six years. Fifteen credit hours substitute for 6 months of work experience not to exceed 60 credit hours.

b. Service Plan Manager—~~t~~The service plan manager shall have a bachelor's degree in a human service field plus a minimum of one year with the relevant population.

c. Documentation of experience for program director and service plan manager shall be verified in writing by previous employer. Documentation of education shall be verified by a copy of the individual's degree or transcript.

~~c~~d. Direct Care Worker—~~the~~ A direct care worker hired on or after August 1, 2016, shall be at least ~~19~~ 21 years of age and have a high school diploma or equivalency and at least two years post-high school job experience.

4. Personnel Job Duties

a. The program director shall be responsible for:

i. implementing and complying with policies and procedures adopted by the governing body;

ii. adhering to all federal and state laws and standards pertaining to the operation of the agency;

iii. addressing areas of non-compliance identified by licensing inspections ~~annual survey~~ and complaint ~~investigations~~ inspections;

iv. directing the program;

v. representing the facility in the community;

vi. delegating appropriate responsibilities to other staff including the responsibility of being in charge of the facility during their absence;

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vii. recruiting qualified staff and employing, supervising, evaluating, training, and terminating employment of staff;

viii. providing leadership and carrying supervisory authority in relation to all departments of the facility;

ix. providing consultation to the governing body in carrying out their responsibilities, interpreting to them the needs of residents and children of residents, making needed policy revision recommendations, and assisting them in periodic evaluation of the facility's services;

~~x. preparing the annual budget for the governing body's consideration, keeping the body informed of financial needs, and operating within the established budget;~~

x~~i~~. supervising the facility's management including building, maintenance, and purchasing;

xi~~i~~. participating with the governing body in interpreting the facility's need for financial support;

xii~~i~~. establishing effective communication between staff and residents and children of residents and providing for their input into program planning and operating procedures;

xiii~~v~~. reporting injuries, deaths, and critical incidents involving residents or children of residents to the appropriate authorities; and

xiv. supervising the performance of all persons involved in any service delivery/direct care to residents or children of residents.~~; and~~

~~xvi. completing an annual performance evaluation of all staff. For any person who interacts with residents, a provider's performance evaluation procedures shall address the quality and quantity of their work.~~

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b. The service plan manager shall be responsible for:

i. supervision of the implementation of the resident's service plan;

ii. integration of the various aspects of the resident's program;

iii. recording of the resident's progress as measured by objective indicators and making appropriate changes/modifications;

iv. reviewing quarterly service plan reviews for the successes and failures of the resident's program, including the resident's educational program, with recommendations for any modifications deemed necessary. Designated staff may prepare these reports, ~~but~~ however, the service plan manager shall ~~also~~ review, sign, and date the reports indicating approval;

v. signing and dating all appropriate documents;

vi. monitoring that the resident receives a ~~periodic review and~~ review every 30 days of the need for residential placement and ensuring the timely release, whenever appropriate, of the resident to a least restrictive setting; monitoring any extraordinary restriction of the resident's freedom including use of any form of restraint, any special restriction on a resident's communication with others, and any behavior management plan;

vii. asserting and safeguarding the human and civil rights of residents, and children of residents, and their families and fostering the human dignity and personal worth of each resident;

viii. serving as liaison between the resident, provider, family, and community during the resident's

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admission to and residence in the facility, or while the resident is receiving services from the provider in order to:

(a). assist staff in understanding the needs of the resident and his/her family in relation to each other;

(b). assist staff in understanding social factors in the resident's day-to-day behavior, including staff/resident relationships;

(c). assist staff in preparing the resident for changes in his/her living situation;

(d). help the family to develop constructive and personally meaningful ways to support the resident's experience in the facility, through assistance with challenges associated with changes in family structure and functioning, and referral to specific services, as appropriate;

(e). help the family to participate in planning for the resident's return to home or other community placement; and

(f). ~~ensure that residents receive all necessary medical and dental care, if needed;~~ supervise and implement the shared responsibility plan regarding resident and child of a resident.

~~(g). monitor that all residents receive timely evaluations for specialized services and timely receipt of those specialized services identified.~~

c. The direct care worker shall be responsible for the daily care and supervision of the ~~resident~~ residents and children of residents in the living group to which they are assigned which includes:

i. protecting children’s and residents' rights;

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ii. handling separation anxiety and alleviating the stress of a resident or child of a resident in crisis;

iii. modeling appropriate behaviors and methods of addressing stressful situations;

iv. crisis management;

v. behavior intervention and teaching of appropriate alternatives;

vi. training the resident and child of a resident in good habits of personal care, hygiene, eating, and social skills;

vii. protecting the resident and child of a resident from harm;

viii. handling routine problems arising within the living group;

ix. representing adult authority to the residents and children of residents in the living group and exercising this authority in a mature, firm, compassionate manner;

x. enabling the resident or child of a resident to meet his/her daily assignments;

xi. participating in all staff conferences regarding the resident's progress in program evaluation of service plan goals and future planning;

xii. participating in the planning of the facility's program and scheduling such program into the operation of the living group under his/her supervision;

xiii. maintaining prescribed logs of all important events that occur ~~during his/her tour of duty~~ regarding significant information about the performance and development of each resident or child of a resident in the group;

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xiv. reporting emergency medical or dental care needs to the administrative staff in a timely manner; ~~and~~

xv. reporting critical incidents to administrative staff in a timely manner~~.~~; and

xvi. completing duties and responsibilities as assigned regarding residents and children of residents.

~~5. Applicant Screening~~

~~a. The provider's screening procedures shall address the prospective employee's qualifications as related to the appropriate job description.~~

~~b. Prior to employment, each prospective employee shall complete an employment application. The application/résumé shall contain complete information about an applicant's education, employment history, and criminal background, including any arrests or convictions.~~

~~c. Prior to employment, each prospective employee shall complete a state central registry disclosure form prepared by the department as required in RS 46:1414.1. This information shall be reported prior to the individual being on the premises of the child residential facility and shall be updated annually, at any time upon the request of DCFS, and within three business days of any staff receiving notice of a justified (valid) determination of child abuse or neglect.~~

~~i. The prospective paid staff (employee) shall complete, sign, and date the state central registry disclosure form and submit the disclosure form to the owner or operator of the facility.~~

~~(a). If a prospective staff (employee) discloses that his or her name is currently recorded as a perpetrator on the state central registry, the director shall inform the applicant they will not be considered for employment at that time due to the state central registry disclosure. The~~

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~~director will provide the prospective employee with the risk evaluation panel form (SCR 2) so that a risk assessment evaluation may be requested.~~

~~(b). Individuals are not eligible for employment unless and until they provide written documentation from the Risk Evaluation Panel or the Division of Administrative Law expressly stating that they do not pose a risk to children.~~

~~ii. Current staff receiving notice of a justified (valid) determination of child abuse and/or neglect shall complete an updated state central registry disclosure form (SCR 1) noting the existence of the justified (valid) determination as required by R.S. 46:1414.1. This updated SCR 1 shall be submitted to the Licensing Section management staff within three business days or upon being on the child residential premises, whichever is sooner. Staff will have ten calendar days from completion of the state central registry disclosure form to request a risk assessment evaluation in accordance with LAC 67:I.305 or shall be terminated immediately.~~

~~(a). If the staff person will no longer be employed at the facility, the provider shall submit a signed, dated statement indicating that the staff will not be on the premises of the facility at any time.~~

~~(b). Immediately upon the receipt of the knowledge that a justified (valid) finding has been issued by DCFS and as a condition of continued employment the staff person shall be directly supervised by a paid staff (employee) of the facility who has not disclosed that their name appears with a justified (valid) finding on the state central registry. Provider shall submit a written statement to Licensing Section management staff acknowledging that the staff is under continuous direct supervision by a paid staff who has not disclosed that their name appears with a justified (valid)~~

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~~finding on the state central registry. When these conditions are met, the staff (employee) may be counted in child staff ratio. Under no circumstances may the staff person with the justified finding be left alone and unsupervised with the children pending the disposition by the Risk Evaluation Panel or the Division of Administrative Law that the staff person does not pose a risk to children.~~

~~(c). If the Risk Evaluation Panel finds the individual does pose a risk to children/youth/residents and the individual chooses not to appeal the finding, the staff (employee) shall be terminated immediately.~~

~~(d). If the Risk Evaluation Panel finds the individual does pose a risk to children and the /residentsindividual appeals the finding to the Division of Administrative Law within the required timeframe, the staff (employee) shall continue to be under direct supervision at all times by another paid employee of the facility who has not disclosed that they have a justified finding on the state central registry until a ruling is made by the Division of Administrative Law that they do not pose a risk to children. Supervision may end upon receipt of the ruling from the Division of Administrative Law that they do not pose a risk to children.~~

~~(e). If the Division of Administrative Law upholds the Risk Evaluation Panel finding that the individual does pose a risk to children, the individual shall be terminated immediately.~~

~~iii. Any owner, operator, current or prospective employee, or volunteer of a child residential facility requesting licensure by DCFS and/or a child residential facility licensed by DCFS is prohibited from working in a child residential facility if the individual discloses, or information is known or received by DCFS, that the individual's name is~~

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~~recorded on the state central registry (SCR) as a perpetrator for a justified (valid) finding of abuse or neglect of a child, unless there is a finding by the Risk Evaluation Panel or a ruling by the Division of Administrative Law that the individual does not pose a risk to children.~~

~~d. Prior to employment, a Criminal Background Check will be conducted in the manner required by RS 15:587.1 and 46:51.2.~~

~~i. The provider shall have a written policy and procedure for obtaining a criminal background check on persons as required in R.S. 15:587.1 and 46:51.2.~~

~~ii. No person, having any supervisory or other interaction with residents or children, shall be hired or on the premises of the facility until such person has submitted his or her fingerprints to the Louisiana Bureau of Criminal Identification and Information and it has been determined that such person has not been convicted of or pled nolo contendere to a crime listed in R.S. 15:587.1(C). This shall include any employee or non-employee who performs paid or unpaid work with the provider to include independent contractors, consultants, students, volunteers, trainees, or any other associated person, as defined in these rules.~~

~~iii. Contractors hired to perform work which does not involve any contact with residents shall not be required to have a criminal background check if accompanied at all times by a staff person if residents are present in the facility.~~

~~iv. Any employee who is convicted of or has pled nolo contendere to any crime listed in R.S. 15:587.1(C) shall not continue employment after such conviction or nolo contendere plea.~~

~~6. Health Screening~~

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~~a. Upon offer of employment, all staff shall be required to obtain a statement of good health signed by a physician or physician's designee. A statement of good health dated within three months prior to offer of employment or within one month after date of employment is acceptable. A health statement is required every three years.~~

~~b. All persons prior to or at time of employment shall be free of tuberculosis in a communicable state as evidenced by:~~

~~i. a negative Mantoux skin test for tuberculosis;~~

~~ii. a normal chest X-ray if the aforementioned skin test is positive; or~~

~~iii. a statement from a licensed physician certifying that the individual is non-infectious if the chest X-ray is other than normal.~~

~~c. Any employee who has a positive Mantoux skin test for TB, in order to remain employed, shall complete an adequate course of therapy as prescribed by a licensed physician or shall present a signed statement from a licensed physician stating that therapy is not indicated.~~

5. Contractors

a. Contractors hired to perform work which does not involve any contact with residents or children of residents, shall not be required to have a criminal background check if accompanied at all times by a staff person when residents or children of residents are present in the facility.

b. Contractors hired to perform work which involves contact with residents or children of residents, shall be required to have documentation of a fingerprint based satisfactory criminal background check from Louisiana State Police as required by R.S. 15:587.1 and R.S. 46:51.2. This check

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shall be obtained prior to the individual being present in the facility or having access to the residents or children of residents. No person who has been convicted of, or pled guilty or nolo contendere to any offense included in R.S. 15:587.1, shall be hired by or present in any capacity in the facility. Effective August 1, 2016, criminal background checks (CBC) shall be dated no earlier than 30 days of the individual being present in the facility or having access to the residents or children of residents. If an individual has previously obtained a certified copy of their criminal background check from the Louisiana Bureau of Criminal Identification and Information Section of the Louisiana State Police, such certified copy shall be acceptable as meeting the CBC requirements. If a contract staff obtains a certified copy of their criminal background check from the Louisiana State Police, this criminal background check shall be accepted for a period of one year from the date of issuance of the certified copy. This certified copy shall be kept on file at the facility. Prior to the one-year expiration of the certified criminal background check, a new fingerprint-based satisfactory criminal background check shall be obtained from Louisiana State Police. If the clearance is not obtained prior to the one-year expiration of the certified criminal background check, the contract staff is no longer allowed on the premises until a clearance is received.

c. Contractors hired to perform work which involves contact with residents or children of residents, shall be required to have documentation of a state central registry disclosure form (SCR 1) as required by R.S. 46:1414.1. This information shall be reported prior to the individual being on the premises of the facility and shall be updated annually, at any time upon the request of DCFS, and within three business days of the individual receiving notice of a justified (valid)

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determination of child abuse or neglect. All requirements in §7111.B.2.x.(a-c) shall be followed.

6. Post Licensing Information

a. Providers shall advise residents of the licensing authority of DCFS and that residents may contact the Licensing Section with any unresolved complaints. Providers shall post the current telephone number, email address, and mailing address in an area regularly utilized by residents.

7. Orientation

a. All staff hired effective August 1, 2016 or after, shall complete the DCFS “mandated reporter training” available at dcfs.la.gov within five working days of the staff’s date of hire and prior to having sole responsibility for residents or children of residents. Documentation of completion shall be the certificate obtained upon completion of the training.

~~a. The provider's orientation program shall include the following topics for all staff within 15 working days of the date of employment:~~

~~i. philosophy, organization, program, practices and goals of the provider;~~

~~ii. specific responsibilities of assigned job duties;~~

~~iii. administrative procedures;~~

~~iv. emergency and safety procedures including medical emergencies;~~

~~v. resident rights;~~

~~vi. detecting and reporting suspected abuse and neglect;~~

~~vii. infection control to include blood borne pathogens;~~

~~viii. confidentiality; and~~

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~~ix. reporting and documenting incidents.~~

b. The provider's orientation program shall provide ~~a minimum of 24 hours of~~ training in the following topics for all ~~direct care~~ staff within one week of the staff's date of ~~employment~~ hire and prior to having sole responsibility for residents or children of residents:

i. philosophy, organization, program, and practices of the provider;

ii. specific responsibilities of assigned job duties with regard to residents and children of residents;

iii. administrative procedures and programmatic goals;

iv. emergency and safety procedures including medical emergencies;

v. resident rights;

vi. detecting and reporting suspected abuse and neglect;

vii. infection control to include blood borne pathogens;

viii. confidentiality;

ix. reporting and documenting incidents;

x. LGTBQ issues;

xi. implementation of service plans to include a behavior plan, when clinically indicated;

xii. ~~emergency and safety procedures including medical emergencies;~~ staff and resident grievance procedure;

xiii. ~~detecting and reporting suspected abuse and neglect;~~ rights and responsibilities of residents who have children residing in the facility;

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xiv. ~~resident rights;~~ responsibility of staff with regard to children of residents residing in the facility;

xv. ~~reporting incidents;~~ transportation regulations, including modeling of how to properly conduct a visual check of the vehicle and demonstration by staff to program director on how to conduct a visual check;

xvi. ~~confidentiality;~~ the proper use of child safety restraints required by these regulations and state law (See reference sheet for training resources);

xvii. ~~health practices;~~ recognizing mental health concerns;

xviii. detecting signs of illness or dysfunction that warrant medical or nursing intervention;

xix. basic skills required to meet the dental and health needs and problems of the residents and children of residents;

xx. prohibited practices;

xxi. behavior management techniques, ~~interventions to include crisis de-escalation and the management of aggressive behavior~~ including acceptable and prohibited practices;~~. No staff member shall be left unsupervised with residents until he/she has completed all required training;~~

xxii. use of time-out, personal restraints, and seclusion that is to include a practice element in the chosen method performed by a certified trainer for direct care staff; ~~No staff member shall be left unsupervised with residents until he/she has completed all required training;~~

xxiii. safe self-administration and handling of all medications including psychotropic drugs, dosages, and side effects;

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~~xiv. infection control to include blood borne pathogens;~~

~~xv~~xxiv. working with people with disabilities, attending to the needs of such residents and children of residents in care, including interaction with family members with disabilities; and

~~xvi~~xxv. use of specialized services identified in ~~provider services~~ ~~section~~ §7117 of this Subpart.

c. The provider shall maintain sufficient information to determine content of training noted in section 7111.A.7.b.i-xxv. This information shall be available for review. ~~All staff shall sign a statement of understanding certifying that such training has occurred.~~

d. Documentation of the orientation training shall consist of a statement/checklist in the staff record signed and dated by the staff person and program director or service plan manager, attesting to having received the applicable orientation training and the dates of the orientation training. ~~No staff member shall be left unsupervised with residents until he/she has completed all required training.~~

e. Effective August 1, 2016, staff in facilities licensed to care for children under age two years or facilities providing services for children of residents shall complete the “Reducing the Risk of SIDS in Early Education and Child Care” training available at www.pedialink.org. Documentation of completion shall be the certificate obtained upon completion of the training.

~~e~~f. All ~~new~~ direct care staff shall receive certification in adult cardiopulmonary resuscitation (CPR) and first aid within 45 days of employment. Effective August 1, 2016, if residents or children of residents under the age of 10 are accepted into the program, then staff shall also obtain a

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certificate in infant/child CPR. No staff member shall be left unsupervised with residents or children of residents until he/she has completed all required training. CPR and first aid shall be updated prior to the expiration of the certification as indicated by the American Red Cross, American Heart Association, or equivalent organization. Online only training is not acceptable.

8. Annual Training

a. The provider shall ensure that all staff receive~~s~~ training on an annual basis in the following topics:

i. administrative procedures and programmatic goals;

ii. emergency and safety procedures including medical emergencies;

iii. resident rights;

iv. detecting and reporting suspected abuse and neglect;

v. infection control to include blood borne pathogens;

vi. confidentiality;~~ and~~

vii. reporting and documenting incidents~~.~~;

viii. specific responsibilities of assigned job duties with regard to residents and children of residents.

~~b. Direct care staff shall receive annual training to include but not be limited to the following topics:~~

ix. implementation of service plans to include a behavior plan when clinically indicated;

~~ii. detecting and reporting suspected abuse and neglect;~~

~~iii. resident rights;~~

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~~iv~~x. ~~reporting incidents;~~ staff and resident grievance procedure;

~~v~~xi. prohibited practices;

~~vi. health practices;~~

~~v~~xii. ~~emergency and safety procedures including medical emergencies;~~ recognizing mental health concerns;

~~v~~xiii. detecting signs of illness or dysfunction that warrant medical or nursing intervention;

~~i~~xiv. basic skills required to meet the dental and health needs and problems of the residents and children of residents;

xv. behavior management techniques ~~interventions to include crisis de-escalation and the management of aggressive behavior~~ including acceptable and prohibited ~~responses~~ practices;

xvi. use of time-out, personal restraints, and~~,~~ seclusion which is to include a practice element in the chosen method performed by a certified trainer for direct care staff;

xvii. safe self-administration and handling of all medication including psychotropic drugs, dosages, and side effects;

xviii. ~~infection control to include blood borne pathogens;~~ rights and responsibilities of residents who have children residing in the facility;

xix~~v~~. ~~confidentiality;~~ responsibility of staff with regard to children of residents residing in the facility;

xx~~v~~. working with people with disabilities, attending to the needs of such residents and children of

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residents in care, including interaction with family members with disabilities;

x~~v~~xi. use of specialized services identified in ~~Provider Services Section~~ §7117 of this Subpart; and

x~~v~~xii. ~~educational rights to include IDEA and section 504 accommodation~~ LGBTQ issues.

xxiii. transportation regulations, including modeling of how to properly conduct a visual check of the vehicle and demonstration by staff to program director on how to conduct a visual check;

xiv. the proper use of child safety restraints required by these regulations and state law (see reference sheet for training resources);

~~c. All direct care staff shall have documentation of current certification in CPR and First Aid.~~

~~d~~b. ~~All staff shall sign a statement of understanding certifying that such training has occurred.~~ Documentation of annual training shall consist of a statement/checklist in the staff record signed and dated by the staff person and program director, attesting to having received the applicable annual training and the dates of the training.

~~e~~c. The provider shall maintain sufficient information available to determine content of training. This information shall be available for review.

d. All direct care staff shall have documentation of current certification in adult CPR and first aid. Effective August 1, 2016, if residents or children of residents under the age of 10 are accepted into the program, then staff shall also obtain a certificate in infant/child CPR. No staff member shall be left unsupervised with residents or

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children of residents until he/she has completed all required training.

e. Effective August 1, 2016, all staff currently employed shall complete the DCFS "mandated reporter training" available at dcfs.la.gov within 45 days and shall be updated annually. Documentation of completion shall be the certificate obtained upon completion of the training.

f. Staff in facilities licensed to care for children under age two years or facilities providing services for children of residents shall annually complete the "Reducing the Risk of SIDS in Early Education and Child Care" training available at www.pedialink.org. Documentation of completion shall be the certificate obtained upon completion of the training.

9. Staffing and Supervision Requirements

a. The provider shall ensure that an adequate number of qualified direct care staff ~~is~~ are present with the residents and children of residents as necessary to ensure the health, safety and well-being of residents and children of residents. Staff coverage shall be maintained in consideration of the time of day, the size and nature of the provider, the ages and needs of the residents and children of residents, and shall assure the continual safety, protection, direct care, and supervision of residents and children of residents. In addition to the required number of direct care staff, the provider shall employ a sufficient number of maintenance, housekeeping, administrative, support, and management staff to ensure that direct care staff can provide direct care services.

i. The provider shall have at least one adult staff present for every six residents when residents are present and awake. ~~Providers of individual services (therapists, tutors, etc.) shall not be included in this ratio while~~

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~~providing said individualized services to a specific resident or residents. Management or other administrative staff can be included in this ratio only if they are exclusively engaged in providing direct supervision of the children.~~ In addition, there shall be one additional staff person for every six children of residents present. There shall always be a minimum of two staff present when children of residents are on the premises.

ii. The provider shall have at least ~~one~~1 adult staff present and awake for every 12 residents when residents are present and participating in rest time. ~~asleep.~~ Between 9:00 p.m. and 6:00 a.m., the ratio of 1 staff to every 12 residents is acceptable only if the residents are in their assigned bedrooms and participating in rest time. In addition, there shall be 1 additional staff person for every 6 children of residents present. There shall always be a minimum of 2 staff present when children of residents are on the premises, regardless of the number of children of residents present. ~~In addition to required staff, at least one staff person shall be on call in case of emergency. Providers of individual services (therapists, tutors, etc.) shall not be included in this ratio while providing said individualized services to a specific resident or residents. Management or other administrative staff can be included in this ratio only if they are exclusively engaged in providing direct supervision of the children.~~

iii. In addition to required staff, at least one staff person shall be on call in case of emergency.

iv. Independent contractors (therapists, tutors, etc.) shall not be included in ratio while providing said individualized services to a specific resident(s) or child(ren) of resident(s).

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v. Management or other administrative staff may be included in ratio only if they are exclusively engaged in providing supervision of the residents or direct supervision of the children of residents.

vi. Staff are allowed to sleep, during nighttime hours, only if the following are met:

(a). There is a functional security system monitored by an alarm company. Alarms shall be placed on all windows and exterior doors. The security system shall be enabled during nighttime hours and anytime that the staff/house parents are sleeping. Residents shall not be given the security system code.

(b). There shall be a functional monitoring system on all interior resident and children of resident bedroom doors.

~~iii~~vii. When residents or children of residents are away from ~~at school, work, or recreation outside~~ the facility, ~~the provider~~ staff shall be available and accessible to the residents and children of residents ~~have a plan ensuring the availability and accessibility of direct care staff~~ to handle emergencies or perform other necessary direct care functions.

~~iv~~viii. The provider utilizing live-in staff shall have sufficient relief staff to ensure adequate off duty time for live-in staff.

~~v~~ix Six or more residents under two years of age shall have an additional direct care worker on duty when the residents are present to provide a staff ratio of one staff per every six residents under age two, in addition to staff noted in §7111.A.9.a.i.

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x. The provider shall not contract with outside sources for any direct care staff, including one-on-one trainers or attendants.

xi. Staff shall be assigned to supervise residents and children of residents whose names and whereabouts that staff person shall know.

xii. When the resident is at the facility with her child, she is responsible for the care and supervision of her own child when not engaged in services or other activities. Staff shall be present and available as a resource and to lend support and guidance to the resident.

xiii. During nighttime hours, staff shall participate in the individual care of a resident and/or assisting a resident in the care of her child.

(a). In bedrooms where a child of a resident resides with their parent, an auditory device shall be required to enable staff to provide assistance to the resident in the care of her child. The monitor shall have an on/off feature which is controlled by the resident, or the devise shall be placed in the resident's room during nighttime hours and removed in the morning allowing the resident privacy.

xiv. Children of residents shall be directly supervised by staff on the playground, in vehicles, and while away from the facility; unless the child is accompanied by their own parent.

xv. Staff shall actively and directly supervise residents and/or children of residents engaged in water activities and shall be able to see all parts of the swimming pool, including the bottom.

10. Reasonable and Prudent Parent Standard

a. The provider shall designate in writing at least one on-site staff person as the authorized representative

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to apply the reasonable and prudent parent standard to decisions involving the participation of a child of a resident who is in foster care or a resident who is in foster care and placed in the facility in age or developmentally appropriate activities. The staff person(s) designated as the authorized representative shall be at the licensed location at all times during the facility's hours of operation. The Licensing Section shall be notified in writing within five calendar days if there is a change to one of the designated representatives.

b. The authorized representative shall utilize the reasonable and prudent parent standard when making any decision involving the participation of a child of a resident who is in foster care or a resident who is in foster care and placed in the facility in age or developmentally appropriate activities.

c. The authorized representative shall receive training or training materials shall be provided on the use of the reasonable and prudent parent standard within one week of hire and prior to having responsibility for residents or children of residents and updated annually. Documentation of the reasonable and prudent parent training shall be maintained. The reasonable and prudent parent training or training materials, as developed or approved by DCFS, shall include, but is not limited to the following topic areas:

i. age- or developmentally-appropriate activities or items;

ii. reasonable and prudent parent standard;

iii. role of the provider and of DCFS; and

iv. allowing for normalcy for the resident or child of a resident while respecting the parent's residual rights.

B. Record Keeping

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1. Administrative File

a. The provider shall have an administrative file that shall contain, at a minimum, the following:

i. a written program plan describing the services and programs offered by the provider;

ii. organizational chart of the provider;

iii. all leases, contracts, and purchase-of-service agreements to which the provider is a party;

iv. insurance policies. Every provider shall maintain in force at all times ~~a~~ current comprehensive general liability insurance policy, property insurance, and insurance for all vehicles used to transport residents or children of residents. This policy shall be in addition to any professional liability policies maintained by the provider and shall extend coverage to any staff member who provides transportation for any resident or child of a resident in the course and scope of his/her employment;

v. all written agreements with appropriately qualified professionals, or a state agency, for required professional services or resources not available from employees of the provider~~;~~.

vi. written documentation of all residents' exits and entrances from facility property~~ not covered under summary of attendance and leave~~. Documentation must include, at a minimum, date, time, ~~and~~ destination, name of person with whom resident leaves premises. ~~The provider shall not contract with outside sources for any direct care staff, including one-on-one trainers or attendants.~~

2. ~~Personnel~~ Staff File

a. The provider shall have a personnel file for each staff ~~employee~~ that shall contain, at a minimum, the following:

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i. the application for employment, including ~~the resume of~~ education, training, and experience~~, if applicable~~;

ii. a criminal background check in accordance with state law:~~;~~

(a). prior to employment, a Louisiana State Police fingerprint based criminal background check shall be conducted in the manner required by R.S. 15:587.1 and 46:51.2. Effective August 1, 2016, criminal background checks (CBC) shall be dated no earlier than 30 days of the individual being present in the facility or having access to the residents or children of residents. If an individual has previously obtained a certified copy of their criminal background check from the Louisiana Bureau of Criminal Identification and Information Section of the Louisiana State Police, such certified copy shall be acceptable as meeting the CBC requirements. This certified copy of the criminal background check shall be accepted for a period of one year from the date of issuance of the certified copy. This certified copy shall be kept on file at the facility. Prior to the one-year expiration of the certified criminal background check, a new fingerprint-based satisfactory criminal background check shall be obtained from Louisiana State Police. If the clearance is not obtained prior to the one-year expiration of the certified criminal background check, the staff is no longer allowed on the premises until a clearance is received.

(b). no person, having any supervisory or other interaction with residents or children of residents, shall be hired or on the premises of the facility until such person has submitted his or her fingerprints to the Louisiana Bureau of Criminal Identification and Information and it has

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been determined that such person has not been convicted of or pled nolo contendere to a crime listed in R.S. 15:587.1(C).

(c). any employee who is convicted of or has pled nolo contendere to any crime listed in R.S. 15:587.1(C) shall not continue employment after such conviction or nolo contendere plea.

iii. evidence of applicable professional or paraprofessional credentials/certifications according to state law;

iv. ~~documentation of any state or federally required medical examinations or testing~~ written job description signed and dated by individual staff;

v. documentation of ~~employee's orientation and annual training received~~ three signed and dated reference checks or telephone notes dated within three months prior to hire attesting affirmatively to the individual’s character, qualifications, and suitability for the position assigned. References shall be obtained from individuals not related to the staff person;

vi. staff’s ~~employee's~~ hire and termination dates;

vii. documentation of current driver's license for operating provider or private vehicles in transporting residents or children of residents;

viii. annual performance evaluations addressing the quality of work to include ~~his/her~~ staff person’s interaction with residents and children of residents, family, and other providers. The evaluations are completed by the program director and signed and dated by program director and staff;

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ix. personnel action, other appropriate materials, reports, and notes relating to the ~~individual's~~ staff's employment with the facility;

x. ~~annual~~ state central registry disclosure forms (SCR 1) noting ~~prepared by the department~~ whether or not his/her name is currently recorded on the state central registry for a justified finding of abuse or neglect and he/she is the named perpetrator.

(a). Prior to employment, each prospective employee shall complete a state central registry disclosure form (SCR 1) as required in RS 46:1414.1. SCR-1 forms shall be dated no earlier than 30 days of the individual being present in the facility or having access to the residents or children of residents. This information shall be reported prior to the individual being on the premises of the facility and shall be updated annually, at any time upon the request of DCFS, and within three business days of any staff receiving notice of a justified (valid) determination of child abuse or neglect.

(i). The prospective paid staff (employee) shall complete, sign, and date the state central registry disclosure form and submit the disclosure form to the owner of the facility.

(ii). If a prospective staff (employee) discloses that his or her name is currently recorded as a perpetrator on the state central registry, the director shall inform the applicant they will not be considered for employment at that time due to the state central registry disclosure. The director will provide the prospective employee with the risk evaluation panel form (SCR 2) so that a risk assessment evaluation may be requested.

(iii). Individuals are not eligible for employment unless and until they provide written

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documentation from the Risk Evaluation Panel or the Division of Administrative Law expressly stating that they do not pose a risk to children/youth/residents.

(b). Current staff receiving notice of a justified (valid) determination of child abuse and/or neglect shall complete an updated state central registry disclosure form (SCR 1) noting the existence of the justified (valid) determination as required by R.S. 46:1414.1. This updated SCR 1 shall be submitted to the Licensing Section management staff within three business days or upon being on the premises, whichever is sooner. Staff will have 10 calendar days from completion of the state central registry disclosure form to request a risk assessment evaluation on an SCR 2 form in accordance with LAC 67:I.305 or shall be terminated immediately.

(i). If the staff person will no longer be employed at the facility, the provider shall submit a signed, dated statement indicating that the staff will not be on the premises of the facility at any time.

(ii). Immediately upon the receipt of the knowledge that a justified (valid) finding has been issued by DCFS and as a condition of continued employment the staff person shall be directly supervised by a paid staff (employee) of the facility who has not disclosed that their name appears with a justified (valid) finding on the state central registry. Provider shall submit a written statement to Licensing Section management staff acknowledging that the staff is under continuous direct supervision by a paid staff who has not disclosed that their name appears with a justified (valid) finding on the state central registry. When these conditions are met, the staff (employee) may be counted in ratio. Under no circumstances may the staff person with the justified finding be left alone and unsupervised with the residents or children of

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residents pending the disposition by the Risk Evaluation Panel or the Division of Administrative Law that the staff person does not pose a risk to children/youth/residents.

(iii). If the Risk Evaluation Panel finds the individual does pose a risk to children/youth/residents and the individual chooses not to appeal the finding, the staff (employee) shall be terminated immediately.

(iv). If the Risk Evaluation Panel finds the individual does pose a risk to children/youth/residents and the individual appeals the finding to the Division of Administrative Law within the required timeframe, the staff (employee) shall continue to be under direct supervision at all times by another paid employee of the facility who has not disclosed that they have a justified finding on the state central registry until a ruling is made by the Division of Administrative Law that they do not pose a risk to children/youth/residents. Supervision may end upon receipt of the ruling from the Division of Administrative Law that they do not pose a risk to children/youth/residents.

(v). If the Division of Administrative Law upholds the Risk Evaluation Panel finding that the individual does pose a risk to children/youth/residents, the individual shall be terminated immediately.

(c). Any owner, current or prospective employee, or volunteer of a facility requesting licensure by DCFS and/or a facility licensed by DCFS is prohibited from working in a facility if the individual discloses, or information is known or received by DCFS, that the individual's name is recorded on the state central registry (SCR) as a perpetrator for a justified (valid) finding of abuse or neglect

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of a child, unless there is a finding by the Risk Evaluation Panel or a ruling by the Division of Administrative Law that the individual does not pose a risk to children/youth/residents.

b. Staff shall have reasonable access to his/her file and shall be allowed to add any written statement he/she wishes to make to the file at any time.

~~c. The personnel file of staff shall be retained for at least three years after termination of employment.~~

3. ~~Accounting File~~ Records

~~a. The provider shall establish a system of business management and staffing to assure maintenance of complete and accurate accounts, books and records.~~

~~b~~a. The provider shall ensure that all entries in records are legible, signed by the person making the entry, and accompanied by the date on which the entry was made.

~~c~~b. All records shall be maintained in an accessible, standardized order and format, and shall be retained and disposed of according to state and federal law.

~~d~~c. The provider shall have sufficient space, facilities, and supplies for providing effective ~~accounting~~ record keeping services.

4. Resident Record

a. Active Record. The provider shall maintain a separate active record for each resident and child of a resident. ~~The records shall be maintained in an accessible, standardized order and format.~~ The records shall be current and complete and shall be maintained in the facility in which the resident and child of a resident resides and readily available to facility staff. The provider shall have sufficient space, facilities, and supplies for providing effective storage of

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records. The records shall be available for inspection by the department.

b. Each resident's record shall contain at least the following information:

i. resident's name, date of birth, Social Security number, previous home address~~;~~, sex, religion, and birthplace of the resident;

ii. dates of admission and discharge;

iii. other identification data including documentation of court status, legal status or legal custody and who is authorized to give consents;

iv. for residents placed from other states, proof of compliance with the Interstate Compact on Juveniles, the Interstate Compact on the Placement of Children, and the Interstate Compact on Mental Health, when indicated. Proof of compliance shall include clearance letters from the compact officers of each state involved;

v. name, address, and telephone number of the legal guardian(s), and parent(s), if appropriate;

vi. name, address, and telephone number of a physician and dentist to be called in an emergency;

vii. resident's authorization for routine and emergency medical care;

viii. the pre-admission ~~assessment~~ screening and admission assessment. If the resident was admitted as an emergency admission, a copy of the emergency admission note shall be included as well;

ix. resident's history including family data, educational background, employment record, prior medical history, and prior placement history;

x. a copy of the physical assessment report;

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xi. reports of assessments and of any special problems or precautions;

xii. individual service plan, updates, and quarterly reviews;

xiii. continuing record of any illness, injury, or medical or dental care when it impacts the resident's ability to function or impacts the services he or she needs;

xiv. reports of any incidents of abuse, neglect, or incidents, including use of time~~-~~out, personal restraints, or seclusion;

xv. ~~a summary of attendance and leaves from the provider~~ photo of resident updated at least annually;

xvi. a summary of court visits;

xvii. a summary of all visitors and contacts including dates, name, relationship, telephone number, address, the nature of such visits/contacts, and feedback, if indicated from the family;

xviii. a record of all personal property and funds, which the resident has entrusted to the facility;

xix. reports of any resident grievances and the conclusion or disposition of these reports;

xx. written acknowledgment that the resident has received clear verbal explanation and copies of his/her rights, the house rules, written procedures for safekeeping of his/her valuable personal possessions, written statement explaining ~~the~~ his/her rights regarding personal funds, and the right to examine his/her record;

xxi. all signed informed consents; ~~and~~

xxii. immunization record within 30 calendar days of admission; and

xxiii. a discharge summary.

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c. Each child of a resident’s record shall contain at least the following information:

i. child's information form signed and dated by the legal guardian and updated as changes occur, listing:

(a). the child’s name, date of birth, sex, date of admission;

(b). name of parent(s) and legal guardian;

(c). name and telephone number of child’s physician;

(d). name and telephone number of the child’s dentist (if applicable);

(e). any special concerns, including but not limited to allergies, chronic illness, and any special needs of the child (if applicable);

(f). any special dietary needs, restrictions, or food allergies/intolerances (if applicable);

(g). name and telephone number of child’s caseworker (if applicable); and

(h). written authorization to care for child from legal guardian.

ii. For residents that retain custody of their children, a written authorization signed and dated by the resident to secure emergency medical treatment in the event the child of the resident is left in the care of staff.

iii. For residents that retain custody of their children, a written authorization signed and dated by the resident noting the first and last names of individuals to whom the child of the resident may be released, including child care facilities, transportation services, or any person or persons who remove the child of the resident from the facility.

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(a). The provider shall verify the identity of the authorized person prior to releasing the child of a resident.

d. For residents that retain custody of their children, the provider shall obtain written, informed consent from the resident prior to releasing any information, recordings, or photographs from which the child might be identified, except for authorized state and federal agencies. This one time written consent shall be obtained from the resident and updated as changes occur.

e. Provider shall have a signed and dated shared responsibility plan between the resident and provider detailing how they will share the responsibilities of meeting the child of the resident's daily needs to include, but not limited to, who will care for the child at certain times and days of the week, who is responsible for supervising, feeding, changing, bathing, tending to the developmental needs of the child, and purchasing items for the child.

f. If the resident does not retain custody of her child, the provider shall have a written individual child care agreement for each child with the person or agency holding custody of the child.

g. If the resident retains custody of her child, the provider shall obtain written authorization signed and dated by the resident to transport her child on a regular basis. Authorization shall include (if staff transports without resident):

i. name of child;

ii. type of service (to and from home, and to and from school to include the name of the school); and

iii. names of individuals or school to whom the child may be released.

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5. Staff Communication

a. The provider shall establish and follow procedures to assure adequate communication among staff to provide continuity of services to the residents and children of residents. This system of communication shall include recording and sharing of daily information noting unusual circumstances, individual and group problems of residents and children of residents, and other information requiring continued action by staff. Documentation shall be legible, signed, and dated by staff.

b. A daily log/record for all children of residents, to include first and last name and in/out times shall be maintained. This record shall accurately reflect all children of residents on the premises at any given time.

~~b~~C. Confidentiality ~~and Retention~~ of ~~Resident~~ Records

~~i~~1. The provider shall have written policies and procedures for the maintenance, security and retention of records. The provider shall specify who shall supervise the maintenance of records, who shall have custody of records, ~~and~~ to whom records may be released, and disposition or destruction of closed service record materials. Records shall be the property of the provider, and the provider, as custodian, shall secure records against loss, tampering, or unauthorized use or access.

~~ii~~2. The provider shall maintain the confidentiality of all ~~residents'~~ records to include all court related documents, as well as, educational and medical records. Every employee of the provider has the obligation to maintain the privacy of the resident, child of a resident, and his/her family and shall not disclose or knowingly permit the disclosure of any information concerning the resident, child of a resident or his/her family, directly or indirectly, to other residents or

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children of residents in the facility or any other unauthorized person.

~~iii~~3. When the resident is of majority age and not interdicted, a provider shall obtain the resident's written, informed permission prior to releasing any information from which the resident or his/her family might be identified, except for authorized state and federal agencies.

~~iv~~4. When the resident is a minor or is interdicted, the provider shall obtain written, informed consent from the legal guardian(s) prior to releasing any information from which the resident might be identified, except for accreditation teams and authorized state and federal agencies.

5. When the resident retains custody of her child the provider shall obtain written, informed consent from the resident prior to releasing any information from which the resident might be identified, except for accreditation teams and authorized state and federal agencies.

6. When the resident does not retain custody of her child, the provider shall obtain written, informed consent from the legal guardian(s) prior to releasing any information from which the child might be identified, except for accreditation teams and authorized state and federal agencies.

~~v~~7. The provider shall, upon written authorization from the resident or his/her legal guardian(s), make available information in the record to the resident, his/her counsel or the resident's legal guardian(s). If, in the professional judgment of the administration of the provider, it is felt that information contained in the record would be injurious to the health or welfare of the resident, the provider may deny access to the record. In any such case, the provider shall prepare written reasons for denial to the person requesting the record

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and shall maintain detailed written reasons supporting the denial in the resident's file.

~~vi~~8. The provider may use material from the residents' or children of a residents' records for teaching and research purposes, development of the governing body's understanding, and knowledge of the provider's services, or similar educational purposes, provided names are deleted, other identifying information ~~are~~ disguised or deleted, and written authorization is obtained from the resident or his/her legal guardian(s).

~~vii. All records shall be retained and disposed of in accordance with state and federal laws.~~

~~viii. The facility must maintain the original records in an accessible manner for a period of five years following the death or discharge of a resident.~~

~~ix. In the event of a change of ownership, the resident records shall remain with the facility.~~

~~x. If the facility closes, the owner of the facility within the state of Louisiana shall store the resident records for five years.~~

~~xi. The provider is responsible for training all staff at least annually in confidentiality of information and records.~~

~~5. Staff Communication.~~

~~The provider shall establish procedures to assure adequate communication among staff to provide continuity of services to the resident. This system of communication shall include recording and sharing of daily information noting unusual circumstances, individual and group problems of residents, and other information requiring continued action by staff. Documentation shall be legible, signed, and dated by staff.~~

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~~C~~D. Incidents

1. Critical Incidents. The provider shall have written policies and procedures for documenting, reporting, investigating, and analyzing all critical incidents.

a. The provider shall report any of the following critical incidents to the Louisiana Child Protection Statewide Centralized Intake Hotline 1-855-4LA-KIDS (1-855-452-5437), resident's or child of a resident's assigned caseworker, and the Licensing Section as noted in subpart D.1.b below: ~~Child Protection Unit located in the parish in which the facility is located. The Child Protection Unit shall be responsible for notifying the OCS Residential Licensing unit, when it is identified that a potential non-compliance of a licensing standard has occurred:~~

i. abuse;

ii. neglect;

iii. injuries of unknown origin; ~~or~~

iv. death~~.~~;

~~b. The provider shall report any of the following critical incidents to the OCS residential licensing unit:~~

~~i~~v. attempted suicide;

~~ii~~vi. serious threat or injury to the ~~resident's~~ health, safety, or well-being of the resident or child of a resident, i.e., elopement or unexplained absence of a resident or child of a resident;

~~iii~~vii. injury with substantial bodily harm while in seclusion or during use of personal restraint; or

~~iv~~viii. unplanned hospitalizations, emergency room visits, and emergency urgent care visits.

~~c~~b. The program director or designee shall:

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i. immediately verbally notify the legal guardian of the incident;

ii. immediately verbally notify the appropriate law enforcement authority and Louisiana Child Protection Statewide Centralized Intake Hotline 1-855-4LA-KIDS in accordance with state law;

iii. submit ~~the mandated~~ a written critical incident report form within 24 hours of the incident to Louisiana Child Protection Statewide Centralized Intake Hotline and Licensing Section ~~the appropriate unit as identified above based on the type of critical incident~~;

~~iv. submit a final written report of the incident, if indicated, to the appropriate unit identified above base on the type of critical incident as soon as possible but no later than five working days;~~

iv. if requested, submit a final written report of the incident to the legal guardian as soon as possible, but no later than five working days of the incident; ~~and~~

v~~i~~. conduct an analysis of the incident and take appropriate corrective steps to prevent future incidents from occurring;

vi~~i~~. maintain copies of any written reports or notifications in the resident's or child of a resident's record~~.~~;

vii. ensure that a staff person accompanies residents and children of residents when emergency services are needed.

2. Other Incidents. The provider shall have and adhere to written policies and procedures for documenting, reporting, investigating, and analyzing all ~~documenting, reporting, investigating and analyzing all~~ other accidents,

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incidents, and other situations or circumstances affecting the health, safety, or well-being of a resident or ~~residents~~ child of a resident.

a. The provider shall initiate a detailed report of any other unplanned event or series of unplanned events, accidents, incidents, and other situations or circumstances affecting the health, safety, or well-being of a resident or ~~residents~~ child of a resident excluding those identified in Subparagraph ~~C~~D.1.a of this Section ~~above~~ within 24 hours of the incident. ~~At a minimum, the incident report shall contain the following:~~

~~i. date and time the incident occurred;~~

~~ii. a brief description of the incident;~~

~~iii. where the incident occurred;~~

~~iv. any resident or staff involved in the incident;~~

~~v. immediate treatment provided, if any;~~

~~vi. symptoms of pain and injury discussed with the physician;~~

~~vii. signature of the staff completing the report;~~

~~viii. name and address of witnesses;~~

~~ix. date and time the legal guardian was notified;~~

~~x. any follow-up required;~~

~~xi. preventive actions to be taken in the future; and~~

~~xii. any documentation of supervisory and administrative reviews.~~

~~b. A copy of all written reports shall be maintained in the resident's record.~~

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3. When a child of a resident residing in the facility with their parent, sustains any of the following, the resident shall be immediately notified:

a. blood not contained in an adhesive strip;

b. injury of the neck and head;

c. eye injury;

d. human bite which breaks the skin;

e. any animal bite;

f. an impaled object;

g. broken or dislodged teeth;

h. allergic reaction skin changes (e.g. rash, spots, swelling, etc.);

i. unusual breathing;

j. symptoms of dehydration;

k. any temperature reading over 101 oral, 102 rectal, or 100 axillary; or

l. any injury or illness requiring professional medical attention.

4. The provider shall not delay seeking care for a resident or child of a resident while attempting to make contact with the resident or legal guardian in a situation which requires emergency medical attention.

5. At a minimum, the incident report for critical and other incidents shall contain the following:

a. date and time the incident occurred;

b. a brief description of the incident;

c. where the incident occurred;

d. names of residents, children of residents, or staff involved in the incident;

e. immediate treatment provided, if any;

f. symptoms of pain and injury discussed with the physician;

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g. date and signature of the staff completing the report;

h. name and address of witnesses;

i. date and time the legal guardian, child welfare, licensing, and law enforcement (if applicable) was notified;

j. any follow-up required;

k. preventive actions to be taken in the future; and

l. documentation of actions regarding staff involved to include corrective action.

6. A copy of all written reports shall be maintained in the resident's or child of a resident's record.

~~D~~E. Abuse and Neglect

1. The provider shall establish and follow a written, abuse/neglect policy that includes the following information: ~~The provider shall have a written policy and procedure for detecting and reporting suspected abuse or neglect that:~~

a. describes communication strategies used by the provider to maintain staff awareness of abuse prevention, current definitions of abuse and neglect, mandated reporting requirements to the Louisiana child protection ~~agency~~ Statewide Centralized Intake Hotline and applicable laws;

b. ensures the resident and child of a resident are ~~is~~ protected from potential harassment during the investigation;

c. ~~addresses when an examination by a medical professional is indicated;~~ ensures that the provider shall not delay reporting suspected abuse and/or neglect to the Louisiana Child Protection Statewide Centralized Intake Hotline in an

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attempt to conduct an internal investigation to verify the abuse/neglect allegations;

d. ~~ensures that any staff member who abuses or neglects a resident will be disciplined;~~ ensures that the provider shall not require any staff, including unpaid staff, to report suspected abuse/neglect to the provider or management prior to reporting to the Child Protection Statewide Hotline 1-855-4LA-KIDS (1-855-452-5437);

e. ensures the staff member involved in the incident does not work directly with the resident or child of a resident involved in the program until an internal investigation is conducted by the facility or the child protection unit staff makes an initial report;

f. ensures the staff member that may have been involved in the incident is not involved in conducting the investigation;

g. ensures that confidentiality of the incident is protected.

2. ~~Any case of suspected resident abuse or neglect shall be reported according to the guidelines outlined in Subparagraph C.1.a, Critical Incidents.~~ As mandated reporters, all staff and owners shall report any suspected abuse and/or neglect of a resident or child of a resident whether that abuse or neglect was perpetrated by a staff member, a family member, or any other person in accordance with R.S. 14:403 to the Louisiana Child Protection Statewide Centralized Intake Hotline 1-855-4LA-KIDS (1-855-452-5437). This information shall be posted in an area regularly used by residents.

3. After reporting suspected abuse and/or neglect as required by Louisiana law, provider shall notify licensing section. At a minimum the report shall contain:

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a. name of suspected resident or child victim of alleged child abuse and/or neglect;

b. address and telephone number of where suspected victim may be contacted;

c. name(s) of alleged perpetrator(s);

d. alleged perpetrator(s)' address;

e. nature, extent, and cause of resident's or child of a resident's injury, neglect or condition;

f. current circumstance of resident or child of a resident and if resident or child of a resident is currently in danger;

g. identify names of possible witnesses;

h. identify how incident came to reporter's attention;

i. have other incidents of suspected abuse and/or neglect been reported regarding this resident, child of a resident, or alleged perpetrator;

j. any other pertinent information; and

k. name of person reporting to child protection and time of notification.

~~E~~F. Grievance Process

1. The provider shall have and adhere to a written policy and procedure, which establishes the right of every resident and the resident's legal guardian(s) to file grievances without fear of retaliation.

2. The written grievance procedure shall include, but not be limited to:

a. a formal process for the resident and the resident's legal guardian(s) to file grievances that shall include procedures for filing verbal, written, or anonymous grievances; and

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b. ~~a formal appeals process for grievances;~~ a formal process for the provider to communicate with the resident and/or legal guardian about the grievance within five calendar days of receipt of the grievance;

~~c. a formal appeals process for grievance in a timely manner not to exceed 10 days of the receipt of the grievance.~~

3. ~~The provider shall document that the resident and the resident's legal guardian(s) are aware of and understand the grievance and complaint policy and procedure and have been provided a written copy.~~ Each resident shall be fully informed of the grievance and complaint policy and procedure and be provided with a written copy. Each resident’s record shall contain written acknowledgement signed and dated by program director or designee and resident of understanding and receipt of grievance and complete policies and procedures.

4. The provider shall maintain a log documenting all verbal, written, or anonymous grievances filed.

5. Documentation of any resident's or resident’s legal guardian(s)’ grievance and the conclusion or disposition of these grievances shall be maintained in the resident's record. This documentation shall include any action taken by the provider in response to the grievance and any follow up action involving the resident.

~~F~~G. Data Collection and Quality Improvement

1. The provider shall have and adhere to a written policy and procedure for maintaining a quality improvement program to include:

a. systematic data collection and analysis of identified areas that require improvement;

b. objective measures of performance;

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c. ~~periodic~~ at least monthly review of resident's and children of resident's records;

d. quarterly review of incidents and the use of personal restraints and seclusion to include documentation of the date, time, and identification of residents and staff involved in each incident to include a critical analysis of the incidents to note patterns of behavior by specific residents or specific staff; and

e. implementation of plans of action to improve in identified areas.

2. Documentation related to the quality improvement program shall be maintained for at least two years.

~~G~~H. Family Involvement. The provider shall have and adhere to written strategies to foster ongoing positive communication and contact between children of residents, residents, and their families, their friends, and others significant in their lives.

~~H~~I. Influenza Notice to Parents

1. In accordance with R.S. 46:1428 providers shall make available to each ~~child's~~ resident's parent or legal guardian and to each resident aged eighteen or above information relative to the risks associated with influenza and the availability, effectiveness, known contraindications and possible side effects of the influenza immunization. This information shall include the causes and symptoms of influenza, the means by which influenza is spread, the places a parent or legal guardian may obtain additional information and where a ~~child~~ resident or youth may be immunized against influenza. The information shall be updated annually if new information on the disease is available. The information shall be provided annually to each licensed facility by the Department of Children and Family Services and shall be made available to parents or legal guardians prior to November 1 of each year. This information

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shall also be provided to residents with children residing in the facility.

J. Recalled Products

1. The provider shall post the current copy of "The Safety Box" newsletter issued by the Office of the Attorney General as required by chapter 55 of title 46 of the R.S. 46:2701–2711. Items listed as recalled in the newsletter shall not be used and shall be immediately removed from the premises.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:477 and R.S. 46:1401~~—1424~~ et seq.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Community Service, LR 36:811 (April 2010), amended by the Department of Children and Family Services, Division of Programs, Licensing Section, LR 38:979, 984 (April 2012), LR 42:221 (February 2016), amended by the Department of Children and Family Services, Licensing Section, LR 42:

§7113. Admission and Discharge

A. Admission

1. Policies and Procedures

a. The provider shall have and adhere to written policies and procedures that shall include, at a minimum, the following information regarding an admission to the facility:

i. the application process and the possible reasons for rejection of an application;

ii. pre-admission screening assessment;

iii. the age and sex of residents and children of residents to be served;

iv. the needs, problems, situations, or patterns best addressed by the provider's program;

v. criteria for admission;

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vi. authorization for care of the resident and child of a resident;

vii. authorization to obtain medical care for the resident and child of a resident;

viii. criteria for discharge;

ix. procedures for insuring that placement within the program are the least restrictive alternative, appropriate to meet the resident's needs.

b. No resident shall be admitted from another state unless the provider has first complied with all applicable provisions of the Interstate Compact on Juveniles, the Interstate Compact on Placement of Children, and the Interstate Compact on Mental Health. Proof of ~~such prior~~ compliance shall be obtained prior to admission and shall be kept in the resident's file.

c. When refusing admission to a resident or child of a resident, the provider shall notify the referring party of the reason for refusal of admission in writing. If his/her parent(s) or legal guardian(s) referred the resident, he/she shall be provided written reasons for the refusal. Copies of the written reasons for refusal of admission shall be kept in the provider's administrative file.

2. Pre-Admission Screening

a. The provider shall receive an assessment of the applicant from the placing agency prior to admission that identifies services that are necessary to meet the resident's needs and verifies that the resident cannot be maintained in a less restrictive environment within the community. This assessment shall be maintained in the resident's record. The provider shall conduct the pre-admission ~~The~~ ~~initial~~ screening within 24 hours of admission

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to ~~shall~~ assess the applicant's needs and appropriateness for admission and shall include the following:

~~i. Emergency/Unplanned Admission. The provider is required to obtain the following information in the event of an emergency admission:~~

~~(a)~~i. current health status and any emergency medical needs, mental health, and/or substance abuse issues;

~~(b)~~ii. allergies;

~~(c)~~iii. chronic illnesses or physical disabilities;

~~(d)~~iv. current medications and possible side effects;

~~(e)~~v. any medical illnesses or condition that would prohibit or limit the resident’s activity or behavior plan; ~~and~~

~~(f)~~vi. proof of legal custody or individual placing agency agreement;

~~ii. Planned Admission. Information required within 3 business days:~~

~~(a). allergies;~~

~~(b). current medications and possible side effects;~~

~~(c)~~vii. other therapies or ongoing treatments;

~~(d). current health status to include mental health and/or substance abuse issues;~~

~~(e). any medical illnesses or condition that would prohibit or limit the resident’s activity or behavior plan;~~

~~(f)~~viii. family information; and

~~(g)~~ix. education information.

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~~(h). proof of legal custody or placing agency agreement; and~~

~~(i). chronic illnesses or physical disabilities.~~

b. Information gathered from the preadmission screening shall be confirmed with resident and legal guardian (if applicable).

3. Admission Assessment

a. An admission assessment shall be completed or obtained within three business days of admission to determine the service needs and preferences of the resident. This admission assessment shall be maintained in the resident's record. Information gathered from ~~this~~ the pre-admission screening and the admission assessment shall be used to develop ~~a~~ the interim service plan for the resident. ~~Information gathered during the pre-screening assessment that is applicable can be used for the admission assessment and shall include the following:~~

~~i. allergies;~~

~~ii. current medications and possible side effects;~~

~~iii. other therapies or ongoing treatments;~~

~~iv. current health status;~~

~~v. any medical illnesses or condition that would prohibit or limit the resident's activity or behavior plan; and~~

~~vi. family history.~~

~~b. Within 30 days of admission, the provider shall evaluate or obtain the following information:~~

~~i. mental health screening;~~

~~ii. assessment of family functioning;~~

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~~iii. psychological, developmental, vocational or educational assessment, as appropriate (not over one year old); and~~

~~iv. immunization record.~~

B. Service Plan

1. Within 15 days of admission, the provider, with input from the resident, his/her parents, if appropriate and legal guardian shall develop an interim service plan using information gathered from the pre-admission ~~assessment~~ screening and the admission assessment. This interim service plan shall include:

a. the services required to meet the resident's needs;

b. the scope, frequency, and duration of services;

c. monitoring that will be provided; and

d. who is responsible for providing the services, including contract or arranged services.

2. Within 30 days of admission, the provider shall have documentation that a resident has an individual service plan developed that ~~will be~~ is comprehensive, time-limited, goal-oriented, and ~~address~~ addresses the needs of the resident. The service plan shall include the following components:

a. a statement of goals to be achieved for the resident and his/her family;

b. plan for fostering positive family relationships for the resident, when appropriate;

c. schedule of the daily activities including training/education for residents and recreation to be pursued by the program staff and the resident in attempting to achieve the stated goals;

d. any specific behavior management plan:~~;~~

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i. the provider shall obtain or develop, with the participation of the resident and his/her legal guardian or family, an individualized behavior management plan for each resident receiving service. Information gathered from the pre-admission screening and the admission assessment will be used to develop the plan. The plan shall include, at a minimum, the following:

(a). identification of the resident's triggers;

(b). the resident's preferred coping mechanisms;

(c). techniques for self-management;

(d). anger and anxiety management options for calming;

(e). a review of previously successful intervention strategies;

(f). a summary of unsuccessful behavior management strategies;

(g). identification of the resident's specific targeted behaviors;

(h). behavior intervention strategies to be used;

(i). the restrictive interventions to be used, if any;

(j). physical interventions to be used, if any; and

(k). specific goals and objectives that address target behaviors requiring physical intervention;

e. any specialized services provided directly or arranged for will be stated in specific behavioral terms that permit the problems to be assessed~~,~~ and methods for insuring

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their proper integration with the resident's ongoing program activities;

f. any specific independent living skills needed by the resident which will be provided or obtained on behalf of the resident by the facility staff;

g. overall goals and specific objectives that are time limited;

h. methods for evaluating the resident's progress;

i. use of community resources or programs providing service or training to that resident, and shall involve representatives of such services and programs in the service planning process whenever feasible and appropriate. Any community resource or program involved in a service plan shall be appropriately licensed or shall be a part of ~~an approved school~~ a reputable program;

j. any restriction to residents' "rights" deemed necessary to the resident's individual service plan. Any such restriction shall be expressly stated in the service plan, shall specifically identify the right infringed upon, and the extent and duration of the infringement, and shall specify the reasons such restriction is necessary to the service plan, and the reasons less restrictive methods cannot be employed;

k. goals and preliminary plans for discharge;

l. identification of each person responsible for implementing or coordinating implementation of the plan~~.~~;

m. mental health screening; and

n. developmental and psychological assessments.

3. The service plan shall be developed by a team including, but not limited to, the following:

a. service plan manager;

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b. representatives of the direct care staff working with the resident on a daily basis;

c. the resident;

d. the resident's parent(s), if indicated;

e. the resident’s legal guardian(s); and

f. any other person(s) significantly involved in the resident's care on an ongoing basis.

4. All team participants shall sign and date the completed service plan.

5. The service plan shall be monitored by the team on an ongoing basis to determine its continued appropriateness and to identify when a resident's condition or preferences have changed. A team meeting shall be held at least quarterly. The quarterly review shall be signed and dated by all team participants.

6. The provider shall ensure that all persons working directly with the resident are appropriately informed of the service plan and have access to information from the resident's records that is necessary for effective performance of the employee's assigned tasks.

7. The provider shall document that the resident, parent(s), where applicable, and the legal guardian have been invited to participate in the planning and quarterly review process. When they do not participate, the provider shall document the reasons for nonparticipation.

8. All service plans including quarterly reviews shall be maintained in the resident’s record.

C. Discharge

1. The provider shall have a written policy and procedure for all discharges. The discharge procedure shall include at least the following:

a. projected date of discharge;

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b. responsibilities of each party (provider, resident, family) with regard to the discharge and transition process;

c. transfer of any pertinent information regarding the resident's stay at the facility; and

d. follow-up services, if any and the responsible party.

2. Emergency discharges initiated by the provider shall take place only when the health and safety of a resident or ~~other residents~~ staff might be endangered by the resident's further stay at the facility. The provider shall have a written report detailing the circumstances leading to each unplanned discharge within seven calendar days of the discharge. The discharge summary is to be kept in the resident's record and shall include:

a. the name and home address of the resident, the resident's parent(s), where appropriate, and the legal guardian(s);

b. the name, address, and telephone number of the provider;

c. the reason for discharge and, if due to resident's unsuitability for provider's program, actions taken to maintain placement;

d. a summary of services provided during care including medical, dental, and health services;

e. a summary of the resident's progress and accomplishments during care; and

f. the assessed needs that remain to be met and alternate service possibilities that might meet those needs.

3. When a discharge is planned, ~~resident is discharged,~~ the provider shall compile or obtain a complete written discharge summary within ~~30~~ seven days of discharge. The

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discharge summary is to be kept in the resident's record and shall include:

a. the name and home address of the resident, the resident's parent(s), where appropriate, and the legal guardian(s);

b. the name, address, and telephone number of the provider;

c. the reason for discharge and, if due to resident's unsuitability for provider's program, actions taken to maintain placement;

d. a summary of services provided during care including medical, dental, and health services;

e. a summary of the resident's progress and accomplishments during care; and

f. the assessed needs that remain to be met and alternate service possibilities that might meet those needs.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:477 and R.S. 46:1401~~-1424~~ et seq.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Community Service, LR 36:818 (April 2010), amended by the Department of Children and Family Services, Division of Programs, Licensing Section, LR 38:984 (April 2012), amended by the Department of Children and Family Services, Licensing Section, LR 42:

§7115. Resident Protection

A. Rights

1. Provider Responsibility

a. The provider shall have written policies and procedures that ensure each resident's and child of a resident's rights are guaranteed and protected.

b. None of the resident's rights shall be infringed upon or restricted in any way unless such restriction

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is necessary ~~to~~ and indicated in the resident's individual service plan. When individual rights restrictions are implemented, the provider shall clearly explain and document any restrictions or limitations on those rights, the reasons that make those restrictions ~~medically~~ necessary in the ~~child's~~ resident's individual service plan and the extent and duration of those restrictions. The documentation shall be signed by provider staff, the ~~child~~ resident, and the ~~child's~~ legal guardian(s) or parent(s), if indicated. No service plan shall restrict the access of a resident to legal counsel or restrict the access of state or local regulatory officials to a resident.

c. Residents and children of residents with disabilities have the rights guaranteed to them under the Americans with Disabilities Act (ADA), 42 U~~.~~S~~.~~C~~.~~ §12101 et seq., and regulations promulgated pursuant to the ADA, 28 C~~.~~F~~.~~R~~.~~ Parts 35 and 36 and 49 C~~.~~F~~.~~R~~.~~ Part 37; ~~§~~section 504 of the Rehabilitation Act of 1973, as amended, 29 U~~.~~S~~.~~C~~.~~ §794, and regulations promulgated pursuant thereto, including 45 C~~.~~F~~.~~R~~.~~ Part 84. These include the right to receive services in the most integrated setting appropriate to the needs of the individual; to obtain reasonable modifications of practices, policies, and procedures where necessary (unless such modifications constitute a fundamental alteration of the provider's program or pose undue administrative burdens); to receive auxiliary aids and services to enable equally effective communication; to equivalent transportation services; and to physical access to a provider's facilities.

~~d. Each child shall be fully informed of these rights and of all rules and regulations governing residents' conduct and responsibilities, as evidenced by written~~

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~~acknowledgment, at the time of admission of the receipt of a copy of children's rights, and when changes occur.~~

~~e. Each child's record shall contain a copy of the written acknowledgment, which shall be signed and dated by the program director, or designee, and the child and/or his or her legal guardian.~~

2. Privacy

a. ~~A child~~ Residents and children of residents have ~~has~~ the right to personal privacy and confidentiality. Any records and other information about the resident or child of a resident shall be kept confidential and released only with the ~~child's, or~~ legal guardian's expressed written consent or as required by law.

b. A child of a resident shall not be photographed or recorded without the express written consent of the ~~child~~ resident ~~and~~ or the child's legal guardian(s). A resident shall not be photographed or recorded without the express written consent of the resident and the resident's legal guardian(s). All photographs and recordings shall be used in a manner that respects the dignity and confidentiality of the child of the resident and resident.

c. ~~A child~~ Residents nor children of residents shall ~~not~~ participate in research projects without the express written consent of the resident, child of the resident, and the ~~child's~~ legal guardian(s).

d. ~~A child~~ Residents nor children of residents shall ~~not~~ participate in activities related to fundraising and publicity without the express written consent of the resident, child of the resident, and the ~~child's~~ legal guardian(s).

3. Contact with Family and Collaterals

a. A child of a resident and resident ~~has~~ have the right to consult freely and have visits with his/her family

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(including but not limited to his or her mother, father, grandparents, brothers, and sisters), legal guardian(s) and friends subject only to reasonable rules. Special restrictions shall be imposed only to prevent serious harm to the child of a resident or resident. The reasons for any special restrictions shall be recorded in the child of the resident's record or resident's service plan, as applicable and explained to the child of the resident, resident, and his or her family. The service plan manager shall review the special restrictions every 30 days and, if restrictions are renewed, the reasons for renewal shall be recorded in the child of the resident's record or resident's service plan, as applicable. ~~No service plan shall restrict home~~ Home visits shall be approved by ~~without approval from~~ the legal guardian.

b. A child of a resident and resident ~~has~~ have the right to telephone communication. The provider shall allow ~~a child~~ children of residents and residents to receive and place telephone calls in privacy subject only to reasonable rules and to any specific restrictions in the child of the resident's record or resident's service plan, as applicable. The service plan manager shall formally approve any restriction on telephone communication in a child of the resident's record or resident's service plan, as applicable. The service plan manager shall review the special restrictions every 30 days and, if restrictions are renewed, the reasons for renewal shall be recorded in the child of the resident's record or resident's service plan, as applicable. The cost for long distance calls shall not exceed the usual and customary charges of the local phone company provider. There shall be no restrictions on communication between a child of a resident ~~or resident~~ and ~~the child's~~ their legal counsel.

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c. A child of a resident and resident ~~has~~ have the right to send and receive mail. The provider shall allow children of residents and residents to receive mail unopened, uncensored, and unread by staff unless contraindicated ~~by~~ in the child of a resident's record or resident's service plan, as applicable. The service plan manager shall review this restriction every 30 days. No service plan or record shall restrict the right to write letters in privacy and to send mail unopened, uncensored, and unread by any other person. Correspondence from a child of a resident's or resident's legal counsel shall not be opened, read, or otherwise interfered with for any reason. Children of residents and residents shall have access to all materials necessary for writing and sending letters and~~,~~ when necessary, shall receive assistance.

d. ~~A child has~~ Children of residents and residents have the right to consult freely and privately with legal counsel, as well as, the right to employ legal counsel of ~~his/her~~ their choosing.

e. ~~A child has~~ Children of residents and residents have the right to communicate freely and privately with state and local regulatory officials.

4. Safeguards

a. ~~A child has~~ Residents and children of residents have the right to file grievances without fear of reprisal as provided in the grievances section of these standards.

b. Residents and children of residents have the right to be free from mental, emotional, and physical abuse and neglect and be free from chemical or mechanical restraints. Any use of personal restraints shall be reported to the ~~child's~~ legal guardians(s).

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c. Residents and children of residents have the right to live within the least restrictive environment possible in order to retain their individuality and personal freedom.

~~d. Children shall not be subjected to corporal punishment or cruel, severe, unusual, degrading, or unnecessary punishment.~~

5. Civil Rights

a. ~~A child's~~ Residents' nor children of residents' civil rights shall ~~not~~ be abridged or abrogated solely as a result of placement in the provider's program.

b. A resident nor child of a resident shall ~~not~~ be denied admission, segregated into programs, or otherwise subjected to discrimination on the basis of race, color, religion, national origin, sexual orientation, physical limitations, political beliefs, or any other non-merit factor. Facilities must comply with the requirements of the Americans with Disabilities Act, 42 U~~.~~S~~.~~C~~.~~ §12101 et seq. (ADA).

6. Participation in Program Development

~~a. A child has the right to refuse treatment.~~

~~b~~a. ~~A child~~ Residents and children of residents have ~~has~~ the right to be treated with dignity in the delivery of services.

~~c~~b. ~~A child~~ Residents and children of residents have ~~has~~ the right to receive preventive, routine, and emergency health care according to individual needs which ~~and that~~ will promote his or her growth and development.

~~d~~c. ~~A child~~ Residents and children of residents have ~~has~~ the right to be involved, as appropriate to age, development, and ability~~,~~ in assessment and service planning.

~~e~~d. ~~A child~~ Residents and children of residents have ~~has~~ the right to consult with clergy and participate in religious services in accordance with his/her faith, but shall

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not be forced to attend religious services or punished for not participating in religious services. The provider shall have and adhere to a written policy of its religious orientation, particular religious practices that are observed, and any religious restrictions on admission. This description shall be provided to the resident, child of a resident, and the ~~child's~~ legal guardian(s). When appropriate, the provider shall determine the wishes of the legal guardian(s) with regard to religious observance and make every effort to ensure that these wishes are carried out. The provider shall, whenever possible, arrange transportation and encourage participation by those residents or children of residents who desire to participate in religious activities in the community.

7. Acknowledgement of Resident

a. Each resident shall be fully informed of all rights noted in Paragraphs A.1-6 of this Section and of all rules and regulations governing residents' conduct and responsibilities, as evidenced by written acknowledgment, at the time of admission of the receipt of a copy of resident's rights, and when changes occur. Each resident's record shall contain a copy of the written acknowledgment, which shall be signed and dated by the program director, or designee, and the resident.

b. Each resident shall be informed of how and where to safely evacuate the facility during an emergency situation. The acknowledgement of understanding shall be signed and dated by the resident and program director, or designee.

B. Prohibited Practices

1. The provider shall have a written list of prohibited practices by staff members. Staff members shall not be allowed to engage in any of the prohibited practices. Staff shall not promote or condone these prohibited practices between

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residents or children of residents. This list shall include the following:

a. use of a chemical or mechanical restraint;

b. corporal punishment such as slapping, spanking, paddling or belting;

c. marching, standing, or kneeling rigidly in one spot;

d. any kind of physical discomfort except as required for medical, dental or first aid procedures necessary to preserve the resident's or child of a resident's life or health;

e. denial or deprivation of sleep or nutrition except under a physician's order;

f. denial of access to bathroom facilities;

g. verbal abuse, ridicule, or humiliation, shaming or sarcasm;

h. withholding of a meal, except under a physician's order;

i. requiring a resident or child of a resident to remain silent for a long period of time;

j. denial of shelter, warmth, clothing, or bedding;

k. assignment of harsh physical work;

l. punishing a group of residents or children of residents for actions committed by one or a selected few; a group activity shall not be cancelled for the entire group, prior to the activity, due to the behavior of one or more individuals;

m. withholding family visits or communication with family;

n. extensive withholding of emotional response;

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o. denial of school services ~~and~~ or denial of therapeutic services;

p. other impingements on the basic rights of children of residents or residents for care, protection, safety, and security;

q. organized social ostracism, such as codes of silence;

r. pain compliance, slight discomfort, trigger points, pressure points, or any pain inducing techniques;

s. hyperextension of any body part beyond normal limits;

t. joint or skin torsion;

u. pressure or weight on head, neck, throat, chest, lungs, sternum, diaphragm, back, or abdomen, causing chest compression;

v. straddling or sitting on any part of the body;

w. any position or maneuver that obstructs or restricts circulation of blood or obstructs an airway;

x. any type of choking;

y. any type of head hold where the head is used as a lever to control movement of other body parts;

z. any maneuver that involves punching, hitting, poking, pinching, or shoving;

aa. separation of a resident and her child as a means of punishment;

bb. punishment for actions over which the child has no control such as bedwetting, enuresis, encopresis, or incidents that occur in the course of toilet training activities;

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cc. use of threats or threatening an individual with a prohibited action even though there is/was no intent to follow through with the threat;

dd. cruel, severe, unusual, degrading, or unnecessary punishment;

ee. yelling, yanking, shaking;

ff. requiring a child of a resident or resident to exercise as punishment or placing a child of a resident or resident into uncomfortable positions;

gg. exposing a child of a resident or resident to extreme temperatures or other measures producing physical pain;

hh. putting anything in a resident's or child of a resident's mouth as a means of punishment;

ii. using abusive or profane language, including but not limited to telling a child of a resident to "shut up"; or

jj. any technique that involves covering of the mouth, nose, eyes or any part of the face.

2. The resident and child of a resident, where appropriate, and the resident's legal guardian(s) shall receive a list of the prohibited practices. There shall be documentation signed and dated ~~of acknowledgement of~~ acknowledging receipt of the list of prohibited practices by the resident and, where appropriate, the child of the resident and resident's legal guardian(s) in the ~~resident's~~ record.

3. A list of prohibited practices shall be posted in the facility in an area regularly utilized by residents.

C. Behavior Support and Intervention Program

1. The provider shall have and adhere to a behavior support and intervention program that:

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a. describes the provider's behavior support philosophy;

b. safeguards the rights of residents, children of residents, families, and staff;

c. governs allowed and prohibited practices; and

d. designates oversight responsibilities.

2. The provider shall have and adhere to written policies and procedures that include, but are not limited to:

a. a behavior support and intervention model consistent with the provider’s mission;

b. proactive and preventive practices;

c. development of behavior support plans for residents and children of residents;

d. prohibited behavior intervention practices;

e. restrictive practices, if any, that are allowed and circumstances when they can be used;

f. physical interventions to be used, if any;

g. informed consent of legal guardians for use of behavior support and interventions; and

h. oversight process.

~~3. The provider shall obtain or develop, with the participation of the resident and his/her legal guardian or family, an individualized behavior support plan for each resident receiving service. Information gathered from the pre-admission assessment and the admission assessment will be used to develop the plan. The plan shall include, at a minimum, the following:~~

~~a. identification of the resident’s triggers;~~

~~b. the resident’s preferred coping mechanisms;~~

~~c. techniques for self-management;~~

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~~d. anger and anxiety management options for calming;~~

~~e. a review of previously successful intervention strategies;~~

~~f. a summary of unsuccessful behavior management strategies;~~

~~g. identification of the resident's specific targeted behaviors;~~

~~h. behavior intervention strategies to be used;~~

~~i. the restrictive interventions to be used, if any;~~

~~j. physical interventions to be used, if any; and~~

~~k. specific goals and objectives that address target behaviors requiring physical intervention.~~

~~4~~3. An informed consent shall be obtained from the legal guardian for the use of any restrictive intervention.

~~5~~4. There shall be a system in place that monitors the effectiveness of behavior support and interventions implemented.

~~6~~5. All persons implementing physical interventions shall be trained and certified in behavior management under nationally accredited standards. ~~a national accredited method.~~

~~7~~6. Participation by the resident, family, and the resident's legal guardian(s) in the development and review of the behavior support plan shall be documented in the resident's record.

~~8~~7. There shall be documentation of written consent to the behavior support plan by the resident and the resident's legal guardian(s) in the resident's record.

D. Time-Out

Pursuant to RS 49:983 the Office of the State Register may make technical changes to proposed rule submissions in preparing the Louisiana Register and Louisiana Administrative Code.

1. The provider shall have and adhere to a written policy and procedure that governs the use of time-out to include the following:

a. any room used for time out shall be unlocked and the resident or child of a resident shall, at all times, be free to leave if he or she chooses;

b. time-out procedures shall be used only when less restrictive measures have been used without effect. There shall be written documentation of less restrictive measures used in the resident's or child of a resident's record;

c. emergency use of time-out for residents shall be approved by the service plan manager or program director for a period not to exceed one hour for residents age 6 and above;

d. time-out used in an individual behavior support plan for residents shall be part of the overall service plan;

e. the plan shall state the reasons for using time-out and the terms and conditions under which time-out will be terminated or extended, specifying a maximum duration of the use of the procedure that shall under no circumstances exceed two hours for residents;

f. staff shall make periodic checks but at least every 15 minutes while the resident is in time-out;

g. the resident shall be allowed to return to the daily ~~milieu~~ activities at any time he/she has regained control of his/her behavior and is ready to participate in the group activities;

h. a resident or child of a resident in time-out shall not be denied access to bathroom facilities, water, or meals;

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i. after each use of time out, the staff shall document the incident and place in the resident's record;

j. an administrative review of the incident by the program director or other facility management staff ~~will~~ shall be conducted within three calendar days to include an analysis of specific precipitating factors and strategies to prevent future occurrences~~.~~;

k. time-out shall not be used for children of residents or residents under two years of age;

l. the length of time out for children 2 years – 5 years of age shall be based on the age of the child and shall not exceed a maximum of one minute per year of age. Provider shall take into account the child's developmental stage, tolerances, and ability to learn from time-out.

E. Personal Restraints

1. The provider shall and adhere to have a written policy and procedure that governs the use of personal restraints.

2. Use of personal restraints shall never be used as a form of punishment, a form of discipline, in lieu of adequate staffing, as a replacement of active treatment, or for staff convenience.

3. Written documentation of any less restrictive measures attempted shall be documented in the resident's record.

4. A personal restraint shall be used only in an emergency when a resident's behavior escalates to a level where there is imminent risk of harm to the resident or others and other de-escalation techniques have been attempted without effect. The emergency use of personal restraints shall not exceed the following:

a. 30 minutes for a resident under nine years old; or

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b. one hour for a resident nine years old or older.

5. The specific maximum duration of the use of personal restraints as noted in ~~Section 7115.~~ Paragraph E.4 of this Section may be exceeded only if prior to the end of the time period, a written continuation order noting clinical justification is obtained from a licensed psychiatrist, psychologist, or physician. The maximum time for use of personal restraints shall be 12 hours.

6. During any personal restraint, staff qualified in emergency behavior intervention must monitor the resident's breathing and other signs of physical distress and take appropriate action to ensure adequate respiration, circulation, and overall well-being. If available, staff that is not restraining the resident should monitor the resident. The resident must be released immediately when an emergency health situation occurs during the restraint. Staff must obtain treatment immediately.

7. The resident must be released as soon as the resident's behavior is no longer a danger to himself or others.

8. Restraints are only to be used by employees trained by a certified trainer under a program that aligns with the nationally accredited standards. ~~is on a state-recognized list of nationally accredited programs.~~ A single person restraint can only be initiated in a life-threatening crisis. Restraint by a peer is prohibited. Staff performing a personal restraint on a resident with specific medical conditions must be trained on risks posed by such conditions.

9. As soon as possible after the use of a personal restraint, the provider shall provide and document debriefing. Separate debriefing meetings must be held with senior staff and

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the staff members(s) involved, the resident involved, witnesses to the event, and family members, if indicated.

10. After use of a personal restraint, the staff shall document the incident and place in the resident's record.

11. An administrative review of the incident by the program director or other facility management staff ~~will~~ shall be conducted within three calendar days to include an analysis of specific precipitating factors and strategies to prevent future occurrences.

12. All incidents of personal restraint use shall be trended in the quality improvement program. A summary report on the use of personal restraints will be prepared and submitted to ~~OCS residential licensing~~ the Licensing Section on a quarterly basis.

~~13. The resident's legal guardian and the OCS child protection unit in the parish in which the facility is located shall be notified if injury or death occurs during restraint use as outlined in the "Critical Incident" section.~~

~~14~~13. In the event a death occurs during the use of a personal restraint, the facility shall conduct a review of its personal restraint policies and practices and retrain all staff in the proper techniques and in methods of de-escalation and avoidance of personal restraint use within five calendar days. Documentation to include staff signatures and date of training shall be submitted to the Licensing Section upon completion of training.

~~15. The resident, where appropriate, and the resident's legal guardian(s) shall receive a list of the prohibited practices. There shall be documentation of acknowledgement of receipt of the list of prohibited practices by the resident and, where appropriate, the resident's legal guardian(s)in the resident's record.~~

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~~16. A list of prohibited practices shall be posted in the facility.~~

F. Seclusion

1. The provider shall have and adhere to a written policy and procedure that governs the use of seclusion, if such a room exists in the facility. Seclusion may only be used in accordance with this Subsection.

2. Use of seclusion shall never be used as a form of punishment, a form of discipline, in lieu of adequate staffing, as a replacement of active treatment or for staff convenience.

3. A resident will be placed in a seclusion room only in an emergency, when there is imminent risk of harm to the resident or others and when less restrictive measures have been used without effect. Written documentation of the less restrictive measures attempted shall be documented in the resident’s record. The emergency use of seclusion shall not exceed the following:

a. 1 hour for a resident under nine years old; or

b. 2 hours for a resident nine years old or older.

4. The specific maximum duration of the use of seclusion as noted in ~~Section 7115.~~ Paragraph F.3 of this Section may be exceeded only if prior to the end of the time period, a written continuation order noting clinical justification is obtained from a licensed psychiatrist, psychologist, or physician. The maximum time for use of seclusion shall be 12 hours.

5. A staff member shall exercise direct physical observation of the resident at all times while in seclusion. During the seclusion, the staff must monitor the resident's physical well-being for physical distress and take appropriate

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action, when indicated. The resident must be released immediately when an emergency health situation occurs during the seclusion and staff must obtain treatment immediately. The staff member must assess the resident's psychological well-being to ~~insure~~ ensure that the intervention is being completed in a safe and appropriate manner and that the facility's policies and procedures are being upheld.

6. Seclusion used as part of an individual behavior support plan shall state the reasons for using seclusion and the terms and conditions under which seclusion shall be terminated or extended.

7. A resident in seclusion shall not be denied access to bathroom facilities, water or meals.

8. As soon as possible, but no later than 72 hours after the use of seclusion, the provider shall provide and document debriefing. Separate debriefing meetings must be held with senior staff and the staff member~~s~~(s) involved, the resident involved, witnesses to the event, and family members, if indicated.

9. After use of seclusion, the staff shall document the incident and place in the resident's record.

10. An administrative review of the incident by the program director or other facility management staff ~~will~~ shall be conducted within three calendar days to include an analysis of specific precipitating factors and strategies to prevent future occurrences.

11. All incidents of seclusion shall be trended in the quality improvement program. A summary report on the use of seclusion will be prepared and submitted to ~~OCS residential~~ the Licensing Section on a quarterly basis.

12. The resident's legal guardian, the Louisiana Child Protection Statewide Hotline 1-855-4LA-KIDS (1-855-452-

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5437), ~~and the OCS child protection unit in the parish in which the facility is located~~ and the Licensing Section shall be notified if injury or death occurs while the resident is in seclusion.

13. In the event a death occurs during the use of seclusion, the facility shall conduct a review of its seclusion policies and practices and retrain all staff in the proper use of seclusion and in methods of de-escalation and avoidance of seclusion within five calendar days. Documentation to include staff signatures and date of training shall be submitted to the Licensing Section upon completion of training.

~~14. The resident, where appropriate, and the resident's legal guardian(s) shall receive a list of the prohibited practices. There shall be documentation of acknowledgement of receipt of the list of prohibited practices by the resident and, where appropriate, the resident's legal guardian(s)in the resident's record.~~

~~15~~14. Seclusion Room

a. The resident shall be unable to voluntarily leave the room.

b. The room shall be large enough to allow easy access for staff to enter and exit and deep enough to ensure that the person being secluded cannot keep the door from closing by blocking it with the body or an object.

c. The ceiling of the seclusion room shall be unreachable and of solid construction.

d. If there are windows in the seclusion room, they should be locked with security locks and not allowed to open to the outside. Safety glass or plastic that cannot be broken shall be used for the panes. The view from the door observation window must not be obstructed.

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e. The inside walls of the seclusion room shall be ~~smooth and capable of withstanding high impact~~ constructed of safe material with give that can be easily cleaned. Nothing ~~can~~ shall protrude or extend from the wall.

f. The door of the room ~~shall be a security rated door, shall be able to withstand high impact and stress and~~ shall swing outward to prevent a person from blocking the door from opening and thus barricading himself in the room.

~~G. Prohibited Personal Restraint and Seclusion Practices~~

~~1. The provider shall have a written list of prohibited practices by staff members. This list shall include the following:~~

~~a. pain compliance, slight discomfort, trigger points, pressure points, or any pain inducing techniques;~~

~~b. hyperextension of any body part beyond normal limits;~~

~~c. joint or skin torsion;~~

~~d. pressure or weight on head, chest, lungs, sternum, diaphragm, back, or abdomen, causing chest compression;~~

~~e. straddling or sitting on any part of the body;~~

~~f. any maneuver that puts pressure, weight or leverage into or on the neck or throat, on any artery or on the back of the person's head or neck;~~

~~g. any position or maneuver that obstructs or restricts circulation of blood or obstructs an airway;~~

~~h. any type of choking, hand chokes, arm chokes or sleeper hold;~~

~~i. any type of head hold where the head is used as a lever to control movement of other body parts or any type of full or half nelson or head lock;~~

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~~j. any technique that involves mouth, nose, eyes or any part of the face or covering the face or body; and~~

~~k. any maneuver that involves punching, hitting, poking, pinching or shoving.~~

~~2. The resident and, where appropriate, the resident's legal guardian(s) shall receive a list of the prohibited practices. There shall be documentation of acknowledgement of receipt of the list of prohibited practices by the resident and, where appropriate, the resident's legal guardian(s) in the resident's record.~~

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:477 and R.S. 46:1401~~–1424~~ et seq.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Community Service, LR 36:819 (April 2010), amended by the Department of Children and Family Services, Division of Programs, Licensing Section, LR 38:985 (April 2012), amended by the Department of Children and Family Services, Licensing Section, LR 42:

§7117. Provider Services

A. Education

1. The provider shall have and adhere to written policies and procedures to ensure that each resident and child of a resident has access to the most appropriate educational services consistent with the resident's and child of a resident’s abilities and needs, taking into account his/her age and level of functioning.

2. The provider shall ensure that educational records from the resident's or child of a resident’s previous school are transferred to the ~~resident's~~ new educational placement timely.

3. A resident's service plan shall identify if the resident has any disabilities. Residents and children of

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residents with disabilities shall be identified to the local education agency. If the resident or child of a resident is eligible for Individual with Disabilities Education Act (IDEA) services, the provider shall work with the legal guardian to ensure that he or she has a current educational evaluation, an appropriate Individualized Educational Plan (IEP), and surrogate parent to assist him or her in enforcing rights under the IDEA. If the resident or child of a resident is eligible for section 504 accommodations in the Rehabilitation Act of 1973, as amended, the provider shall work with the legal guardian.

4. If a resident or child of a resident is suspected of having a disability that would qualify him or her for special education services, the provider shall work with the legal guardian to ensure that a request for a special education evaluation is made and that the local education agency responds appropriately.

5. The provider shall work with the legal guardian and, where applicable, surrogate parent, to identify any deficiencies or problems with a resident's or child of a resident’s IEP or individualized accommodations plan (IAP), and to ensure that the resident’s or child of a resident’s IEP or IAP is being implemented by the local education agency.

6. Whether educational services are provided on or off-site, all residents and children of residents of school age shall be enrolled in and attending the least restrictive available option of either a school program approved by the Department of Education or an alternative educational program approved by the local school board within three school days of admission to the facility. Children of residents residing in the facility shall attend school off site.

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7. The provider shall ensure residents have access to vocational training, GED programs, and other alternative educational programming, if appropriate.

8. Whether educational services are provided on or off-site, the provider shall coordinate residents' participation in school-related extra—curricular activities, including any related fees or costs for necessary equipment.

9. The provider shall coordinate children of residents' participation in school-related extracurricular activities, including any related fees or costs for necessary equipment.

~~9~~10. Whether educational services are provided on or off-site, the provider shall notify the resident's legal guardian(s) and, where applicable, the resident's surrogate parent, verbally and in writing within 24 hours of any truancy, expulsion, suspension, or informal removal from school. Notification shall be documented in the resident's or child of a resident's record.

11. The provider shall notify the resident or child of a resident's legal guardian(s) verbally and in writing within 24 hours of any truancy, expulsion, suspension, or informal removal of their child from school. Notification shall be documented in the child of the resident's record.

12. All residents and children of residents shall receive a free and appropriate education. If transportation is not provided by the local educational authority, the provider shall transport the resident or child of a resident to school or other educational program in order for the resident to fulfill the requirements of their educational program.

13. When children of residents are picked up or dropped off at the facility by a public or private school bus or

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transportation service, staff shall be present to safely escort children of residents to and from the bus.

14. If educational services are provided on-site, the following also apply:

a. The provider shall provide accommodations for educational services to be provided by the local school district in accordance with local school board calendar. The school classes shall be held in classrooms/multi-purpose rooms. The provider shall ensure that the educational space is adequate to meet the instructional requirements of each resident.

b. Prior to the end of the first official school day following admission, the resident shall receive a brief educational history screening with respect to their school status, special education status, grade level, grades, and history of suspensions or expulsions. Staff shall use this information to determine initial placement in the facility's educational program.

c. Within three school days of the resident's arrival at the facility, the provider shall request educational records from the resident's previous school. If records are not received within 10 school days of the request, the program director shall report in writing on the eleventh day to the local school district from which records were requested that the information has been requested and not received. If the records are not received within the following seven school days of notifying the local school district, the program director shall file a written complaint with the Board of Elementary and Secondary Education (BESE) on the eighth day.

d. Residents in restricted, disciplinary, or high security units shall receive an education program comparable to residents in other units in the facility consistent with safety needs.

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e. When residents are suspended from the facility school, the suspension shall comply with local jurisdiction due process requirements.

f. Behavior intervention plans shall be developed for a resident whose behavior or emotional stability interferes with their school attendance and progress.

g. The provider shall have available reading materials geared to the reading levels, interests, and primary languages of residents.

h. The provider shall ensure that residents are engaged in instruction for the minimum minutes in a school day required by law.

i. The program director shall immediately report in writing to the local school district if the facility school is not being staffed adequately to meet state student to teacher ratios for education, including but not limited to, special education staff and substitute teaching staff. If the issue is not resolved within five school days by the local school district, then the program director shall file a written complaint on the sixth day with BESE and cooperate with any subsequent directives received from BESE.

B. ~~Milieu (~~Daily Living~~) Services~~ Responsibilities

1. Routines

a. The provider shall have and adhere to a written schedule of daily routines for residents designed to provide for reasonable consistency and timeliness in daily activities, in the delivery of essential services to residents, and in the provision of adequate periods of recreation, privacy, rest, and sleep.

b. Written schedules of daily routines shall be posted and available to the residents.

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c. Daily routines shall be determined in relation to the needs and convenience of the residents who live together.

d. Whenever appropriate, the residents shall participate in making decisions about schedules and routines.

e. The program for daily routines shall be reviewed periodically and revised as the needs of the residents or living group change.

f. The Provider shall develop and adhere to written policies regarding a daily schedule for children of residents that includes planned/unplanned activities, allowing for flexibility and change. Activities shall accommodate and have due regard for individual needs and differences among children. Children of residents' routines shall include time daily for indoor and outdoor play (weather permitting) that incorporate free play, gross/fine motor activities and vigorous and quiet activities. Time should also be designated for activities that support children's development of social, emotional, physical, language/literacy, cognitive/intellectual and cultural skills, as well as for routine occurrences such as meals/snacks, rest time, etc.

2. Personal Possessions

a. The provider shall allow ~~a resident~~ residents and children of residents to bring ~~his/her~~ their personal possessions and display them, when appropriate.

b. Residents and children of residents shall be allowed to acquire possessions of ~~his/her~~ their own ~~in accordance with the resident's service plan~~. The provider may, as necessary, limit or supervise the use of these items. Where restrictions are imposed, the resident or child of a resident shall be informed by staff of the reason of the restriction. The

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decision and reason shall be recorded in the ~~resident's~~ individual's record.

c. Each resident and child of a resident shall have a secure place to store his/her personal property.

d. Possessions confiscated by staff will be documented to include:

i. signature of the staff and resident or child of a resident;

ii. date and time of confiscation; and

iii. date and time when returned to resident or child of a resident and signature of resident or child of resident.

iv. description of items confiscated and reason confiscated.

e. The provider shall be responsible for all confiscated items, including replacement if the item is damaged, lost, or stolen while in the provider's possession.

f. A log of any valuable personal possessions to include any assistive devices, i.e., hearing aide, glasses, etc., shall be maintained by the provider.

3. Clothing and Personal Appearance

a. The provider shall ensure that residents and children of residents are provided with clean, well-fitting clothing appropriate to the season and to the ~~resident's~~ individual's age, sex, and individual needs. Whenever possible, the resident or child of a resident should be involved in selecting their clothing.

b. The provider shall have and adhere to a written policy concerning any limitations regarding personal appearance. Any limitations should be related to maintaining the safety and well-being of the residents or children of residents receiving services.

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c. Clothing and shoes shall be of proper size and adequate in amount to permit laundering, cleaning, and repair.

d. Clothing shall be maintained in good repair.

e. Clothing shall belong to the individual resident or child of a resident and not be required to be shared.

f. All clothing provided to a resident or child of a resident shall remain with the resident or child of a resident upon discharge.

g. The provider shall ensure residents and children of residents have access to adequate grooming services, including haircuts.

4. Independent Life Training

a. The provider shall have a program to ensure that residents receive training in independent living skills appropriate to their age and functioning level. Individualized independent life training goals shall be included in each resident's service plan.

b. This program shall include but not be limited to instruction in:

i. health and dental care, hygiene and grooming;

ii. family life;

iii. sex education including family planning and venereal disease counseling;

iv. laundry and maintenance of clothing;

v. appropriate social skills;

vi. housekeeping;

vii. use of transportation;

viii. budgeting and shopping;

ix. money management;

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x. cooking and proper nutrition;

xi. employment issues, including punctuality and attendance;

xii. use of recreation and leisure time;

xiii. education, college, trade, and/or long-term planning/life goals;

xiv. accessing community services; and

xv. parenting skills.

c. In addition, residents with children shall also receive training in the following topics:

i. parenting preparation classes;

ii. stages of growth in infants, children and adolescents (as applicable);

iii. day-to-day care of infants, children and adolescents (as applicable);

iv. disciplinary techniques for infants, children, and adolescents (as applicable);

v. child-care resources;

vi. stress management;

vii. life skills; and

viii. decision making.

5. Money:

a. ~~T~~The provider shall permit and encourage a resident or child of a resident, as age appropriate, to possess his/her own money. The provider can give the resident or child of a resident an allowance. ~~Older r~~ Residents and children of residents should be given the opportunity to earn additional money by providing opportunities for paid work, unless otherwise indicated by the resident's service plan, and reviewed every 30 days by the service plan manager;

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b. money earned~~,~~ or received either as a gift or an allowance by a resident or child of a resident, shall be deemed to be that ~~resident's~~ individual’s personal property;

c. limitations may be placed on the amount of money a resident or child of a resident may possess or have unencumbered access to when such limitations are considered to be in the ~~resident's~~ individual’s best interests and are duly recorded in the resident's service plan or child of a resident’s record. The reasons for any limitations should be fully explained to ~~residents~~ the resident, child of the resident, and their families;

~~d. the provider shall, as appropriate to the resident's age and abilities, provide training in budgeting, shopping and money management;~~

~~e~~d. resident's monetary restitution for damages shall only occur when there is clear evidence of individual responsibility for the damages and the ~~service team~~ program director approves the restitution. The resident and his/her legal guardian(s) shall be notified in writing within 24 hours of any claim for restitution and shall be provided with specific details of the damages, how, when and where the damages occurred, and the amount of damages claimed. If the amount is unknown, an estimate of the damages shall be provided and an exact figure provided within 30 days. The resident and his/her legal guardian(s) shall be given a reasonable opportunity to respond to any claim for damages. If the provider receives reimbursement for damages either through insurance or other sources, the resident shall not be responsible for restitution;

~~f~~e. the provider shall maintain a separate accounting of each resident’s or child of a resident’s money; and

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~~g~~f. upon discharge, the provider shall provide the resident, child of a resident, or legal guardian(s) any outstanding balance.

6. Work

a. The provider shall have and adhere to a written policy regarding the involvement of residents in work including:

i. description of any unpaid tasks required of residents;

ii. description of any paid work assignments including the pay for such assignments that are at least minimum wage;

iii. description of the provider's approach to supervising work assignments; and

iv. assurance that the conditions and compensation of such work are in compliance with applicable state and federal laws.

b. The provider shall demonstrate that any resident's work assignments are designed to provide a constructive experience and are not used as a means of performing vital provider functions at low cost. All work assignments shall be in accordance with the resident's service plan.

c. The provider shall assign, as unpaid work, age appropriate housekeeping tasks similar to those performed in a normal family home. Any other work assigned shall be compensated. The provider shall ensure that all such employment practices comply fully with state and federal laws and standards. No resident shall be employed in any industrial or hazardous occupation, or under any hazardous conditions.

d. When a resident engages in off-grounds work, the provider shall be responsible for ensuring the resident has

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access to transportation and other supports needed to perform the work successfully. The provider shall document that:

i. such work is voluntary and in accordance with the resident's service plan;

ii. the service plan manager approves such work;

iii. the conditions and compensation of such work are in compliance with the Fair Labor Standards Act and other applicable state and federal laws; and

iv. such work does not conflict with the resident's program.

C. Food Service

1. The provider shall ensure that a staff person has oversight of the total food service of the facility. This person shall be familiar with nutrition and food service management and shall be responsible for implementation and/or delegation of:

a. purchasing food according to the approved dietary menu;

b. oversight of storing and handling of food;

c. oversight of food preparation;

d. oversight of food serving;

e. maintaining sanitary standards in compliance with state and local regulations;

f. orientation, training, and supervision of food service personnel to include proper feeding techniques as age appropriate;

g. maintaining a current list of residents and children of residents with special nutritional needs;

h. having an effective method of recording and transmitting diet orders and changes;

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i. recording information in the resident's or child of a resident's record relating to special nutritional needs; and

j. providing information on residents' and children of residents' diets to staff.

2. The provider shall have and adhere to written policies and procedures that ensure that residents and children of residents are ~~a resident is~~, on a daily basis, provided with food of such quality and in such quantity as to meet the recommended daily dietary allowances adjusted for age, gender, and activity of the ~~Food Nutrition Board of the National Research Council~~ United States Department of Agriculture and doesn't deny any rights of the resident or child of a resident. Two of the three meals (breakfast, lunch, supper) served shall be hot meals. Residents and children of residents shall also be provided with a snack between meals and prior to bedtime. Breakfast shall be served within at least one hour from when residents awake.

3. The provider shall maintain a master menu, including appropriate substitutions, which is written and approved annually, by a registered dietician.

a. The provider shall post the written menu at least one week in advance in an area regularly used by residents.

b. Menus shall provide for a sufficient variety of foods, vary from week to week and reflect all substitutions. Any substitution shall be of equal nutritional value. Residents shall be allowed to provide input into these menus.

c. Written menus and records of foods purchased shall be maintained on record for one year ~~60 days~~.

4. The provider shall ensure that any modified diet for a resident or child of a resident shall be:

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a. prescribed by the ~~resident's~~ individual’s physician, approved by the registered dietician, and identified in the resident’s service plan or child of a resident’s record; and

b. planned, prepared, and served by persons who have received instruction on the modified diet.

5. Condiments appropriate for the ordered diet will be available.

6. When meals are provided to staff, the provider shall ensure that staff members eat the same food served to residents or children of residents ~~in care~~, unless special dietary requirements dictate differences in diet.

7. Food provided to a resident or child of a resident shall be in accordance with his/her religious beliefs.

8. No resident or child of a resident shall be denied food or force-fed for any reason except as medically required pursuant to a physician's written order. A copy of the order shall be maintained in the ~~resident's~~ individual’s record.

~~9. There shall be no more than 14 hours between the last meal or snack and the first meal the following day.~~

~~10~~9. The provider shall have and adhere to written policies and procedures to ensure that all food shall be stored, prepared, and served under sanitary conditions. ~~and in accordance with State Sanitary Code.~~ The provider shall ensure that:

a. food served to the resident or child of a resident is ~~in appropriate quantity; at appropriate temperatures;~~ in a form consistent with the ~~development~~ developmental level of the individual ~~client~~; and with appropriate utensils;

b. food served to a resident or child of a resident not consumed is discarded;

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c. food and drink purchased shall be of safe quality. Milk and milk products shall be grade A and pasteurized.~~;~~

~~d. perishable foods shall be stored at the proper temperatures according to the local public health department to conserve nutritive values;~~

~~e. food preparation surfaces, utensils, and equipment shall be cleaned according to guidelines by the local public health department.~~

~~11~~10. Hand washing facilities, including hot and cold water, soap, and paper towels, shall be provided adjacent to food service work areas.

~~12~~11. Food shall be stored separate from cleaning supplies and equipment.

~~13~~12. Food storage areas are free of rodents, roaches, and/or other pests and the provider shall take precautions to ~~insure~~ ensure such pests do not contaminate food.

~~14~~13. Persons responsible for food preparation shall not prepare food if they have symptoms of acute illness or an open wound.

~~15~~14. Information regarding food allergies/special diets shall be posted in the food prep area with special care so that the individual names are not in public view.

15. Children under four years of age shall not have foods that are implicated in choking incidents. Examples of these foods include but are not limited to the following: whole hot dogs, hot dogs sliced in rounds, raw carrot rounds, whole grapes, hard candy, nuts, seeds, raw peas, hard pretzels, chips, peanuts, popcorn, marshmallows, spoonfuls of peanut butter, and chunks of meat larger than what can be swallowed whole.

16. Formula for an infant prepared by or in a residential home shall be prepared in accordance with the

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instructions of the formula or by the techniques recommended by the physician which shall be on file at the facility.

17. Formula for an infant shall be labeled with the child's name and date of preparation.

18. Formula for an infant shall be refrigerated immediately after preparation and shall not be used more than 24 hours after preparation. The timeframe for use after preparation may be longer than 24 hours if directed by written order of a physician or as documented in the instructions of the formula. The timeframe shall not be extended beyond the physician's written recommendation or the instructions of the formula.

19. Formula shall not be heated in a microwave oven.

20. Water shall be given to infants only with written instructions from child’s physician.

21. A child’s bottle shall not be propped at any time.

22. Infants shall be held while being bottle-fed to provide a nurturing, safe feeding experience.

D. Health Related Services

1. Health Care

a. ~~t~~The provider shall have and adhere to written policies and procedures for providing preventive, routine, and emergency medical and dental care for residents and children of residents and shall show evidence of access to the resources. They shall include, but are not limited to, the following:

i. ongoing appraisal of the general health of each resident and child of a resident;

ii. provision of health education, as appropriate;

iii. provision for ~~keeping residents'~~ maintaining current immunizations ~~current~~;

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iv. approaches that ensure that any medical service administered will be explained to the resident or child of a resident in language suitable to his/her age and understanding;

v. an ongoing relationship with a licensed physician, dentist, and pharmacist to advise the provider concerning medical and dental care;

vi. availability of a physician on a 24-hour, seven days a week basis;

vii. reporting of communicable diseases and infections in accordance with law;

viii. procedures for ensuring residents and children of residents know how and to whom to voice complaints about any health issues or concerns.

2. Medical Care

a. The provider shall arrange a medical examination by a physician for the resident or child of a resident within a week of admission unless the resident or child of a resident has received such an examination within 30 days before admission and the results of this examination are available to the provider. If the resident or child of a resident is being transferred from another ~~CRF~~ residential home and has had a physical examination within the last 12 months, a copy of this examination ~~can~~ may be obtained to meet the requirement of the admission physical. The physical examination shall include:

i. an examination of the resident or child of a resident for any physical injury, physical disability, and disease;

ii. vision, hearing, and speech screening; and

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iii. a current assessment of the resident's or child of resident's general health.

b. The provider shall arrange an annual physical examination of all residents and children of residents.

c. Whenever indicated, the resident or child of a resident shall be referred to an appropriate medical specialist for either further assessment or service, including gynecological services for female residents or children of residents. The provider shall schedule such specialist care within 30 days of the initial exam. If the specialist's service needed is a result of a medical emergency, such care shall be obtained immediately.

d. The provider shall ensure that a resident or child of a resident receives timely, competent medical care when he/she is ill or injured. The provider shall notify the ~~resident's~~ legal guardian, verbally and/or in writing, within 24 hours of a resident's or child of a resident's illness or injury that requires service from a physician or hospital. The notification shall include the nature of the injury or illness and any service required.

e. Records of all medical examinations, ~~follow-ups and~~ services, ~~together with~~ and copies of all notices to legal guardian(s) shall be kept in the resident's or child of a resident's record.

3. Dental Care

a. The provider shall have and adhere to written policies and procedures for providing comprehensive dental services to include:

i. provision for dental service;

ii. provision for emergency service on a 24-hour, seven days a week basis by a licensed dentist;

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iii. a recall system specified by the dentist, but at least annually;

iv. dental cleanings annually; and

v. training and prompting for residents and children of residents to brush their teeth at least twice per day.

b. The provider shall arrange a dental exam for each resident and child of a resident within 90 days of admission unless the resident or child has received such an examination within six months prior to admission and a copy of the examination is obtained by the provider. ~~The results of this examination shall be made available to the provider.~~ Children of residents shall begin receiving annual examinations at the eruption of their first tooth and no later than 12 months of age.

c. Records of all dental examinations, follow-ups and service shall be documented in the ~~resident's~~ record.

d. The provider shall notify the ~~resident's~~ legal guardian(s), verbally and/or in writing, ~~within 24 hours~~ immediately when a resident or child of a resident requires or receives dental services of an emergency nature. The notification shall include the nature of the dental condition and any service required. Notification shall be documented in the record.

4. Immunizations

a. The provider shall have and adhere to written policies and procedures regarding immunizations to ensure that:

i. within 30 days of admission, the provider shall obtain documentation of a resident's or child of a resident’s immunization history, ensuring that the resident and child of a resident have ~~has~~ received and will

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receive all appropriate immunizations and booster shots that are required by the Office of Public Health;

ii. the provider shall maintain a complete record of all immunizations received in the resident's or child of a resident's record.

5. Medications

a. The provider shall have and adhere to written policies and procedures that govern the safe administration and handling of all medication, to include the following:

i. a system for documentation and review of medication errors;

ii. self-administration of both prescription and nonprescription medications;

iii. handling medication taken by residents and children of residents on pass~~.~~; and

iv. a plan of action for residents and children of residents who require emergency medication (e.g., Epipen, Benadryl).

b. The provider shall have a system in place to ensure that there is a sufficient supply of prescribed medication available for each resident and child of a resident at all times.

c. The provider shall ensure that medications are either self-administered or administered by persons with appropriate credentials, training, and expertise. ~~according to state law.~~

i. Effective August 1, 2016, providers licensed to care for children of residents or licensed to care for residents under five years of age shall have staff trained in medication administration. Trained staff shall be scheduled for each shift when residents under five years of age or

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children of residents under five years of age are present on the premises. Training shall be obtained every two years from an approved child care health consultant. By virtue of his/her current license, a licensed practical nurse (LPN) or registered nurse (RN) shall be considered to have medication administration training.

d. There shall be written documentation requirements for the administration of all prescription and non-prescription medication, whether administered by staff, supervised by staff or self-administered. This documentation shall include:

i. resident's or child of resident's name, date, medication name, dosage, and time administered;

ii. signature of person administering medication~~, if other than resident~~; and

iii. signature of person witnessing resident or child of resident self-administer medication (if applicable).

~~iii. refusal to take medication; and~~

~~iv. reason for refusal; if applicable.~~

e. When residents administer medication to their own children, the medication administration record shall be documented by either the resident or by facility staff as indicated in Subparagraph D.5.d of this Section.

f. If prescription medication is not administered as prescribed or resident or child of resident refuses to take medication, the physician ordering the medication shall be immediately notified and documentation noted to include:

i. resident's or child of resident's name, date, and time;

ii. medication name and dosage;

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iii. person attempting to administer medication, if other than resident or child of resident;

iv. reason for refusal or medication not being given as prescribed;

v. name of staff notifying physician's office;

vi. date and time of notification to physician's office; and

vii. name of person notified and next steps (if applicable).

~~e~~g. The provider shall ensure that any medication given to a resident or child of resident for therapeutic and/or medical purposes is in accordance with the written order of a physician.

~~i~~h. There shall be no standing orders for prescription medications.

~~i~~i. There shall be standing orders, signed by the physician, for nonprescription medications with directions from the physician indicating when he/she is to be contacted. The physician shall update standing orders annually.

~~iii~~j. Copies of all written orders shall be maintained in the resident's or child of a resident's record.

~~iv~~k. Medication shall not be used as a disciplinary measure, a convenience for staff, or as a substitute for adequate, appropriate programming.

~~v~~l. Prescription ~~M~~medications shall be reviewed and renewed on at least an annual basis by a licensed physician; however psychotropic medications shall be reviewed and renewed at least every 90 days by a licensed physician.

~~f~~m. Residents and children of residents shall be informed of any changes to their medications, prior to administration of any new or altered medications.

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~~g~~n. Residents, staff, and, where appropriate, residents' legal guardian(s) are educated on the potential benefits and negative side effects of the medication and are involved in decisions concerning the use of the medication.

~~h~~o. The provider shall ensure that the prescribing physician is immediately informed of any side effects observed by staff, or any medication errors. Any such side effects or errors shall be promptly recorded in the resident's or child of a resident's record and the legal guardian(s) shall be notified verbally or in writing within 24 hours.

~~i~~p. Discontinued and outdated medications and containers with worn, illegible, or missing labels shall be properly disposed of according to state law.

~~j~~q. Medications shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security.

i. External medications and internal medications shall be stored on separate shelves or in separate cabinets.

ii. All medication~~, including refrigerated medications,~~ shall be kept under lock and key. Refrigerated medication shall be stored in a secure container with a lid to prevent access by children and avoid contamination of food.

~~k. Psychotropic medications shall be reviewed and renewed at least every 90 days by a licensed physician.~~

r. All medications shall be maintained in the original container/packaging or as dispensed by the pharmacist.

s. A plan of care shall be developed for each resident or child of a resident who requires emergency medication (e.g., Epipen, Benadryl). The plan of care shall include:

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i. method of administration;

ii. symptoms that would indicate the need for the medication;

iii. actions to take once symptoms occur;

iv. description of how to use the medication; and

v. signature and date of program director or medical personnel.

t. Medication administration records for emergency medication shall be maintained in accordance with Subparagraph D.5.d of this Section and shall also include the following:

i. symptoms noted that indicated the need for the medication;

ii. actions taken once symptoms occurred;

iii. description of how medication was administered;

iv. signature (not initials) of the staff member who administered the medication; and

v. notification to legal guardian (date, time, and signature of person who contacted the legal guardian) following the administration of the emergency medication.

u. If the non-prescription medication label reads “to consult physician”, a written authorization from a Louisiana, or adjacent state, licensed medical physician or dentist, shall be on file in order to administer the medication, and shall include the following information:

i. child’s name;

ii. date of authorization;

iii. medication name and strength; and

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iv. clear directions for use, including the route (e.g., oral, topical), dosage, and frequency, time, or schedule of medication.

6. Professional and Specialized Services

a. The provider shall monitor that residents and children of residents receive specialized services to meet their needs; these services shall include but are not limited to:

i. physical/occupational therapy;

ii. speech pathology and audiology;

iii. psychological and psychiatric services;

iv. social work services;

v. individual, group and family counseling; and

vi. substance abuse counseling/drug or alcohol addiction treatment.

b. The provider shall monitor that all providers of professional and special services:

i. record all significant contacts with the resident or child of a resident;

ii. provide quarterly written summaries of the resident's or child of a resident's response to the service, the resident's or child of a resident's current status relative to the service, and the resident's or child of a resident's progress;

iii. participate, as appropriate, in the development, implementation, and review of resident's service plans and aftercare plans and participates in the interdisciplinary team responsible for developing such plans;

iv. provide services appropriately integrated into the overall program and provide training to direct service staff as needed to implement service plans;

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v. provide resident assessments/evaluations as needed for service plan development and revision.

c. The provider shall monitor that any provider of professional or special services (internal or external to the facility) meets the criteria noted below:

i. have adequately qualified and, where appropriate, currently licensed or certified staff according to state or federal law;

ii. have adequate space, facilities, and privacy;

iii. have appropriate equipment, supplies, and resources.

d. The providers shall ensure that residents and children of residents are evaluated for specialized services in a timely manner when a need is identified.

E. Recreation

1. The provider shall have and adhere to a written policy and procedure for a recreation program that offers indoor and outdoor activities in which participation can be encouraged and motivated on the basis of individual interests and needs of the residents and children of residents and the composition of the living group.

2. The provider shall provide recreational services based on the individual needs, interests, and functioning levels of the residents and children of residents served. In planning recreational programs and activities, staff should assess the ages, interests, abilities and developmental and other needs of the residents and children of residents served to determine the range of activities that are safe and appropriate. Residents and children of residents shall be allowed time to be alone and to

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engage in solitary activities that they enjoy. There should be opportunities for group activities to develop spontaneously, such as group singing, dancing, storytelling, listening to ~~records~~ music, games, etc. Recreational activities should be planned throughout the week.

3. Recreational objectives shall be included in each resident's service plan. Residents should be involved in planning and selecting activities as part of their individual service plan.

~~4. There shall be evidence that staff participating in recreation activities with the residents are appropriately informed of the resident's needs, problems, and service plans; communicate routinely with other direct service staff concerning residents; and have a means of providing in-put.~~

~~5~~4. The provider shall provide adequate recreation and yard spaces to meet the needs and abilities of ~~its clients~~ residents and children of residents regardless of their disabilities. Recreation equipment and supplies shall be of sufficient quantity and variety to carry out the stated objectives of the provider's recreation plan. Recreational equipment should be selected in accordance with the number of residents and children of residents, ~~clients,~~ their ages and needs, and should allow for imaginative play, creativity, and development of leisure skills and physical fitness.

~~6~~5. The provider shall utilize the recreational resources of the community whenever appropriate. The provider shall arrange the transportation and supervision required for maximum usage of community resources. Unless the restriction is part of the facility's master behavior program plan, access to such community resources shall not be denied or infringed except as may be required as part of the resident's service plan. Any such restrictions shall be specifically described in the service

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plan, together with the reasons such restrictions are necessary and the extent and duration of such restrictions.

F. Transportation

1. The provider shall have and adhere to written policies and procedures to ensure that each resident is provided with transportation necessary to meet his/her needs as identified in the individualized service plan.

2. The provider shall have means of transporting residents and children of residents in cases of emergency.

3. The provider shall ensure and document that any vehicle used in transporting residents or children of residents, whether such vehicle is operated by a staff member or any other person acting on behalf of the provider, is ~~inspected and~~ licensed in accordance with state law and carries current liability insurance.

4. All vehicles used for the transportation of residents or children of residents shall be maintained in a safe condition and in conformity with all applicable motor vehicle laws.

5. Preventative maintenance shall be performed on a monthly basis to ensure the vehicles are maintained in working order. The provider shall maintain documentation supporting adherence to vehicle maintenance schedules and other services as indicated.

~~4~~6. Any staff member of the provider or other person acting on behalf of the provider, operating a vehicle for the purpose of transporting residents or children of residents shall maintain a current driver's license. The staff member operating the vehicle shall have the applicable type of driver's license to comply with the current motor vehicle laws.

~~5~~7. ~~The provider shall not allow the number of persons in any vehicle used to transport residents to exceed the~~

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~~number of available seats in the vehicle.~~ The provider shall not transport residents nor children of residents in the back or the bed of a truck.

~~6~~8. The provider shall conform to all applicable state motor vehicle laws regarding the transport of residents and children of residents.

~~7~~9. The provider shall ensure that residents and children of residents being transported in the vehicle are properly supervised while in the vehicle and during the trip. Residents nor children of residents are to be unattended in the vehicle.

~~8~~10. Vehicles used to transport residents and children of residents shall not be identified in a manner that may embarrass or in any way produce notoriety for residents or children of residents.

~~9~~11. The provider shall ascertain the nature of any need or problem of a resident or child of a resident that might cause difficulties during transportation, such as seizures, a tendency toward motion sickness, or a disability. The provider shall communicate such information to the ~~operator~~ individual of any vehicle transporting residents or children of residents.

12~~0~~. The following additional arrangements are required for a provider serving residents or children of residents with physical limitations:

a. a ramp device to permit entry and exit of a resident or child of a resident from the vehicle shall be provided for all vehicles except automobiles normally used to transport physically handicapped residents or children of residents. A mechanical lift may be utilized if a ramp is also available in case of emergency;

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b. in all vehicles except automobiles, wheelchairs used in transit shall be securely fastened to the vehicle;

c. in all vehicles except automobiles, the arrangement of the wheelchairs shall provide an adequate aisle space and shall not impede access to the exit door of the vehicle.

13. No resident or child of a resident shall be transported in any vehicle unless age appropriate child restraints are utilized. In addition, transportation arrangements shall conform to state laws, including but not limited to those requiring the use of seat belts and child restraints.

14. Only one resident or child of a resident shall be restrained in a single safety belt.

15. All aspects of the vehicle shall be maintained in good repair including, but not limited to proper working order of doors, lights, tires, etc.

a. ventilation and heating systems shall be operational and used to maintain a comfortable temperature during transport;

b. the vehicle's engine shall be maintained in working mechanical order;

c. the vehicle's interior shall be clean and free of trash and debris;

d. the vehicle's seat coverings shall be in good repair;

16. The use or possession of alcohol, tobacco in any form, illegal substances or unauthorized potentially toxic substances, firearms (loaded or unloaded), or pellet or BB guns (loaded or unloaded) in any vehicle used to transport residents or children of residents is prohibited.

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17. The number of persons in a vehicle used to transport residents or children of residents shall not exceed the manufacturer's recommended capacity.

18. The vehicle shall have evidence of a current safety inspection.

19. A visual inspection of the vehicle is required to ensure that no child of a resident or resident was left on the vehicle. A staff person shall physically walk through the vehicle and inspect all seat surfaces, under all seats, and in all enclosed spaces and recesses in the vehicle's interior. For field trips, staff shall check the vehicle and conduct a face-to-name count conducted prior to leaving facility for the destination, when destination is reached, before departing destination for return to facility, and upon return to facility. For all other transportation, the staff shall inspect the vehicle at the completion of each trip prior to the staff person exiting the vehicle. The staff conducting the visual check for all transportation, shall document the time of the visual check inspection and sign his or her full name, indicating that no child of a resident or resident was left on the vehicle.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:477 and R.S. 46:1401~~-1424~~ et seq.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Community Service, LR 36:823 (April 2010), amended by the Department of Children and Family Services, Division of Programs, Licensing Section, LR 38:985 (April 2012), amended by the Department of Children and Family Services, Licensing Section, LR 42:

§7119. Physical Environment

A. Physical Appearance and Conditions

1. The provider shall maintain all areas of the facility accessible to residents and children of residents in

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good repair and free from any reasonably foreseeable hazard to health or safety. All structures on the grounds of the facility shall be maintained in good repair.

2. The provider shall have an effective pest control program to prevent insect and rodent infestation.

3. The provider shall maintain the grounds of the facility in good condition.

a. Garbage and rubbish stored outside shall be secured in noncombustible, covered containers and shall be removed on at least a weekly basis.

b. Trash collection receptacles shall be separate from play area.

c. Fences shall be in good repair.

d. Areas determined to be unsafe, including steep grades; cliffs, open pits, swimming pools, high voltage boosters or high-speed roads (45 mph or higher) shall be fenced or have natural barriers to protect residents and children of residents.

e. Playground equipment shall be so located, installed, and maintained as to ensure the safety of residents and children of residents.

4. Residents and children of residents shall have access to safe, suitable, outdoor recreational space and age appropriate equipment.

5. The provider shall have at least 75 square feet of accessible exterior space for each resident. The exterior space shall be adequate to accommodate one-half the licensed capacity of the facility.

6. In facilities licensed to care for residents less than 10 years of age or licensed to accept children of residents, the outdoor play space shall be enclosed with a permanent fence or other permanent barrier in such a manner as

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to protect the children from traffic hazards, to prevent the children from leaving the premises without proper supervision, and to prevent contact with animals or unauthorized persons.

7. In facilities licensed to care for residents less than 10 years of age or licensed to accept children of residents, all air conditioning/heating units, mechanical equipment, electrical equipment, or other hazardous equipment shall be inaccessible to children.

8. Culverts are prohibited within outdoor play spaces.

9. In facilities licensed to care for residents less than 10 years of age or licensed to accept children of residents, areas where there are open cisterns, wells, ditches, fish ponds, swimming pools, and other bodies of water shall be made inaccessible to children by fencing and locked gates.

10. All equipment used by residents and children of residents shall be maintained in a clean, safe condition and in good repair.

11. In facilities licensed to care for residents less than 10 years of age or licensed to accept children of residents, all poisons, cleaning supplies, harmful chemicals, equipment, tools, kitchen knives or potentially dangerous utensils, and any substance with a warning label stating it is harmful to or that is should be kept out of reach of children, shall be locked away from and inaccessible to children. Whether these items are in a cabinet or in an entire room, the area shall be locked.

12. The use or possession of alcohol, tobacco in any form, illegal substances ,or unauthorized potentially toxic substances on the premises of the residential home is prohibited.

B. Interior Space

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1. The provider shall have and adhere to policies and procedures to ensure that the facility maintains a safe, clean, orderly, and homelike environment.

2. All equipment, furnishings, and interior spaces shall be clean and maintained at all times. The provider shall have a program in place to monitor regular maintenance, preventative maintenance, cleaning and repair of all equipment and furnishings that is performed on a routine basis. Written documentation of the maintenance and cleaning program activities shall be maintained by administration to include cleaning schedules and reports of repairs.

3. The facility shall have sufficient living and program space available for residents and children of residents to gather for reading, study, relaxation, structured group activities, and visitation. Space shall be available that allows for confidentiality for family visits, counseling, groups, and meetings. The living areas shall contain such items as television, stereo, age-appropriate books, magazines, and newspapers.

4. A facility shall have a minimum of 60 square feet of unencumbered floor area per resident in living and dining areas accessible to residents and excluding halls, closets, bathrooms, bedrooms, staff or staff's family quarters, laundry areas, storage areas, and office areas.

5. Each child shall be provided with an opportunity to safely and comfortably sit, crawl, toddle, walk, and play according to the child's stage of development and in a designated space apart from sleeping quarters each day in order to enhance development.

6. Computers that allow internet access by the residents or children of residents shall be equipped with monitoring or filtering software, or an analogous software

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protection, that limits access to inappropriate websites, e-mail, and instant messages.

7. Programs, movies, and video games shall be age appropriate.

8. A variety of books, educational materials, toys, and play materials shall be provided, organized, and displayed within resident's and children of resident's reach so that they may select and return items independently.

9. At least one corded land line capable of incoming and outgoing calls for emergency purposes shall be accessible to residents and children of residents at all times at the facility.

C. Dining Areas

1. The provider shall have dining areas that permit residents, children of residents, staff, and ~~guests~~ visitors to eat together and create a homelike environment.

2. Dining areas shall be clean, well lit, ventilated, and equipped with dining tables and appropriate seating for the dining tables.

3. Highchairs shall be used in accordance with the manufacturer's instructions including restrictions based on age and minimum/maximum weight of infants and children. Staff shall ensure that the highchair manufacturer's restraint device is used when children are sitting in the highchair. Children who are too small or too large to be restrained using the manufacturer's restraint device shall not be placed in the highchair. Provider shall take into account the child's developmental stage, tolerances, and ability to sit up safely by themselves.

D. Bedrooms

1. Each resident and child of a resident shall have his/her own designated area for rest and sleep.

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2. The provider shall ensure that each single occupancy bedroom space has a floor area of at least ~~80~~ 70 square feet of unencumbered space and that each multiple occupancy bedroom space has a floor area of at least 60 square feet of unencumbered space for each occupant.

3. The provider shall not use a room with a ceiling height of less than 7 feet 6 inches as a bedroom space. In a room with varying ceiling height, only portions of the room with a ceiling height of at least 7 feet 6 inches are allowed in determining usable space.

4. ~~The provider shall not use any room that does not have a window as a bedroom space.~~ The bedroom space for residents and children of residents shall be decorated to allow for the personal tastes and expressions of the residents and children of residents.

5. Any provider that licenses beds subsequent to April 2012, ~~the effective date of these revised standards~~ shall have bedroom space that does not permit more than two residents per designated bedroom space. All others shall not exceed four residents to occupy a designated space.

6. No resident or child of a resident over the age of five years shall occupy a bedroom with a member of the opposite sex, unless that individual is the child’s parent in accordance with R.S. 46:1403 or the child’s sibling.

7. The provider shall ensure that the age of residents sharing bedroom space is not greater than four years in difference unless contraindicated based on family dynamics.

8. Each resident and child of a resident age 1 year and above shall have his/her own bed. ~~A resident's~~ The bed shall be longer than the resident or child of a resident is tall, no less than 30 inches wide, and shall have a clean, comfortable, nontoxic, fire retardant mattress.

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9. The provider shall ensure that sheets, pillow, bedspread, and blankets are provided for each resident and child of a resident:

a. enuretic residents and children of residents shall have mattresses with moisture resistant covers; and

b. sheets and pillowcases shall be changed at least weekly, but shall be changed more frequently if necessary. Sheets and coverings shall be changed immediately when soiled or wet.

10. Each resident shall have a solidly constructed bed. Cots or other portable beds shall be used on an emergency basis only~~. The provider shall request a variance from the department if a cot or portable bed is to~~ and shall not be in use for longer than one week.

11. All bunk beds in use in a residential home shall be equipped with safety rails on the upper tier for a child under the age of 10, or for any child whose physical, mental, or emotional condition indicates the need for such protection. A child under 6 years of age shall not sleep on the upper bunk of a bunk bed. No beds shall be bunked higher than 2 tiers. The provider shall ensure that- the uppermost mattress of any bunk bed ~~in use~~ shall be far enough from the ceiling to allow the occupant to sit up in bed.

12. Each resident shall have his/her own nightstand. ~~and~~ Each resident shall have his/her own dresser or other adequate storage space for private use in the bedroom.

13. There shall be a closet for hanging clothing in proximity to the bedroom occupied by the resident and child of a resident. For beds licensed after April 2012 ~~the effective date of these standards~~, there shall be a closet for hanging clothing within the bedroom or immediately adjacent to the bedroom. The closet shall not be within a bathroom.

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~~14. The bedroom space for residents shall be decorated to allow for the personal tastes and expressions of the residents.~~

14. No resident and her child shall share a bedroom with another resident.

15. A resident shall not be allowed to sleep in the same bed with her child.

E. Bathrooms

1. The facility shall have an adequate supply of hot and cold water. ~~The hot water source shall have a scald control mechanism in place.~~

2. The facility shall have toilets and baths or showers that allow for individual privacy. For beds licensed after April 2012, ~~the effective date of these standards,~~ the following ratio shall be met. Whenever calculations include any fraction of a fixture, the next higher whole number of fixtures shall be installed.

Lavatories	1:6 resident beds
Toilets	1:6 resident beds
Showers or tubs	1:6 resident beds

3. Bathrooms shall be so placed as to allow access without disturbing other residents or children of residents during sleeping hours.

4. Each bathroom shall be properly equipped with toilet paper, towels, and soap.

5. Tubs and showers shall have slip proof surfaces.

6. Bathrooms shall contain mirrors secured to the walls at convenient heights and other furnishings necessary to meet the residents' and children of residents' basic hygienic needs.

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7. Each resident and child of a resident shall be provided personal hygiene items such as hairbrushes, toothbrushes, razors, etc.

8. Bathrooms shall be equipped to facilitate maximum self-help by residents and children of residents. Bathrooms shall be large enough to permit staff assistance of residents and children of residents, if necessary.

9. Toilets, washbasins, and other plumbing or sanitary facilities in a facility shall be maintained in good operating condition ~~and conform to the requirements of the state sanitary code~~.

F. Kitchens

1. Kitchens used for meal preparations shall be provided with the necessary equipment for the preparation, storage, serving and clean-up of all meals for all of the residents, children of residents, and staff regularly served. All equipment shall be maintained in proper working order.

2. The provider shall not use disposable dinnerware at meals except for special occasions such as picnics or barbeques or in an emergency situation unless the facility documents that such dinnerware is necessary to protect the health or safety of residents or children of residents in care.

3. The provider shall ensure that all dishes, cups, and glasses used by residents and children of residents are free from chips~~;~~, cracks, or other defects and are in sufficient number to accommodate all the residents and children of residents.

4. Animals, other than those used as service animals, shall not be permitted in food storage, preparation, and dining areas.

G. Laundry Space. The provider shall have a laundry space complete with washer and dryer.

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H. Staff Quarters. The provider utilizing live-in staff shall provide adequate, separate living space with a private bathroom for these staff and their children.

I. Administrative and Discussion Space

1. The provider shall provide a space that is distinct from residents' and children of residents' living areas to serve as an administrative office for records, secretarial work, and bookkeeping.

2. The provider shall have a designated space to allow private discussions between individual residents, children of residents, and staff. If there is a window in the space, it shall have a covering to provide privacy during private discussions.

3. There shall be a covering on the window.

J. Furnishings

1. The provider shall have comfortable customary furniture as appropriate for all living areas. Furniture for the use of residents and children of residents shall be appropriately designed to suit the size and capabilities of these residents and children of residents.

2. The provider shall replace or repair broken, run-down, or defective furnishings and equipment promptly.

K. Doors and Windows

1. When opened, all windows ~~that can be opened~~ shall have insect screening. This screening shall be readily removable in emergencies and shall be in good repair.

2. All closets, bedrooms, and bathrooms shall have doors that allow egress from both sides.

3. Each window shall have a covering to provide privacy unless otherwise stipulated in the service plan.

L. Storage

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1. The provider shall ensure that there are sufficient and appropriate storage facilities.

2. The provider shall have securely locked storage space for all potentially harmful materials. Keys to such storage spaces shall only be available to authorized staff members.

M. Electrical Systems

1. The provider shall ensure that all electrical equipment, wiring, switches, sockets, and outlets are maintained in good order and safe condition.

2. The provider shall ensure that any room, corridor, or stairway within a facility shall be well lit.

3. The provider shall ensure that exterior areas are well lit when dark.

N. Heating, Ventilation and Air Conditioning (HVAC)

1. The facility shall provide safe HVAC systems sufficient to maintain comfortable temperatures ~~with a minimum of 65 degrees and maximum 80 degrees fahrenheit~~ in all indoor public and private areas of the facility in all seasons of the year.~~;~~

~~2. All gas-heating units must bear the stamp of approval of the American Gas Association Testing Laboratories, Inc., or other nationally recognized testing agency for enclosed, vented heaters for the type of fuel used.~~

~~3. All gas heating units and water heaters must be vented adequately to carry the products of combustion to the outside atmosphere. Vents must be constructed and maintained to provide a continuous draft to the outside atmosphere in accordance with the recommended procedures of the American Gas Association Testing Laboratories, Inc.~~

~~4~~2. ~~All heating units must be provided with a sufficient supply of outside air so as to support combustion~~

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~~without depletion of the air in the occupied room.~~ The provider shall not use open flame heating equipment.

~~5~~3. The use of portable heaters by the ~~facility and~~ residents, staff, and children of residents are ~~is~~ strictly prohibited, unless in an emergency situation.

~~6~~4. The provider shall take all reasonable precautions to ensure that heating elements, including exposed hot water pipes, are insulated and installed in a manner that ensures the safety of residents and children of residents.

O. Safe Sleep Practices and Infant Furnishings

1. Only one infant shall be placed in each crib. All infants shall be placed on their backs for sleeping.

a. Written authorization from the child's physician is required for any other sleeping position. A notice of exception to this requirement shall be posted on or near the infant's crib and shall specify the alternate sleep position.

b. Written authorization from the child's physician is required for a child to sleep in a car seat or other similar device and shall include the amount of time that the child is to remain in said device. The written authorization shall be updated every three months and as changes occur.

2. Infants shall not be placed in positioning devices for sleeping unless the child has a note on file from the child's physician authorizing the device.

3. Infants who use pacifiers will be offered their pacifier when they are placed to sleep and it shall not be placed back in the mouth once the child is asleep.

4. Bibs shall not be worn by any child while asleep.

5. Infants shall not sleep in an adult bed, on a couch, or in a chair.

6. A safety-approved crib shall be made available for each infant.

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a. Effective December 28, 2012, each crib in use shall meet U.S. Consumer Product Safety Commission (CPSC) requirements for full-size cribs as defined in 16 Code of Federal Regulations (CFR) 1219, or non full-size cribs as defined in 16 CFR 1220.

b. A crib meets the requirements of this Section if:

i. the crib has a tracking label which notes that the crib was manufactured on or after June 28, 2011; or

ii. the provider has a registration card which accompanies the crib and notes that the crib was manufactured on or after June 28, 2011; or

iii. the provider has obtained a Children's Product Certificate (CPC) certifying the crib as meeting requirements for full-size cribs as defined in 16 Code of Federal Regulations (CFR) 1219, or non full-size cribs as defined in 16 CFR 1220.

7. Each crib shall be equipped with a firm mattress and well fitting sheets. Mattresses shall be of standard size so that the mattress fits the crib frame without gaps of more than one-half inch. Homemade mattresses are prohibited.

8. The minimum height from the top of the mattress to the top of the crib rail shall be 20 inches at the highest point.

9. The mattress support system shall not be easily dislodged from any point of the crib by an upward force from underneath the crib.

10. Stackable cribs are prohibited.

11. Children sleeping in playpens or mesh-sided cribs is prohibited.

Pursuant to RS 49:983 the Office of the State Register may make technical changes to proposed rule submissions in preparing the Louisiana Register and Louisiana Administrative Code.

12. Cribs shall be free of toys and other soft bedding, including blankets, comforters, bumper pads, pillows, stuffed animals, and wedges when the child is in the crib.

13. Nothing shall be placed over the head or face of the infant.

14. While residents are awake, napping infants shall be checked on at least every 30 minutes.

P. Care of Children

1. Diapers shall be changed immediately when wet or soiled.

2. While awake, children shall not remain in a crib/baby bed, swing, high chair, carrier, playpen, etc., for more than 30 consecutive minutes.

3. Pacifiers attached to strings or ribbons shall not be placed around a child's neck or attached to a child's clothing.

4. Staff shall adhere to proper techniques for lifting a child. Staff shall not lift a child by one or both of child's arms.

5. Children shall be changed and cleaned immediately following a toileting accident.

6. A child's request for toileting assistance shall be responded to promptly.

AUTHORITY NOTE: Promulgated in accordance with R.S.36:477 and R.S. 46:1401~~-1424~~ et seq.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Community Service, LR 36:828 (April 2010), amended by the Department of Children and Family Services, Division of Programs, Licensing Section, LR 38:985 (April 2012), amended by the Department of Children and Family Services, Licensing Section, LR 42:

§7121. Emergency Preparedness

Pursuant to RS 49:983 the Office of the State Register may make technical changes to proposed rule submissions in preparing the Louisiana Register and Louisiana Administrative Code.

A. Emergency Plan

1. The provider, in consultation with appropriate state or local authorities, shall establish and follow a written multi-hazard emergency and evacuation plan to protect residents and children of residents in the event of any emergency. ~~shall have a~~ The written overall plan of emergency procedures ~~that~~ shall ~~provide for the following~~:

a. provide for the evacuation of residents and children of residents to safe or sheltered areas. Evacuation plans shall include procedures for addressing both planned and unplanned evacuations ~~and~~ to alternate locations within the city and long distance evacuations;

b. provide for training of staff and, as appropriate, residents and children of residents in preventing, reporting, and responding to fires and other emergencies. The plan shall be reviewed with all staff at least annually. Documentation evidencing that the plan has been reviewed with all staff shall include staff signatures and date reviewed;

c. provide for training of ~~personnel~~ staff in their emergency duties for all types of emergencies and the use of any fire fighting or other emergency equipment in their immediate work areas;

d. provide for ~~providing~~ adequate staffing in the event of an emergency;

e. ~~ensuring~~ ensure access to medication and other necessary supplies or equipment~~.~~;

f. include shelter in place, lock down situations, and evacuations with regard to natural disasters, manmade disasters, bomb threats, and national security threats;

g. be appropriate for the area in which the facility is located and address any potential disaster due to that particular location;

Pursuant to RS 49:983 the Office of the State Register may make technical changes to proposed rule submissions in preparing the Louisiana Register and Louisiana Administrative Code.

h. include a system to account for all residents and children of residents whether sheltering in place, locking down, or evacuating to a pre-determined relocation site;

i. include lock down procedures for situations that may result in harm to persons inside the facility, including but not limited to a shooting, hostage incident, intruder, trespassing, disturbance, or any situation deemed harmful at the discretion of the program director or public safety personnel;

j. account for residents and children of residents and ensure that no one leaves the designated safe area in a lock down situation. Staff shall secure facility entrances, ensuring that no unauthorized individual enters the facility;

k. include an individualized emergency plan (including medical contact information and additional supplies/equipment needed) for each resident and child of a resident with special needs;

l. ensure that residents and children of residents who are prescribed prescription medication are able to receive medication if evacuated from facility;

m. include plans for nuclear evacuation if the facility is located within a 10-mile radius of a nuclear power plant or research facility;

n. include emergency contact information for staff in the event evacuation from the facility is necessary.

2. At a minimum, the plan shall be reviewed annually by the program director for accuracy and updated as changes occur. Documentation of review by the program director shall consist of the program director’s signature and date.

3. The emergency and evacuation plan shall by submitted to the Licensing Section at least annually, any time changes are made, and upon the request of the Licensing Section.

Pursuant to RS 49:983 the Office of the State Register may make technical changes to proposed rule submissions in preparing the Louisiana Register and Louisiana Administrative Code.

4. If evacuation of children from the facility is necessary, provider shall have an evacuation pack and all staff shall know the location of the pack. The contents shall be replenished as needed. At a minimum, the pack shall contain the following:

a. hand sanitizer;

b. wet wipes;

c. tissue;

d. diapers for children who are not yet potty trained;

e. plastic bags;

f. food for all ages of children, including infant food and formula;

g. disposable cups; and

h. bottled water.

NOTE: For additional information contact the Office of Emergency Preparedness (Civil Defense) in your area.

B. Drills

1. The provider shall conduct fire drills at least once per month. There shall be at least one drill per shift every 90 days, at varying times of the day and the drills shall be documented. Effective August 1, 2016, documentation shall include:

a. date and time of drill;

b. names of residents and children of residents present;

c. amount of time to evacuate the facility;

d. problems noted during drill and corrections noted; and

e. signatures (not initials) of staff present.

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2. The provider shall make every effort to ensure that staff, ~~and~~ residents, and children of residents recognize the nature and importance of fire drills.

C. Notification of Emergencies~~.~~

1. The provider shall immediately notify ~~OCS residential~~ the Licensing Section, other appropriate agencies, and the resident's legal guardian of any fire, disaster, or other emergency that may present a danger to residents or children of residents or require their evacuation from the facility.

D. Access to Emergency Services

1. The provider shall have access to 24-hour telephone service.

2. The provider shall either prominently post telephone numbers of emergency services on or near each phone located in the facility, including the fire department, police department, medical facility ~~services~~, poison control (1-800-222-1222), ~~and~~ ambulance services, 911, the facility's physical address or show evidence of an alternate means of immediate access to these services.

3. The provider shall ensure direct care staff can access emergency services at all times.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:477 and R.S. 46:1401~~-1424~~ et seq.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Community Service, LR 36:830 (April 2010), amended by the Department of Children and Family Services, Licensing Section, LR 42:

§7123. Safety Program

A. Policies and Procedures

1. The provider shall have and adhere to policies and procedures for an on-going safety program that includes

Pursuant to RS 49:983 the Office of the State Register may make technical changes to proposed rule submissions in preparing the Louisiana Register and Louisiana Administrative Code.

continuous inspection of the facility for possible hazards, continuous monitoring of safety equipment and investigation of all incidents.

B. General Safety Practices

1. ~~The provider shall not possess or maintain or permit any other person to possess or maintain~~ The use or possession of any firearm (loaded or unloaded), pellet or BB gun (loaded or unloaded), or chemical weapon on the premises of the residential home is prohibited with the exception of law enforcement personnel ~~in the living units of the facility~~.

2. The provider shall ensure that all poisonous, toxic, and flammable materials are safely stored in appropriate containers labeled as to contents. Such materials shall be maintained only as necessary and shall be used in a manner that ensures the safety of residents, staff, children of residents, and visitors. ~~All hazardous chemicals shall be stored in compliance with public health guidelines.~~

3. The provider shall ensure that a ~~an appropriately equipped~~ first aid kit is available in the living units and in all vehicles used to transport residents or children of residents.

4. The provider shall prohibit the use of candles in the facility.

5. Power-driven equipment used by the provider shall be safe~~,~~ and properly maintained. Such equipment shall be used by residents only under the direct supervision of a staff member and according to state law.

6. The provider shall allow residents and children of residents to swim only in areas determined to be safe and under the supervision of a person certified/trained in American Red Cross Basic Water Rescue ~~Community Water Safety~~ or equivalent.

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AUTHORITY NOTE: Promulgated in accordance with R.S. 36:477 and R.S. 46:1401~~-1424~~ et seq.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Community Service, LR 36:831 (April 2010), amended by the Department of Children and Family Services, Licensing Section, LR 42:

FAMILY IMPACT STATEMENT

1. What effect will this rule have on the stability of the family? There is no effect on the stability of the family.

2. What effect will this have on the authority and rights of persons regarding the education and supervision of their children? There is no effect on the rights of the persons regarding the education and supervision of their children.

3. What effect will this have on the functioning of the family? This proposed rule allows children of residents in residential homes to reside with their parents in an environment which is supervised and with staff that model appropriate behaviors.

4. What effect will this have on family earnings and family budget? There is no effect on the family earnings and budget.

5. What effect will this have on the behavior and personal responsibility of children? There is no effect on the behavior and personal responsibility of children.

6. Is the family or local government able to perform the function as contained in this proposed rule? No.

Poverty Impact Statement

The proposed rulemaking is not anticipated to have an impact on poverty as defined by R.S. 49:973.

Small Business Impact Statement

Pursuant to RS 49:983 the Office of the State Register may make technical changes to proposed rule submissions in preparing the Louisiana Register and Louisiana Administrative Code.

The proposed Rule is not anticipated to have an adverse impact on small businesses as defined in the Regulatory Flexibility Act.

Provider Impact Statement

The proposed rule is not anticipated to have an impact on providers of services funded by the state as described in HCR 170 of the 2014 Regular Legislative Session.

Public Comments

All interested persons may submit written comments through December 28, 2016, to Rhenda Hodnett, Assistant Secretary for Child Welfare, Department of Children and Family Services, P.O. Box 3776, Baton Rouge, LA 70821.

Public Hearing

A public hearing on the proposed rule will be held on December 28, 2016, at the Department of Children and Family Services, Iberville Building, 627 North Fourth Street, Seminar Room 1-127, Baton Rouge, LA, beginning at 9:00 a.m. All interested persons will be afforded an opportunity to submit data, views, or arguments, orally or in writing, at said hearing. Individuals with disabilities who require special services should contact the DCFS Appeals Unit or Division of Administrative Law at least seven working days in advance of the hearing. For assistance, call (225)342-4120 (Voice and TDD).

Marketa Garner Walters
Secretary

Pursuant to RS 49:983 the Office of the State Register may make technical changes to proposed rule submissions in preparing the Louisiana Register and Louisiana Administrative Code.

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

Person Preparing Statement:	Angie Badeaux	Department:	Children and Family Services
Phone:	225-342-4350	Office:	Licensing Section
Return Address:	627 N. 4th St., P.O. Box 3078 Baton Rouge, LA 70802	Rule Title:	Residential Home
		Date Rule Takes Effect:	March 1, 2017

SUMMARY

In accordance with Section 953 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a fiscal and economic impact statement on the rule proposed for adoption, repeal or amendment. THE FOLLOWING STATEMENTS SUMMARIZE ATTACHED WORKSHEETS, I THROUGH IV AND WILL BE PUBLISHED IN THE LOUISIANA REGISTER WITH THE PROPOSED AGENCY RULE.

I. Estimated Implementation Costs (Savings) to State or Local Governmental Units (Summary)

This rule proposes to amend LAC Title 67, Part V, Subpart 8, Chapter 71 to incorporate regulations pertaining to the inclusion of children as residents in residential homes authorized with Act 502 of 2016. The purpose of these amendments is to enact licensing standards that protect the safety and well-being of youths (age 16-21) and children (under 18) residing in residential homes with their parents.

In addition, in accordance with R.S. 46:1407(D) that requires a comprehensive review of licensing standards every 3 years, DCFS completed a review of the current standards and revised the licensing standards to protect the health, safety, and well-being of the residents of the state who are in out-of-home care on a regular or consistent basis. The substantive changes from the comprehensive review include technical changes such as re-organization of sections, adding clarifying language such as definitions, codified current practices such as license not being issued until all deficiencies are cleared, and provide a formal process for providers to challenge deficiencies citied, and allow DCFS to promulgate rules on sanctions for cited violations before issuing penalties and fines.

The only cost of this proposed rule is the cost of publishing rulemaking, which is estimated to be approximately $70,929 ($23,643 State General Funds and $47,286 Federal Funds) in FY 16-17. This is a one-time cost that is routinely included in the department's annual operating budget.

II. Estimated Effect on Revenue Collections of State or Local Governmental Units (Summary)

The proposed rule is anticipated to result in a minimal increase in licensing fee revenues depending on the number of specialized residential facilities seeking licensing. Implementation of this rule will have no effect on local revenue collections.

III. Estimated Costs and/or Economic Benefits to Directly Affected Persons or Non-Governmental Groups (Summary)

This proposed rule enacts standards that protect the health, safety and well-being of residents including youth and children in residential homes.

IV. Estimated Impact on Competition and Employment (Summary)

There is no estimated impact on competition and employment.

Signature of Agency Head or Designee	Date	LEGISLATIVE FISCAL OFFICER OR DESIGNEE
Rhenda Hodnett, Assistant Secretary of Child Welfare Typed Name and Title of Agency Head		DATE OF SIGNATURE

DCFS Undersecretary

Pursuant to RS 49:983 the Office of the State Register may make technical changes to proposed rule submissions in preparing the Louisiana Register and Louisiana Administrative Code.

FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES

The following information is required in order to assist the Legislative Fiscal Office in its review of the fiscal and economic impact statement and to assist the appropriate legislative oversight subcommittee in its deliberations on the proposed rule.

A. Provide a brief summary of the content of the rule (if proposed for adoption or repeal) or a brief summary of the change in the rule (if proposed for amendment). Attach a copy of the notice of intent and a copy of the rule proposed for initial adoption or repeal (or, in the case of a rule change, copies of both the current and proposed rules with amended portions indicated)

The purposed rule has revised residential licensing standards to incorporate standards to protect the safety and well-being of children residing in residential homes with their parents. In addition, in accordance with R.S. 46:1407(D), the department completed a review of the current standards and revised the licensing standards which protect the health, safety, and well-being of the residents of the state who are in out-of-home care on a regular or consistent basis.

B. Summarize the circumstances which require this action. If the action is required by federal regulations, attach a copy of the applicable regulation.

The proposed rule is required in order to incorporate standards to protect the safety and well-being of residents and their children residing in residential homes.

C. Compliance with Act 11 of the 1986 First Extraordinary Session

(1) Will the proposed rule change result in any increase in the expenditure of funds? If so, specify amount and source of funding.

There will be no increase in expenditure of funds.

(2) If the answer to (1) above is yes, has the Legislature specifically appropriated the funds necessary for the associated expenditure increase?

(a) ___ Yes. If yes, attach documentation.

(b) _x_ No. If no, provide justification as to why this rule change should be published at this time.

The cost of publishing rulemaking is routinely included in the department's annual operating budget approved by the Legislature.

Pursuant to RS 49:983 the Office of the State Register may make technical changes to proposed rule submissions in preparing the Louisiana Register and Louisiana Administrative Code.

FISCAL AND ECONOMIC IMPACT STATEMENT WORKSHEET

I. A. Costs or Savings to State Agencies Resulting from the Action Proposed

1. What is the anticipated increase (decrease) in costs to implement the proposed action?

Costs	FY 16-17	FY 17-18	FY 18-19
Personal Services Operating Expenses Professional Services Other Charges Equipment Major Repair & Constr.	$70,929 (Rulemaking)	Increase	Increase
Total	$70,929 (Rulemaking)	Increase	Increase
Positions (#)			

2. Provide a narrative explanation of the costs or savings shown in "A.1.," including the increase or reduction in workload or additional paperwork (number of new forms, additional documentation, etc.) anticipated as a result of the implementation of the proposed action. Describe all data, assumptions, and methods used in calculating these costs.

   In FY 16-17, the only cost of this proposed rule is the cost of publishing rulemaking which is estimated to be approximately $70,929 (67% Federal and 33% State). In future fiscal years, DCFS anticipates a nominal increase in licensing costs, as the additional number of inspections for this specialized residential license is likely to be minimal.

3. Sources of funding for implementing the proposed rule or rule change.

Source	FY 16-17	FY 17-18	FY 18-19
State General Fund Agency Self-Generated Federal Funds Dedicated Other (Specify)	$23,643 $47,286	$0 Increase	$0 Increase
Total	$70,929	$	$0

4. Does your agency currently have sufficient funds to implement the proposed action? If not, how and when do you anticipate obtaining such funds?

   The department currently has sufficient funds to cover the cost of publishing rulemaking.

B. Cost or Savings to Local Governmental Units Resulting from the Action Proposed

1. Provide an estimate of the anticipated impact of the proposed action on local governmental units, including adjustments in workload and paperwork requirements. Describe all data, assumptions and methods used in calculating this impact.

   There are no estimated costs or savings to local governmental units resulting from this rule.

2. Indicate the sources of funding of the local governmental unit, which will be affected by these cost or savings.

   The proposed rule will have no impact on local governmental units.

Pursuant to RS 49:983 the Office of the State Register may make technical changes to proposed rule submissions in preparing the Louisiana Register and Louisiana Administrative Code.

FISCAL AND ECONOMIC IMPACT STATEMENT
WORKSHEET

II. Effect on Revenue Collections of State and Local Governmental Units

A. What increase (decrease) in revenues can be anticipated from the proposed action?

Revenue Increase/Decrease	**FY 16-17**	**FY 17-18**	**FY 18-19**
State General Fund Agency Self-Generated Dedicated Funds * Federal Funds Local Funds	$0	$0 Increase	$0 Increase
Total	$0	Increase	Increase

*Specify the particular fund being impacted.

B. Provide a narrative explanation of each increase or decrease in revenues shown in "A." Describe all data, assumptions, and methods used in calculating these increases or decreases.

The proposed rule is anticipated to result in a minimal increase in licensing fee revenues depending on the number of specialized residential facilities seeking licensing. Implementation of this rule will have no effect on local revenue collections.

III. Costs and/or Economic Benefits to Directly Affected Persons or Nongovernmental Groups

A. What persons or non-governmental groups would be directly affected by the proposed action? For each, provide an estimate and a narrative description of any effect on costs, including workload adjustments and additional paperwork (number of new forms, additional documentation, etc.), they may have to incur as a result of the proposed action.

This proposed rule enacts standards that protect the health, safety and well-being of residents including youth and children in residential homes.

B. Also provide an estimate and a narrative description of any impact on receipts and/or income resulting from this rule or rule change to these groups.

This proposed rule will not have a significant impact on receipts and/or income.

IV. Effects on Competition and Employment

There is no anticipated impact on competition and employment in the public or private sectors.